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FINAL

HEALTH AND SAFETY PLAN

PHASE III HAZARDOUS/TOXIC WASTE REAL ESTATE ACQUISITION SURVEY

BOSTIC, REINHOLD, AND CARLYLE PARCELS MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

CONTRACT TASK ORDER 0205

Prepared For:

DEPARTMENT OF THE NAVY
ATLANTIC DIVISION
NAVAL FACILITIES
ENGINEERING COMMAND
Norfolk, Virginia

Under the:

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EXECUTIVE SUMMARY

There are several potential chemical and physical hazards associated with the tasks of this project. The chemical hazards include the potential for exposure to petroleum-based products and metals. The apparent physical hazards include working around heavy equipment (drill rig and backhoe), heat stress, and underground utilities. The environmental hazards include various degrees of dangerous flora and fauna. Each of these hazards is described in Section 3.0.

Section 5.0 describes the monitoring requirements which consist of using a PID, Oxygen/Combustible Gas Meter, Radiation Meter, and Dräger Tubes to monitor contaminant levels.

The level of personal protective equipment (PPE) used for work tasks and other operations will range between Level D, Modified Level D (D+), and Level B, with protection upgrades dependent on monitoring results and the Site Health and Safety Officer's discretion.

Section 8.0 describes emergency procedures and includes a map and verbal directions to the nearest hospital are presented in Section 8.5

1.0 INTRODUCTION

1.1 Policy

This plan has been designed as a Site-Specific Health and Safety Plan (HASP) for a Phase III Hazardous/Toxic Waste Real Estate Acquisition Survey at the Bostic, Reinhold, and Carlyle parcels located in the southeast portion of Onslow County, North Carolina.

It is the policy of Baker Environmental, Inc. (Baker) that all on-site hazardous waste management activities be performed in conformance with a Site-Specific HASP. The HASP is written based on the anticipated hazards and expected work conditions and applies to activities performed by both Baker and subcontractor personnel. The HASP may be modified/updated with the approval of the Project Health and Safety Officer (PHSO) and Project Manager.

The HASP is based on an outline developed by the U.S. Coast Guard for responding to hazardous chemical releases (U.S.C.G. Pollution Response COMDTINST-ML6456-30) and by NIOSH, OSHA, USCG, and EPA's recommended health and safety procedures (Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities). This plan, at a minimum, meets the requirements under OSHA Standard 29 CFR 1910.120 (Hazardous Waste Operations and Emergency Response).

1.2 References

The following publications have been referenced in the development and implementation of this HASP.

- American Conference of Governmental Industrial Hygienists (ACGIH), Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices for 1991-1992.

- The Center for Labor Education and Research, Lori P. Andrews, P.E., Editor. Worker Protection During Hazardous Waste Remediation, Van Nostrand Reinhold, New York, New York. 1990.

- Lewis, Richard J., Sr. Hazardous Chemicals Desk Reference, 3rd Edition, Van Nostrand Reinhold, New York, New York. 1991.

- National Institute for Occupational Safety and Health/Occupational Safety and Health Administration/U.S. Coast Guard/U.S. Environmental Protection Agency (NIOSH/OSHA/USCG/EPA). Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities. October 1985.

- U. S. Coast Guard. Policy for Response to Hazardous Chemical Releases. USCG Pollution Response COMDTINST-M16465.30.

- U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, NIOSH. NIOSH Pocket Guide to Chemical Hazards. June 1990.

- U.S. Environmental Protection Agency, Office of Emergency and Remedial Response, Emergency Response Division. Standard Operating Safety Guides. July 1988.

1.3 Pre-Entry Requirements

During the initiation of site activities (site mobilization) and prior to the investigation, the SHSO will perform a reconnaissance of the anticipated work areas as identified in the Work Plan, establish or confirm emergency points of contact and procedures, and review any other issues deemed necessary to address site safety and health. The SHSO will then call a meeting with site personnel (as identified in Section 2.0) to discuss data obtained from the previous site reconnaissance, provisions outlined in this HASP, and appropriate safety and health related procedures/protocols.

2.0 PROJECT PERSONNEL AND RESPONSIBILITIES

The following personnel are designated to carry out the stated job functions for both on- and off-site activities. (Note: One person may carry out more than one job function, and personnel identified are subject to change.). The responsibilities that correspond with each job function are outlined below.

PROJECT MANAGER: Mr. Raymond Wattras

The project manager is responsible for assuring that all activities are conducted in accordance with the HASP. The Project Manager has the authority to suspend field activities if employees are in danger of injury or exposure to harmful agents. In addition, the Project Manager is responsible for:

- Assisting the Project Health and Safety Officer in Site-Specific HASP development for all phases of the project.
- Designating a Site Health and Safety Officer and other site personnel who will assure compliance with the HASP.
- Reviewing and approving the information presented in this HASP.

PROJECT HEALTH AND SAFETY OFFICER (PHSO): Mr. Ronald Krivan, CSP

The Project Health and Safety Officer is responsible for general development and monitoring of compliance with the HASP. The PHSO will be the primary contact for inquiries as to the contents of the HASP. The PHSO will be consulted before changes to the HASP can be approved or implemented. The PHSO's responsibilities include:

- Coordinating the review, evaluation, and approval of the HASP.
- Developing new protocols or modify the HASP as appropriate and issue amendments to the HASP.
- Resolving issues that arise in the field with respect to interpretation or implementation of the HASP.

- Monitoring the field program through a regular review of field health and safety records, on-site activity audits, or a combination of both.

- Determining that all on-site personnel have received the required training and medical surveillance prior to entry onto the site.

- Approving changes to assigned PPE.

SITE MANAGER: Mr. Pete Monday

The Site Manager is responsible for assuring that all day-to-day activities are conducted in accordance with the HASP. The Site Manager has the immediate authority to suspend field activities if employees are subjected to a situation that can be immediately dangerous to life or health. The Site Manager's responsibilities include:

- Assuring that the appropriate health and safety equipment and PPE has arrived on site and that it is properly maintained.

- Coordinating overall site access and security.

- Controlling site access, including documenting all personnel arriving and departing the site by name, company, and time.

- Coordinating site safety and health issues with the SHSO.

- Assisting the SHSO in coordinating emergency procedures with the Naval Activity, emergency medical responders, etc., during site mobilization activities.

- Coordinating activities with Baker and subcontractor personnel.

SITE HEALTH AND SAFETY OFFICER: Mr. Pete Monday

The SHSO is responsible for the implementation of the HASP. These responsibilities include the following:

- Coordinating and documenting the pre-entry briefing and periodic (weekly) briefings.

- Assuring that monitoring equipment is properly calibrated, used, and maintained.

- Managing health and safety equipment, including instruments, respirators, PPE, etc., that is used in field activities.

- Arranging emergency response provisions in cooperation with Naval Activity Requirements, emergency medical care, etc., during site mobilization activities.

- Monitoring field activities for compliance with the HASP. Evaluate the need for changing work procedures and PPE protection levels and notifying the PHSO and Project Manager of any changes.

- Prepare a daily/weekly report (in the field log book) as necessary, which may include all relevant health and safety events; recordkeeping of all personnel and site monitoring information; accident investigation and reporting; safety inspections; maintain a record of site conditions, personnel involved in field activities, and any other relevant health and safety issues

- Overseeing the decontamination of personnel and equipment.

- Determining safe boundary procedures for activities requiring Level C or higher protection levels.

- Implementing the Baker Hazard Communication Program on site.

- Acting as the Emergency Coordinator and assuring the availability of a communication network and deployment of the HASP and emergency equipment to field teams.

FIELD TEAM MEMBER: Mr. John Zimmerman

The Field Team Members are responsible for:

- Becoming familiar with the HASP.
- Attending training sessions to review the HASP and additional safety and health information.
- Being alert to identified and unidentified hazards.
- Reporting unidentified hazards to the SHSO and Site Manager.
- Offering suggestions, ideas, or recommendations that may improve site safety.
- Complying with the contents of the HASP.
- Conducting site activities in a cautious, safe, and professional manner.
- Reporting accidents/injuries, however minor, to the SHSO as soon as possible.

Subcontractor personnel are responsible for:

- Complying with the conditions as outlined under Field Team Members.
- Obtaining the appropriate training, fit testing, and medical requirements under 29 CFR 1910.120 and 1910.134 and providing this documentation to the Site Manager.
- Complying with the training and medical surveillance requirements as outlined in Sections 9.0 and 10.0, respectively, and providing his/her own PPE that meets or exceeds the level of protection as outlined in this HASP.

NAVFACENGCOM REPRESENTATIVES:

Mr. Bryon Brant, P.E., Engineer-in-Charge	(804) 322-4786

ACTIVITY/BASE REPRESENTATIVES:

Mr. Neal Paul (CLEJ EMD)	(919) 451-5874

FEDERAL/STATE/LOCAL REPRESENTATIVES:

N/A

3.0 SITE CHARACTERIZATION

This section presents the site background, site work plans, site description and hazard evaluation for three tracts of property that may be purchased by the Navy. The three tracts of property are located in the southeast portion of Onslow County, North Carolina and adjacent to Marine Corps Base Camp Lejeune.

3.1 Site Background

The tracts of land are referred to as Bostic, Reinhold, and Carlyle. This section describes the site background for each of these three tracts of land. The information to develop the site background for these properties has been acquired from a Phase II Report by Roy F. Weston titled FY92 MCON Project Hazardous/Toxic Waste Real Estate Acquisition Survey.

3.1.1 Bostic Property

This tract of land is divided into three parcels (parcels 122, 123, and 124).

The property is used for maintenance, storage, and repair of various types of construction equipment and material. These parcels were part of former Camp Davis Military Base. The Camp Davis motor pool was to have been located on parcel 124. The site has also been used for a sawmill operation.

Stained soils, two bulging drums, aboveground fuel tanks and two overturned railroad tank cars have been reported to be on site. Previous sampling results have indicated up to 700 mg/kg of total petroleum hydrocarbons in the soil.

3.1.2 Reinhold Property

This land consists of parcel 058. This property contains fill material that resulted from the demolition of service stations. The fill from the former service stations consists of pipes, concrete and scrap metal.

Low concentrations of PCBs were detected in soil samples and ground water. Additionally, some metals were detected that exceed the North Carolina ground water standards, these may be standard background concentrations for this area. The metals detected above North Carolina groundwater standards include the following:

- Chromium
- Iron
- Manganese
- Lead
- Selenium

3.1.3 Carlyle Property

This property is parcel 132 and consists of one acre. Former uses of the property includes a cabinet shop, an automotive garage, a retail store/gas station and a mobile home. There are three underground storage tanks (USTs) present at the east corner of the retail store/gas station. The tanks have been replaced because the previous tanks were reported to have been leaking.

Staining and oil-like residues have been reported on the ground surface of the garage area. It has also been reported that the garage operations included the disposal of oils onto the ground and into drainage swales surrounding the parcel. Leaking waste oil tanks, drums and various engine parts have been seen in the yard area of the garage. A turpentine manufacturing plant also is dated in the site history.

3.2 Site Work Plans

Tasks to be accomplished at each of the properties are summarized in the following subsections. A more detailed description of these activities can be found in the work plan for this project.

3.2.1 Bostic Property

The following tasks are to be accomplished during field activities at the Bostic property.

- Installation of five monitoring wells.
- Development of monitoring wells, purging, and sampling.

3.2.2 Reinhold Property

The following tasks are to be accomplished during field activities at the Reinhold property.

- Installation of three monitoring wells.
- Development of monitoring wells, purging, and sampling.
- Excavation of test pits.

3.2.3 Carlyle Property

The following tasks are to be accomplished during field activities at the Carlyle property.

- Collect drive point samples by GEOPROBE.
- Collect soil boring samples.

3.3 Hazard Evaluation

3.3.1 Task-Specific Hazards

Hazards at the site may be associated with several job tasks as detailed in the site work plan. Listed below are summaries for the hazards associated with each of the site tasks.

Monitoring Well Installation (Bostic and Reinhold Properties)

Chemical

- Potentially-contaminated mud, etc. in eyes and on skin.
- Contact with potentially contaminated material.
- Ingestion of hazardous materials from hand to mouth contact.
- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants.

Physical/Environmental

- Heavy equipment operation hazards.
- Slips/trips/falls - sloped, uneven terrain; crawling over and under obstacles.
- Skin irritation from contact with insects and vegetation.
- Overhead hazards from drill rig operations.
- Interaction with native and potentially hostile animal life.
- Contact with underground utility lines.
- Lifting hazards (muscle strain).

Monitoring Well Development (Bostic and Reinhold Properties)

Chemical

- Potentially-contaminated water, etc., in eyes and on skin.
- Ingestion of hazardous materials from hand to mouth contact.
- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants.

Physical/Environmental

- Elevated noise levels from equipment operation.
- Slips/trips/falls - sloped, uneven terrain.
- Skin irritation from contact with insects and vegetation.
- Interaction with native and potentially hostile animal life.

Groundwater Sampling (Bostic and Reinhold Properties)

Chemical

- Skin contact with potentially contaminated water.
- Eye contact from splashing water.
- Ingestion of hazardous materials from hand to mouth contact.
- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants emitting from the well opening.

Physical/Environmental

- Skin irritation from contact with insects and vegetation.
- Lifting hazards (muscle strain, etc.) while bailing well.
- Cuts from using knives to cut bailer rope.
- Slips/trips/falls - sloped, uneven terrain.
- Interaction with native and potentially hostile animal life.

Geoprobe (Carlyle Property)

Chemical

- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants.
- Ingestion of hazardous materials from hand to mouth contact.
- Contact with potentially contaminated material.

Physical/Environmental

- Hydraulic equipment operations.
- Slips/trips/falls - sloped, uneven terrain; crawling over and under obstacles.
- Skin irritation from contact with insects and vegetation.
- Contact with underground utilities, fuel lines, etc.
- Interaction with native and potentially hostile animal life.

Soil Boring-Sampling (Carlyle Property)

Chemical

- Potentially-contaminated mud, etc., in eyes or on skin.
- Skin contact potentially with contaminated soil.
- Ingestion of contaminated soils from hand to mouth contact.
- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants.

Physical/Environmental

- Elevated noise levels from heavy equipment operations.
- Lifting hazards (muscle strain).
- Skin irritation from contact with insects and vegetation.
- Contact with underground utilities.
- Interaction with native and potentially hostile animal life.
- Heavy objects landing on foot/toe or head.
- Strips/trips/falls from sloped, uneven terrain.

Test Pit/Trenching (Reinhold Property)

Chemical

- Skin contact with contaminated soil.
- Ingestion of contaminated soils from hand to mouth contact.
- Inhalation of volatile contaminants or volatile fraction of semivolatile contaminants.
- Skin contact with potentially toxic-"pure product" contaminants.

Physical/Environmental

- Heavy equipment operation hazards.
- Overhead hazards.
- Skin irritation from contact with insects and vegetation.
- Contact with underground utilities.
- Excavation hazards.
- Interaction with native and potentially hostile animal life.
- Explosion from contact with explosive/ignitable materials.

3.3.2 Chemical Hazards

Exposure to hazardous chemicals can occur through various pathways into the body. These pathways include:

- Inhalation of vapors and/or particulates.
- Ingestion of contaminated particulates from hand-to-mouth contact.
- Dermal and eye contact from direct, unprotected contact.

- Absorption through the eye from exposure to concentrations in the air.

The chemical exposure potential for personnel working at the three areas is expected to be minimal based on previous analytical results combined with the use of personal protective equipment (PPE), and air monitoring. Tables 3-1, 3-2, and 3-3 identify chemical and physical properties for the chemicals detected during preliminary sampling investigations.

Material Safety Data Sheets for those materials listed above have been compiled, and are included as Attachment B. Procedures to follow in the event of a chemical exposure, are included as Attachment C.

3.3.3 Physical Hazards

3.3.3.1 Underground/Overhead Utilities

An underground utility clearance must be obtained before any intrusive activities are performed at these properties. This clearance must come from the base representative for this project and the North Carolina Utilities Locating Company, Inc. (ULOCO). If underground utilities are identified in these areas the ground above the utility lines are to be physically marked, such as, with spray paint or flags. Baker personnel are to notify the base representative at least three days prior to soil intrusive activities to acquire a utility clearance and at least two weekdays for ULOCO. A minimum of a 24 inch tolerance zone must be used for underground utilities.

The generally accepted uniform color code for underground utilities is as follows:

- Red - Electric power lines, cables, conduit and lighting cables
- Yellow - Gas, oil, steam, petroleum, or gaseous materials
- Orange - Communication, alarm or signal lines, cables or conduit
- Blue - Water, irrigation, and slurry lines
- Green - Sewers and drain lines
- White - Proposed excavation

Energized overhead electric lines may present a risk of electrocution. OSHA standards require that equipment maintain certain distances from power lines. For lines 0 to

TABLE 3-1

TOXICOLOGICAL PROPERTIES OF CHEMICALS CARLYLE PROPERTY

CHEMICAL COMPOUND(a)	HAZARD RATING(b) H F R	VOL.(c)	SKIN ABSORP.(d)	CARC(e)	TWA(f)	STEL(g)	C(h)	IDLH(i)	IP(j)
VOLATILES:									
Benzene	2 3 0	75	No	Yes	1 ppm	5 ppm	-	3,000 ppm	9.25
Ethylbenzene	2 3 0	10	No	No	100 ppm	125 ppm	-	-	8.86
Toluene	2 3 0	22	No	No	100 ppm	150 ppm	-	2,000 ppm	8.82
Xylene	2 3 0	6.72	No	No	100 ppm	150 ppm	-	1,000 ppm	8.56

Notes: (a) Chemical compound of potential concern obtained from previous investigation.

(b) Hazard Rating - based upon Health (H), Fire (F), or Reactivity (R) hazard from NFPA 704 Standard Rating System (0 = no hazard, 4 = high hazard)

(c) Volatility Rating - based upon vapor pressure in mm Hg at 68° F, 20° C

(d) Skin Absorption - "Yes" indicates potential exposure through skin and mucous membranes, either by airborne or, more particularly, by direct contact - ACGIH 1991-1992

(e) Carcinogen - "Yes" indicates a compound is a confirmed or suspect human carcinogen by the IARC, NIOSH, NTP, EPA or ACGIH

(f) TWA - Time Weighted Average from the 1991-1992 TLV - Threshold Limit Value of the ACGIH or OSHA Permissible Exposure Limits (PEL), whichever is lower

(g) Short Term Exposure Limit - "STEL" denotes a 15 minute time weighted average which may not be exceeded - ACGIH 1990-1991

(h) Ceiling Limit - denotes the ceiling concentration that cannot be exceeded at any time -ACGIH 1990-1991

(i) IDLH - Immediately Dangerous to Life and Health.

(j) Ionization Potential - expressed in electron volts (eV) from the NIOSH Pocket Guide To Chemical Hazards

TABLE 3-2

TOXICOLOGICAL PROPERTIES OF CHEMICALS
BOSTIC PROPERTY

CHEMICAL COMPOUND[a]	HAZARD RATING[b] H F R	VOL.[c]	SKIN ABSORP.[d]	CARC[e]	TWA[f]	STEL[g]	C[h]	IDLH[i]	IP[j]
VOLATILES:									
Total Petroleum Hydrocarbon	0 2 0	Negligible	No	No	5 mg/m^3	-	-	-	<11.7

Notes:
[a] Chemical compound of potential concern obtained from previous investigation.
[b] Hazard Rating - based upon Health (H), Fire (F), or Reactivity (R) hazard from NFPA 704 Standard Rating System (0 = no hazard, 4 = high hazard)
[c] Volatility Rating - based upon vapor pressure in mm Hg at 68° F, 20° C
[d] Skin Absorption - "Yes" indicates potential exposure through skin and mucous membranes, either by airborne or, more particularly, by direct contact - ACGIH 1991-1992
[e] Carcinogen - "Yes" indicates a compound is a confirmed or suspect human carcinogen by the IARC, NIOSH, NTP, EPA or ACGIH
[f] TWA - Time Weighted Average from the 1991-1992 TLV - Threshold Limit Value of the ACGIH or OSHA Permissible Exposure Limits (PEL), whichever is lower
[g] Short Term Exposure Limit - "STEL" denotes a 15 minute time weighted average which may not be exceeded - ACGIH 1990-1991
[h] Ceiling Limit - denotes the ceiling concentration that cannot be exceeded at any time -ACGIH 1990-1991
[i] IDLH - Immediately Dangerous to Life and Health.
[j] Ionization Potential - expressed in electron volts (eV) from the NIOSH Pocket Guide To Chemical Hazards

TABLE 3-3

TOXICOLOGICAL PROPERTIES OF CHEMICALS REINHOLD PROPERTY

CHEMICAL COMPOUND[a]	HAZARD RATING[b] H F R	VOL.[c]	SKIN ABSORP.[d]	CARC[e]	TWA[f]	STEL[g]	C[h]	IDLH[i]	IP[j]
PCBs	2 1 0	0.005 mm @ 100° C	No	Yes	0.5 mg/m³	-	-	-	-
METALS:	2 1 0	0.005 mm @ 100° C	No	Yes	0.5 mg/m³	-	-	-	-
Chromium	2 1 1	NA	No	Yes	0.5 mg/m³	-	-	-	NA
Lead	3 1 0	NA	No	Yes	0.05 mg/m³	-	-	700 mg/m³	NA
Manganese	3 2 1	NA	No	No	5 mg/m³	-	-	-	NA
Selenium	Not Found	NA	No	No	0.2 mg/m³	-	-	-	NA

Notes:
(a) Chemical compound of potential concern obtained from previous investigation.
(b) Hazard Rating - based upon Health (H), Fire (F), or Reactivity (R) hazard from NFPA 704 Standard Rating System (0 = no hazard, 4 = high hazard)
(c) Volatility Rating - based upon vapor pressure in mm Hg at 68° F, 20° C
(d) Skin Absorption - "Yes" indicates potential exposure through skin and mucous membranes, either by airborne or, more particularly, by direct contact - ACGIH 1991-1992
(e) Carcinogen - "Yes" indicates a compound is a confirmed or suspect human carcinogen by the IARC, NIOSH, NTP, EPA or ACGIH
(f) TWA - Time Weighted Average from the 1991-1992 TLV - Threshold Limit Value of the ACGIH or OSHA Permissible Exposure Limits (PEL), whichever is lower
(g) Short Term Exposure Limit - "STEL" denotes a 15 minute time weighted average which may not be exceeded - ACGIH 1990-1991
(h) Ceiling Limit - denotes the ceiling concentration that cannot be exceeded at any time -ACGIH 1990-1991
(i) IDLH - Immediately Dangerous to Life and Health.
(j) Ionization Potential - expressed in electron volts (eV) from the NIOSH Pocket Guide To Chemical Hazards

50 kilovolts (kV), the minimum distance is 10 feet. Lines carrying over 50 kV require that equipment maintain 10 feet, plus an additional 0.4 inch for each 1 kV over 50.

3.3.3.2 Heavy Equipment

One of the primary physical hazards on the site is associated with the use of heavy equipment. The heavy equipment includes the use of a drill rig and a backhoe.

General hazards associated with the drill rig include moving parts, such as, the auger and cathead. Personnel must remain clear of moving parts and must avoid loose fitting clothing that can become entangled in the moving parts. Personnel working near a drill rig must be aware of the location and operation of the emergency shut off devices. Personnel are to stand clear of the drill rig immediately prior to starting the engine.

During backhoe operations, a "spotter" will be in place to direct the backhoe operator. Other personnel in the area, such as those conducting sampling, are to remain close together and in the line of sight of the operator. These personnel can proceed to the trenching area only when an "all clear" is given by the spotter and operator. Caution must be exercised in these work areas to avoid slips, trips, and falls. Personnel are not permitted to enter into any trenches. Any sampling conducted will be done so from the bucket of the backhoe. Personnel must also avoid stepping adjacent to the top of an excavation to avoid falling or causing the trench to collapse. Trenches are to be filled at the end of each day.

Noise from the operation of the heavy equipment will limit verbal warning abilities. Hand signals will be prearranged between operators and personnel working in and around heavy equipment. Backup alarms must operate properly on the heavy equipment. Only operators trained, qualified, and authorized will be permitted to operate the heavy equipment.

The subcontracting company's representatives are to provide any other cautions that need to be observed when working around this equipment during the HASP briefing.

3.3.3.3 Thermal Stress

Provisions for monitoring of heat stress and/or cold stress are outlined in Appendix A - Baker Safety SOPs.

3.3.3.4 Explosion and Fire

In general, the following items present potential physical hazards and will be monitored closely:

- Explosion and fire resulting from:
  - Heavy equipment malfunction
  - Penetration into underground utility/service lines (gas, electric, fuel)
  - Ignition of trapped flammable vapors
  - Vehicular accidents

Provisions for monitoring for potential fire/explosive conditions will include the use of an oxygen/combustible gas meter (as indicated in Section 5.2) and the performance of utility checks prior to conducting intrusive activities. An ABC rated, minimum 20 lb. fire extinguisher will be maintained in the area. As additional concerns are identified, provisions for making changes to the HASP will be presented by the SHSO, as needed.

3.3.3.6 Noise

Elevated noise levels are typically produced during drilling and other heavy equipment operations; therefore, hearing protection devices will be available.

3.3.3.7 Confined Space Entry

Confined space entry is not anticipated for this project. A confined space entry procedure will be required if there is a potential for employees to fall into a "confined space," or where a rescue operation involving a confined space may occur, according to OSHA Standard 1910.146, Permit-Required Confined Spaces.

Before any operation is to be performed in a confined space, the PHSO must be contacted.

3.3.4 Radiation Hazards

Although the potential for exposure to radiological wastes or radioisotopes at the three properties are not anticipated, a radiation survey meter will be available for use during site activities (Section 5.2 identifies the monitoring criteria).

For alpha and low energy beta particles, protection for site workers can be accomplished by avoiding direct (unprotected) contract with soil, sediment, surface water, and groundwater. A Geiger-Mueller (GM) pancake tube that will read in counts per minute (cpm) will be available. For cpm exceeding twice the background level or greater than 140 cpm, work will stop, personnel will retreat until levels return to, or have gone below background (50 to 70 cpms), and contact the PHSO.

For gamma rays, protection for site workers cannot be accomplished by avoiding direct contact with soil, sediment, surface water, and groundwater. A GM pancake tube for low energy gamma emissions, and a gamma scintillator for high energy gamma emissions will be available. The GM operating on a scale of cpm will follow the levels identified above. The gamma scintillator, operating on a scale of uR/hr, will have a stop work level of 1000 uR/hr or 1 mR/hr.

3.3.5 Environmental Hazards

Hazardous Flora

Incidence of contact by individuals to poisonous/thorny plants is high; therefore, bare skin should be covered (i.e., long pants and shirt, steel toe boots, leather or cotton gloves, safety glasses, and head protection) as much as practical when working in forested areas. Personnel should avoid entering an area in the direct path of known poisonous flora (i.e., poison ivy/oak), a secondary route should be selected. Care should also be taken when walking in such areas as uneven terrain or vines may present a tripping hazard.

While attempting to cut into dense underbrush, hazards exist from the sharp machete, gas-powered weed cutter, etc. (Note: Hearing protection, steel toe boots, gloves, and safety glasses are required when using weed cutters). Care should be taken when using such devices. All rashes and other injuries will be reported to the SHSO as soon as they are known.

Hazardous Fauna

All animal life must be treated with respect. Without proper training, personnel may not be able to differentiate between dangerous and non-dangerous varieties. Working in wet or swampy areas unprotected is not permitted. Contact with surface water will be kept to a minimum.

Mosquitoes and gnats pose a nuisance and physical hazard to field personnel. As a nuisance, they distract workers, leading to accidents. Mosquitoes also pose a physical threat by injecting live microorganisms into their victim. Perfumes and scented deodorants should be avoided. Donning light colored clothing is preferable, as mosquitoes are not attracted to lighter colors. The use of Avon's "Skin So Soft" is encouraged as an insect repellent.

There is a potential to come in contact with other dangerous insects. These include fire ants, chiggers, bees, wasps, hornets, mites, fleas, spiders, and ticks.* All personnel should perform "checks" on each other periodically and at the end of the work shift. All insect bites must be reported to the SHSO.

Poisonous snakes such as the rattlesnake, copperhead, and cottonmouth (water moccasin), all known as pit vipers, are common to the United States. Snakes, as a general rule, typically do not attack people but will bite when provoked, angered, or accidentally injured (as when stepped on). When encountering a snake(s), avoid quick/jerky motions, loud noises, and retreat slowly; do not provoke the snake(s). If bitten, follow procedures outlined in Section 8.6, Emergency Medical Treatment.

Prior to initiating site activities, each individual shall be questioned as to any known sensitivities to the previously mentioned organisms or agents.

3.3.6 Additional Hazards

Provisions for the monitoring of hazards particular to the specific site activities (such as slippery ground, uneven terrain, overhead equipment, electrical lines, etc.,) shall be addressed at the pre-entry briefing by the SHSO or qualified designee. <u>All personnel are expected to adhere to all applicable safety regulations in OSHA standards 29 CFR 1910 and 1926 and follow good safety practice as described in this HASP</u>.

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* *Site personnel have been provided with a copy of Baker's policy (per our medical consultant) regarding the signs and symptoms of exposure for Lyme Disease.*

4.0 SITE CONTROL

4.1 Site Access

- The Site Manager is designated to coordinate overall access and security on site. Perimeters for activities to be conducted at the three properties will be established according to the site boundary procedures identified in Section 4.3, local conditions, and Navy Activity requirements.

- Personnel will not be permitted within the Work Zone (Exclusion Zone) or Contamination Reduction Zone without proper authorization from the SHSO.

- All personnel arriving or departing the site will be documented in the field log.

- All activities on site must be cleared through the Site Manager and documented in the Field Log.

4.2 Site Conditions

- The prevailing wind conditions are to be determined daily.

- An on-site Command Post will be established. This location will be in the Support Zone and oriented upwind from the Work Zone.

4.3 Work Zones

Level C and B Activities

Work Zones for activities conducted under Level C or higher protection levels shall be established utilizing control boundaries between the Work Zone, the Contamination Reduction Zone (CRZ), and the Support Zone (Clean Zone). These boundaries shall be defined as follows:

- Work Zone - A radius of at least 25 feet (barring obstruction) from site investigative activities.

- Hotline - The boundary between the Work Zone and CRZ.

- CRZ - The area between the Work Zone and the Support Zone (located upwind of the site investigative activities).

- Contamination Control Line - The boundary between the CRZ and the Support Zone.

- Support Zone - The outermost area next to the CRZ and upwind of the site investigative activities.

These boundaries will be demarcated using:

- Colored boundary tape, cones, or equivalent for the Hotline.

- Colored boundary tape, cones, or equivalent for the Decontamination Corridor of the CRZ.

- Colored boundary tape and barriers for the Contamination Control Line including posted signs and/or barricades indicating "Work Area"/"Authorized Personnel Only", or equivalent.

Level D and D+ Activities

Populated Areas

Work Zones for activities conducted under Level D or D+ protection levels shall be established in such a manner as to preclude unauthorized personnel from entering the investigative area. A boundary will be established around the Work Zone to separate it from the Clean Zone using available materials. Such materials may include the Baker Field Vehicle, natural boundaries (buildings, structures, fences), or signs/placards, boundary tape, cones, barricades, etc.

Unpopulated/Secluded Areas

In unpopulated or secluded areas, the aforementioned materials may not be used due to the exclusive nature of the site, the short duration of the activity, and the low risk to outside populations. The SHSO and/or Field Team Leader is responsible for making this determination.

4.4 "Buddy System"

All site activities that involve hazards and/or the potential for contact with hazardous materials will be performed by a work team of no fewer than two people (Buddy System). For potential "high-hazard" activities, a third person located in the Support Zone will serve as an observer or rescue person.

4.5 Safe Work Practices

Routine safe work practices may consist of:

- Setting up barriers to exclude unauthorized personnel from contaminated areas.
- Minimizing the number of personnel and equipment at the site (s).
- Establishing work zones within the site.
- Establishing control points with regular access to and egress from work zones.
- Conducting operations in a manner to reduce exposure of personnel and equipment.
- Implementing appropriate decontamination procedures.
- Conducting sampling activities from an upwind location.

4.6 Sanitation/Site Precautions

Provisions for sanitation procedures and site precautions to be followed on site can be found in Attachment A - Baker Safety SOPs.

5.0 ENVIRONMENTAL MONITORING

Air monitoring will be conducted at the personal breathing zones, point source and around the site perimeter, as necessary. Monitoring instruments to be available on site include a HNu (PID) with an 11.7 eV bulb, oxygen/combustible meter, Dräger tubes, and a radiation survey meter.

5.1 Personal Monitoring

The following personal monitoring will be in effect on site:

Personal monitoring will be accomplished using real time environmental monitoring instrumentation directed at the breathing zone of work party personnel. Breathing Zone (BZ) monitoring will be performed each time a reading is taken at the point source. The guidelines below identify the protection levels required according to the concentration measured in the BZ.

(1)PID/FID

- Background (2) = Level D
- >10 mu above background for up to 1 continuous minute = Level C plus Dräger Tube Monitoring at the point source
- >25 mu above background for up to 5 continuous minutes = Stop Work and consult the PHSO and Project Manager.
- Instantaneous peak concentrations >100 mu = Stop Work and consult the PHSO and Project Manager.

(1) PID with 11.7 eV ultraviolet lamp.
(2) Background is typically 1 to 2 mu (meter units)

(1)Dräger Tubes (used to determine if Level C or D+ protection levels are adequate for highly volatile constituents when a PID response meets the level identified above).

- Below limits of detection (BLD) to (1/2 of the TWA)(2) = Level D
- >1/2 of the TWA = Level C
- 5 times the TWA = Stop work and consult PHSO

(1) Dräger Tubes to be used include: Benzene (67 28561)
(2) Refer to Table 3-1, Section 3.0, for explanation.

5.2 Point Source Monitoring

Point source monitoring is defined by this HASP as monitoring performed at the source of the sampling/investigative activity. Instrumentation to be used will include a PID, Oxygen/Combustible Gas Meter, and Radiation Survey Meter. The action levels for the oxygen/combustible gas meter and radiation meter are identified below. The radiation survey meter will be used at the discretion of the SHSO.

Oxygen/Combustible Gas Meter*

Combustible Gas Meter

- <10% of the Lower Explosive Limit (LEL) = continue working
- >10% of the LEL* = Stop Work immediately and consult the PHSO and Project Manager

Oxygen Meter

- 19.5% to 22% = continue working
- <19.5% or >22% = Stop Work immediately and consult the PHSO and Project Manager

*Used to evaluate physical safety in conjunction with PID/Dräger Tubes.

Radiation Survey Meter - Ludlum Model 3-98 Survey Meter with Model 44-2 Gamma Scintillator Tube (external probe)

- Background (typically 0.02 to 0.04 mR/hr) - Continue work
- 0.5 mR/hr to 1 mR/hr - Continue work, monitor levels closely
- >1 mR/hr - Leave work area and consult PHSO

As work progresses, the scope of monitoring may be extended based on monitoring results, odor detection, changing work conditions, and signs or symptoms of exposure. Any or all of these conditions will be immediately investigated and acted upon by the SHSO.

5.3 Perimeter Monitoring

Perimeter monitoring (defined as monitoring performed at borders beyond the Support Zone and often at the "fence line") for each site will be performed as follows:

- The PID will be used periodically to scan the perimeter as a means of documenting any volatile releases that may extend past the work zone, when volatile concentrations exceeding 50 mu at the point source or 10 mu at the breathing zone.

- The Dräger Colorimetric Tubes will be used periodically to measure any potential releases when concentrations exceeding the EL are detected at the breathing zone.

- The Radiation Survey Meter will be used to determine a safe distance from the source (i.e., when levels return to background), if a radiation level exceeding 1 mR/hr or 140 cpm is detected.

5.4 Equipment Maintenance and Calibration

Baker's procedures for the return of equipment to inventory and for maintenance of the equipment shall be followed in order to assure that the optimum level of operation is maintained for the item. Equipment calibration under the direction of the SHSO will be completed daily and calibration information entered into the equipment calibration log sheet. The log sheets will be maintained on site for the duration of the project with copies to be given to the Equipment Manager once the equipment has been returned to the office. Procedures for equipment maintenance and calibration can be found in the operating manual provided by the manufacturer (included with each piece of equipment), or in Baker's Standard Operating Procedures for Administrative, Field, and Technical Activities Manual.

5.6 Monitoring Documentation

As environmental monitoring is performed, documentation of the results will be entered into the Field Log Book of the SHSO or other personnel performing the monitoring. The pages with the air monitoring results are to be copied at the completion of field activities and become part of the permanent file.

6.0 PERSONAL PROTECTIVE EQUIPMENT

6.1 Personal Protective Equipment Selection

The required personal protective equipment available for the various levels of protection, is listed below.

Item No.	Personal Protective Equipment
1	Chemical-Resistant Clothing (Polyethylene-coated Tyvek®)
2	Chemical-Resistant Clothing (Saranex®)
3	Uncoated Tyvek®/Kleenguard® Coveralls
4	Normal Work Clothes or Coveralls
5	Air-Line Respirator (ALR) with 5-minute escape pack
6	Self-Contained Breathing Apparatus (SCBA)
7	NIOSH 5-minute Escape Pack (on standby)
8	Full-face Cartridge Respirator
9	Half-face Cartridge Respirator
10	Full-face Cartridge Respirator (on standby)
11	Half-face Cartridge Respirator (on standby)
12	Chemical-Resistant Gloves (Nitrile inner)
13	Chemical-Resistant Gloves (Latex inner)
14	Chemical-Resistant Gloves (Rubber/Neoprene outer)
15	Chemical-Resistant Gloves (Nitrile outer)
16	Work Gloves (outer)
17	Chemical-Resistant Overboots (with steel toe)
18	Chemical-Resistant Overboots (w/o steel toe)
19	Steel Toe Boots
20	Safety Glasses
21	Safety Goggles
22	Face Shield
23	Hard Hat
24	Hearing Protection(1)

(1) At the discretion of the SHSO.

6.2 Site-Specific Levels of Protection

Based on an evaluation of potential hazards the levels of protection and corresponding personal protective equipment have been designated for the following tasks. Upgrading or downgrading the level of protection will be based on real time monitoring and working conditions. Changes in level of protection will be the responsibility of the SHSO.

Note: No single combination of protective equipment and clothing is capable of protection against all hazards. PPE should be used in conjunction with safe work practices, decontamination, and good personal hygiene.

Site(s)	Job Task	Level of Protection					Personal Protective Equipment (Item No.)
		B	C	D+	D	Other	
Bostic and Reinhold	Monitoring Well Installation				X		4, 16, 19, 20, 23, 24
Bostic and Reinhold	Monitoring Well Development			X			4, 15, 19, 20
Bostic and Reinhold	Groundwater Sampling			X			4, 15, 19, 20
Carlyle	Soil Boring - Sampling			X			4, 15, 19, 20, 23, 24
Reinhold	Test Pit/Trenching	X					1, 6, 12, 15, 17, 23
Carlyle	Drive Point Samples			X			4, 15, 19, 20, 23

EXCEPT IN EMERGENCY SITUATIONS, CHANGES TO THE SPECIFIED LEVELS OF PROTECTION SHALL ONLY BE MADE WITH THE APPROVAL OF THE SITE HEALTH AND SAFETY OFFICER AND THE SITE MANAGER, IN CONSULTATION WITH THE PROJECT HEALTH AND SAFETY OFFICER AND PROJECT MANAGER.

6.3 Respiratory Protection

Site-specific respiratory protection requirements as outlined below will comply with the procedures in Attachment A - Baker Safety SOPs. The criteria for using these types of respiratory protection have been determined by qualified Baker personnel in compliance with OSHA Standard 29 CFR 1910.134.

Level B

Either the "North" NIOSH-certified Air Line Respirator (ALR) system (four-person manifold) with 5-minute escape pack or "North" Self-Contained Breathing Apparatus (SCBA) will be used at this level. The line-of-site worker will be equipped with an SCBA on standby for emergency rescue purposes. This individual may also be responsible for monitoring the supplied air system with the SHSO's approval.

Level C

The "North" or "MSA" full-face/half-face NIOSH-certified negative pressure Air-Purifying Respirator (APR) with an organic vapor/acid gas/HEPA cartridge is the appropriate cartridge for use with the detected hazardous materials and the measured contaminant concentrations. Upgrades/downgrades in this level of respiratory protection will be based on measured "realtime" air contaminant concentrations (see Section 5.2) and the SHSO's observations.

Cartridge changeover will occur when one or more of the following have been observed: exposure duration greater than eight hours for vapor/gas cartridges; breathing resistance; noticeable odor or taste; or eye/throat irritation.

6.4 Care and Cleaning of Personnel Protective Equipment

Provisions for the care and cleaning of personal protective equipment used on site can be found in Attachment A - Baker Safety SOPs. Responsibility for compliance with these provisions lies with the Site Manager and/or Field Team Leader.

7.0 DECONTAMINATION PROCEDURES

7.1 Personnel Decontamination

Personnel leaving the Work Zone will be thoroughly decontaminated. The following protocol will be used for the decontamination stations according to levels of protection:

Level D	Level D+	Level C	Level B
1. Equipment drop	1. Equipment drop	1. Equipment drop	1. Equipment drop
2. Boot and glove gross contamination removal*	2. Outer boot and glove wash*	2. Outer boot and glove wash	2. Outer boot and glove wash
3. Boot and glove wash*	3. Outer boot and glove rinse*	3. Outer boot and glove rinse	3. Outer boot and glove rinse
4. Boot and glove rinse*	4. Tape Removal*	4. Tape Removal	4. Tape Removal
5. Tape Removal*	5. Outer boot and glove removal*	5. Outer boot and glove removal	5. Outer boot and glove removal
6. Boot removal*	6. Coverall removal/ disposal*	6. Coverall removal/ disposal	6. SCBA or escape tank removal
7. Glove removal*	7. Inner glove removal/disposal	7. Respirator removal	7. Coverall removal/ disposal
8. Hand/Face wash	8. Hand/face wash	8. Inner glove removal/disposal	8. SCBA or ALR face shield removal
9. Equipment wipe down	9. Equipment cleaning	9. Hand/face wash	9. Inner glove removal/disposal
		10. Respirator cleaning/ sanitizing	10. Hand/face wash
		11. Equipment cleaning	11. Respiratory cleaning/ sanitizing
			12. Equipment cleaning

*Optional - depends on degree of contamination and type of PPE used.

The following decontamination equipment is required for Level C and higher protection levels and recommended for Level D+ protection:

- Four small tubs (two sets of wash and rinse water)
- Scrub brush
- Towels*
- Disposable wipes*
- Pressurized sprayers for rinsing
- Contaminated clothing disposal bag or drum*
- Contaminated liquids disposal drum
- Respirator cleaning solution
- Liquinox and water as the decontamination solution

*Minimum for Level D decontamination.

The decontamination liquids and clothing will be contained and disposed according to policy defined in the Sampling and Analysis Plan (SAP).

7.2 Equipment Decontamination

Pressure steam cleaning of the drill augers will be conducted by the subcontractor. A portable steam cleaning unit will be used for this cleaning. Decontamination will be conducted at specific locations established at each site.

7.3 Waste Handling Procedures

The protocols outlined in the SAP for the handling, packaging, storing, and disposing of contaminated materials must be followed to: (1) minimize the risk of off-site exposures that could endanger public health; and (2) limit the potential for liabilities associated with handling, containment, storage, and transportation of contaminated materials. These protocols comply with Baker's SOP on "Handling of Site Investigation Generated Wastes," located in the Standard Operating Procedures for Administrative, Field, and Technical Activities Manual.

8.0 EMERGENCY PROCEDURES

8.1 Pre-Emergency Planning

All applicable local emergency response contacts (Fire Department, Ambulance, Hospital, etc.) will be contacted during site mobilization activities. This notification will be performed by the SHSO and/or Site Manager. The information discussed may include:

- A description of site activities.
- Anticipated site hazards.
- Hazardous chemicals to be used on site.
- Expected length of time on site.
- Specific requirements the emergency response facilities may require.
- Confirmation of emergency phone numbers.

Specific points of contact, where applicable, will be established and added to the HASP. If requested, Material Safety Data Sheets will be provided at this time.

8.2 Emergency Coordinator

The SHSO acting as the Emergency Coordinator is responsible for field implementation of the Emergency Plan. As the Emergency Coordinator, specific duties include:

- Familiarizing all on-site personnel with the emergency procedures and the emergency coordinator's authority.

- Identifying the nearest telephone in the event of an emergency.

- Communicating site emergency procedures and requirements to all Baker and subcontractor personnel.

- Specifying a backup/alternate Emergency Coordinator.

- Controlling activities of subcontractors and contacting the Navy On-Scene Coordinator and other response groups.

- Anticipating, identifying, assessing, and controlling fires, explosions, chemical releases, and other emergency situations to the best of his/her abilities.

- Familiarity with site personnel trained in emergency first aid and CPR.

All on-site personnel, whether involved in emergency response or not, will be notified of their responsibilities by the Emergency Coordinator in an emergency. They will be familiar with the emergency procedures and the Emergency Coordinator's authority.

8.3 Communications

Internal communications will rely on direct communication (via verbal or two-way radios) between site personnel. External communications will employ a telephone located in the field vehicle and various telephones located throughout the investigation areas.

The "Buddy System" will be in effect at all times; any failure of communication requires an evaluation of whether personnel should discontinue activities.

Hand signals will be used in case of failure of radio communications or when radio communications are not available:

Hand gripping throat	-	Can't breathe (typically Level C/B activities)
Grip partner's wrist or both hands around waist	-	Leave area immediately
Hands on top of head	-	Need assistance
Thumbs up	-	OK, I am all right, I understand
Thumbs down	-	No, I do not understand

Coordination between Baker and subcontractor personnel is the responsibility of the Site Manager. The best means for securing the lines of communication will be determined prior to start-up by on-site project personnel.

Emergency telephone numbers will be place at strategic locations throughout the site. The list of emergency phone numbers is presented below.

Facility	Phone Number	Contact*
Security (Police)	911 or (919) 451-4555	Response Operator
Fire	911	Response Operator
Ambulance	911	Response Operator
Onslow County Hospital (Off-Base)	(919) 577-2240	Response Operator
ULOCO	1-800-632-4949	Response Operator
Poison Control Center	1-800-672-1697	Response Operator
National Response Center	1-800-424-8802	Response Operator
CHEMTREC	1-800-424-9300	Response Operator

* Remaining points of contact will be identified prior to the start of activities.

8.4 Assembly Area

Personnel will be instructed before the start of operations the designated meeting point in the event of an emergency. At this location, emergency needs will be provided, such as:

- Assembly for evacuated personnel
- First aid for injured personnel
- Decontamination material
- Communications.

8.5 Emergency Hospital Route

An emergency hospital route map showing the location of the local and base hospital, will be posted at strategic locations throughout the site. Personnel will be informed of the location of the map and the directions to the hospital.

Directions to the Onslow County Memorial hospital (317 Western Boulevard) (Refer to Figure 8-1):

1. Proceed north on Ocean Highway (Route 17).
2. Take Highway 24 East to Western Boulevard and turn left.

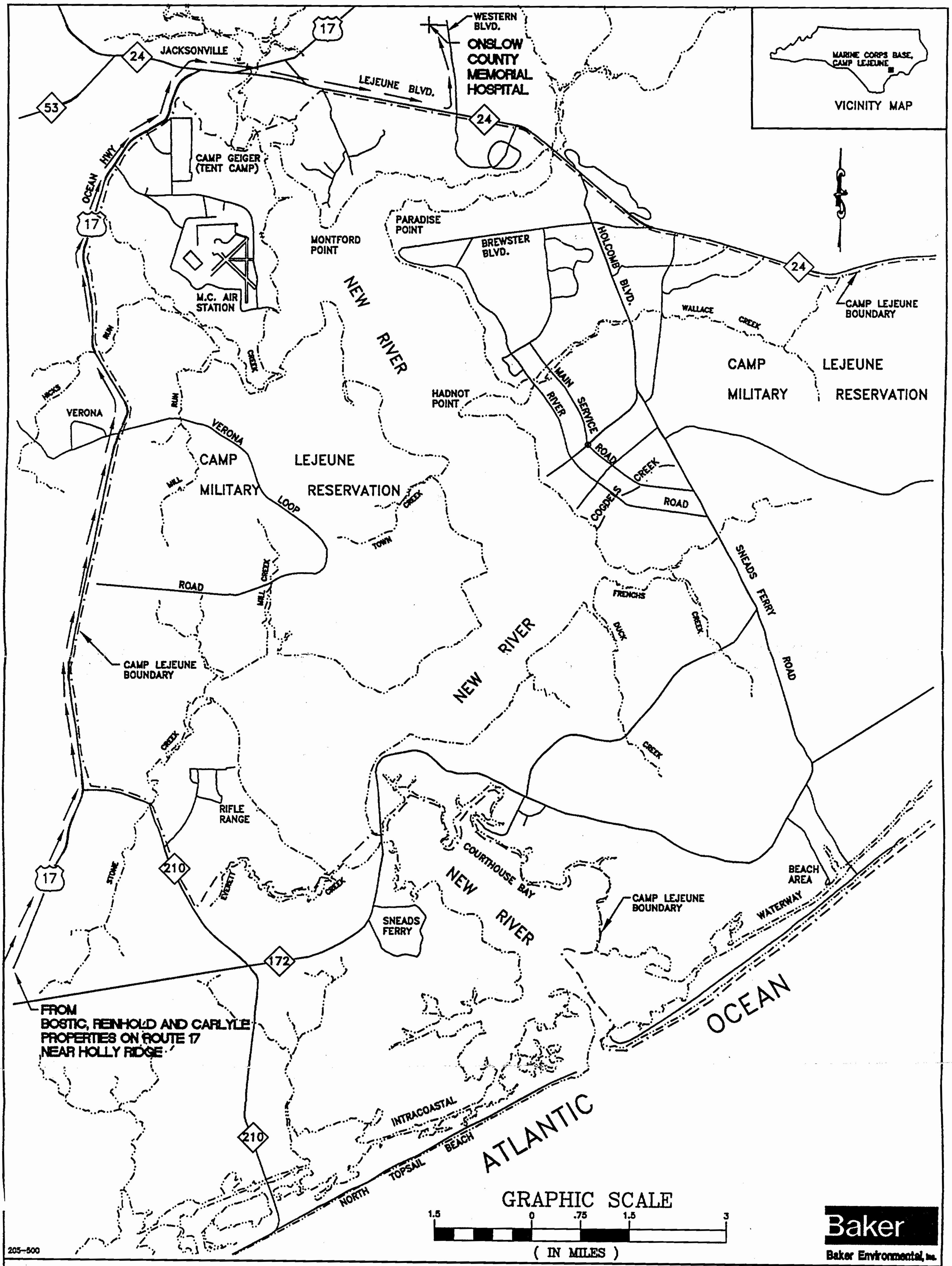

FIGURE 8-1
EMERGENCY HOSPITAL ROUTE
BOSTIC, REINHOLD AND CARLYLE PROPERTIES

MARINE CORPS BASE, CAMP LEJEUNE
NORTH CAROLINA

01521T01Z

3. Continue on Western Boulevard to the fifth stop light and hospital will be on the left.
4. Follow directions to the emergency room entrance.

8.6 Emergency Medical Treatment

Emergency Services

The nearest public hospital is:

Name Onslow County Memorial Hospital

Address 317 Western Boulevard, Jacksonville, North Carolina

Telephone No. (919) 577-2240 or 911

Local ambulance service is available from:

Name City of Jacksonville

Telephone No. (919) 455-9119 or 911

Contact should be made with emergency personnel prior to the start of activities (see Section 8.1).

There will be a minimum of one person on each site that will be trained in emergency first aid and CPR.

Physical Injury

If an employee working in a contaminated area is physically injured, first aid procedures are to be followed. If the employee can be moved, he/she will be taken to the edge of the work area and decontaminated, if necessary (refer to Section 8.7). Then, if circumstances permit, administered emergency first aid, and transported to an awaiting ambulance or to a local emergency medical facility.

Chemical Injury

If the injury to a worker is chemical in nature (e.g., direct contact/exposure), the following first aid procedures are to be instituted:

- Eye Exposure - If contaminated solid or liquid gets into the eyes, wash the eyes immediately at the emergency eyewash station using large amounts of water and lifting the lower and upper lids occasionally. Obtain medical attention immediately. Contact lenses will not be worn when working.

- Skin Exposure - If contaminated solid or liquid gets on the skin, promptly wash the contaminated skin using soap or mild detergent and water. If solids or liquids penetrate through the clothing, remove the clothing immediately and wash the skin using soap or mild detergent and water. Obtain medical attention immediately.

- Swallowing - If contaminated solid or liquid has been swallowed immediately contact the Poison Control Center at the Duke University Medical Center, Durham, North Carolina at 1-800-672-1697. Do not make an unconscious person vomit.

- Breathing - If a person has difficulty breathing, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Obtain medical attention as soon as possible.

Snakebite Injury

In the event of a snakebite injury, the following procedures will be followed.

Look for signs and symptoms such as the characteristic appearance of two small holes, usually about a half inch apart, with surrounding discoloration, swelling, and pain. Systematic signs (which may or may not occur) including weakness, sweating, faintness, and signs of shock.

Provide treatment as follows:

1. Calm the victim and keep affected area still.

2. Contact ambulance if victim needs transportation to the nearest hospital.

3. Wash the wound.

4. Keep the affected area below the level of the heart if bite is on the arm or leg.

5. Treat for shock.

6. Monitor airway, breathing, and circulation.

7. Obtain physical description of snake, if possible.

8. Transport victim to the nearest medical facility.

9. Provide the emergency medical responder (either the ambulance attendant or the emergency room at the hospital) with all pertinent information such as: how long ago the bite occurred, the type of snake (if known), any known allergic conditions (if known), etc.

Inform the SHSO immediately if a snakebite has occurred. The SHSO will in turn, inform the PHSO, as soon as possible.

If injuries are not serious or life threatening, affected personnel may be transported by other site personnel to the local medical facility, if necessary. Emergency medical response personnel will be contacted in the event of serious or multiple injuries. Medical personnel will be provided with all available information regarding the nature of the incident, chemicals involved, etc.

Spider Bite Injury

There are two spiders commonly found in the United States whose bite can be serious: the black widow spider and the brown recluse spider. These bites may be serious, even life-threatening. Many other spiders will bite, but they do not produce serious complications. The black widow spider measures approximately 1 inch long with its legs extended. It is glossy black in color and has a distinctive yellow-orange marking in the shape of an hourglass on its belly. On its back, however, there is no marking, and unless you happen to turn the spider over, you cannot see this mark. The danger of the black widow spider bite lies in its systemic manifestations. The venom from this spider attacks the nervous system, resulting in severe muscle cramps with boardlike rigidity of the abdominal muscles, tightness in the chest, and difficulty in breathing. Sweating, nausea, and vomiting will also occur.

The emergency treatment for the black widow spider bite is basic life support. sometimes the individual is not even aware of having been bitten, or where. Apply cold to the site of the bite if it can be identified. There is a specific antivenin for this spider bite that must be administered by a physician. It is particularly important to identify the spider, and bring it in, if you can.

The brown recluse spider is a little bit smaller than the black widow spider and is dull brown in color. It has a violin-shaped mark on its back, which can be seen when you are looking at the spider from above. The spider gets its name because it tends to live in dark areas, corners, and old unused buildings. The bite from this animal produces local rather than systemic manifestations. The venom of the brown recluse spider causes severe local tissue damage and can lead to an ulcer and gangrene. The bitten area becomes red, swollen, and tender within a few hours after the bite. A small blister forms, and several days later, this may form a large scab, covering a deep ulcer. Death is rarely reported, but these bites need local surgical treatment, and these patients should be brought to the hospital. Again, if possible, identification of the spider should be carried out.

Decontamination

If on-site decontamination of injured employee(s) is not possible, the Emergency Coordinator will provide polyethylene sheeting (or equivalent) for a stretcher, and ambulance. If necessary, a site employee equipped with appropriate protective equipment and clothing will accompany the injured employee and will perform decontamination under the supervision of emergency medical personnel.

Instances requiring treatment beyond "first aid" will be handled at appropriate facilities and reported to the Project Manager and PHSO within 24 hours.

8.7 Emergency Decontamination Procedures

In the event of a medical emergency, patients are to be adequately decontaminated before transfer, if possible. This is to prevent contamination of the medical transport vehicle and medical facility. Emergency personnel decontamination will include the following, depending on the level of protection.*

Level D	Level D+	Level C	Level B
• Equipment drop • Tape, boot, and glove removal • Coverall removal	• Equipment drop • Tape, outer boot, and glove removal • Coverall removal/ disposal • Inner glove removal/ disposal	• Equipment drop • Tape, outer boot, and glove removal • Coverall removal/ disposal • Respirator removal • Inner glove removal/ disposal	• Equipment drop • Tape, outer boot, and glove removal • SCBA or escape tank removal • Coverall removal/ disposal • SCBA or ALR face shield removal • Inner glove removal/ disposal

* If circumstances dictate that contaminated clothing cannot be readily removed, then remove gross contamination and wrap injured personnel with clean garments/blankets, to avoid contaminating other personnel or transporting equipment.

All emergency personnel are to be immediately informed of the injured person's condition and potential contaminants and provided with all pertinent chemical data.

If necessary, one of the site personnel equipped with appropriate PPE may accompany the injured worker and perform decontamination with supervision of medical personnel.

8.8 Personal Protection and First Aid Equipment

PPE available for emergency response will include the following:

- Polyvinyl chloride boots
- Tyvek® suits, polyethylene coated and uncoated
- Nitrile gloves (inner and outer)
- Nitrile Gloves (outer)
- SCBA

PPE, first aid equipment and the first aid kits will be available in the support zone (i.e., Baker Field Vehicle or Baker Site Trailer).

Emergency and first aid equipment can be found at the following locations:

Fire Extinguisher:	Baker Field Trailer and Contractor Field Vehicle
First aid kit:	Baker Field Vehicle

Emergency eye wash bottle: Baker Baker Field Vehicle

Portable Emergency Eye Wash Station: Near Area With Greatest Potential for Chemical Splash/Exposure

8.9 Notification

If the Emergency Coordinator determines that the site has an uncontrolled situation, such as a spill, fire, or explosion, that could threaten human health or the environment, he/she will report their findings to the local police. The notification report will be made from the nearest, safest location and will include:

- Description of incident (e.g., release, fire).
- Name and telephone number of individual reporting the emergency..
- Location of incident.
- Name and quantity of material (s) involved.
- The extent of injuries, and number of casualties.
- The possible hazards to human health or the environment and cleanup procedures.
- Assistance that is requested.

8.10 Hazard Assessment

The Emergency Coordinator will assess possible hazards to human health or the environment that may result from a chemical release, fire, explosion, or severe weather conditions to the best of his/her abilities, incorporating the following steps, as appropriate.

- Assess the immediate need to protect human health and safety.
- Identify the materials involved in the incident.
- Identify exposure and/or release pathways and the quantities of materials involved.
- Determine the potential effects of the exposure/release and appropriate safety precautions.
- Determine if release of materials meets EPA requirements for reportable quantities for spills under the RCRA or the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA).
- Inform appropriate personnel as identified in Section 8.9.

This assessment will consider both the direct and indirect effects of the chemical release, fire, explosion, or severe weather conditions (e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated or the effects of any hazardous surface water runoff from water or chemical agents used to control fire and heat-induced explosions).

8.11 Security

During activation of the Emergency Plan, the Emergency Coordinator or his/her designated representative will control access to the site and maintain an incident log until the police arrive. The incident log will include:

- Time of entry.
- Expected exit time.
- Use of team or "buddy" system.
- Task being performed.
- Location of task.
- Rescue and response equipment used.
- Protective equipment being used.

8.12 Emergency Alerting

Personnel Injury

- The Site Manager and SHSO will assess the nature of the injury; if the cause of the injury or loss of the injured person does not affect the performance of other site personnel, operations may continue.

- If the injury increases the risk to others, a warning will be made and all remaining site personnel will move away from the work zone.

- Activities on site will stop until the added risk is mitigated.

No persons shall reenter the Work Zone until an accident investigation is performed by the SHSO and/or the Site Manager.

Fire/Explosion:

- Initiate a verbal warning and move all site personnel to the nearest, safest location.
- Alert the fire and police departments and maintain a safe distance.
- Activities will stop until the added risk is mitigated.

In all situations, when an on-site emergency results in evacuation of the Work Zone, personnel shall not reenter until:

1. The conditions resulting in the emergency have been corrected.
2. The hazards have been reassessed.
3. The HASP has been reviewed and, if appropriate, modified.
4. Site personnel have been briefed on any changes in the HASP.

8.13 Training

Site personnel will be informed of the details in the Emergency Plan during initial HASP training. The Emergency Plan will be reviewed/rehearsed by site personnel at least monthly or when elements of the plan change.

8.14 Spill Containment Procedures

In the event that a spill of hazardous substances (gasoline, oil, etc.) occurs during the implementation of field activities, spill containment will be utilized to prevent the additional migration of contaminants through the site area. In the event of a spill, measures will be taken to contain the spill and clean it up. For the purpose of this HASP, a spill is defined as a release of a hazardous substance to soils or surface waters. Any release to soils or surface waters equaling or exceeding the reportable quantities under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) (40 CFR 304) or the EPA Clean Water Act (40 CFR 116 and 177) will be reported to the Project Manager, who in turn will report it to the appropriate agencies within 24 hours.

Specific spill containment procedures will be dependent on the type of materials spilled and the type of environment affected. Potential spill containment procedures may include diking with absorbent material/pads, then removal or containment of the contaminated materials. Spill containment materials will be located within close proximity to the storage area of the hazardous substances in a manner such that the pathway remains accessible and free of obstructions. Spill containment materials available on site will include:

- Absorbent pads
- Vermiculite
- Shovel
- Containers

9.0 TRAINING REQUIREMENTS

9.1 General

All Baker employees or other personnel entering the site will need to have received training in compliance with the Occupational Safety and Health Administration (OSHA) Standard 29CFR 1910.120. Baker employees engaged in field activities which potentially expose workers to hazardous substances receive a minimum of 40 hours of instruction off site, and a minimum of three days actual field experience under the direct supervision of a trained, experienced supervisor. These are generally 5-day (40-hour) courses. Key points of the 40-hour training include field demonstrations, respiratory fit testing and training, risk assessment, toxicology, chemical reactivity, use of monitoring equipment, downrange work procedures, site safety procedures, levels of protection, protective clothing, decontamination, and practical field exercises (which include donning, doffing, and working in personal protective ensembles for personal protection Levels A, B, and C).

In addition to the initial 40-hour training program, Baker requires site employees to receive an annual 8-hour refresher training course on the items specified by the 1910.120 standard. The general purpose of the 8-hour refresher is to ensure that personnel retain the knowledge necessary to be adequately protected, and stay current with proper site health and safety procedures.

Baker also requires that personnel involved with on-site employee supervision receive (in addition to 40 hours initial training and three days of supervised field experience) at least eight additional hours of specialized training at the time of job assignment. Training topics include, but are not limited to, the employer's safety and health program and the associated employee training program, personal protective equipment program, spill containment program, and health hazard monitoring procedures and techniques. The 8-hour supervisory training is required to ensure that supervisors have the knowledge necessary to understand and use the various Health and Safety Programs and to implement the elements of the HASP. Table 9-1 provides the appropriate OSHA Training History for Baker Project Personnel.

TABLE 9-1

OSHA TRAINING HISTORY OF BAKER PROJECT PERSONNEL*

Personnel	Anticipated Site Activities	Training Status
Ronald Krivan	• Project Health and Safety Officer	• 40-hr. training completed: 1/8/88 • Supervisory training: 1/31/89 • 8-hr. refresher completed: 2/19/93 • First Aid Training: 2/17/93 • CPR Training: 2/17/93 • Medical surveillance: 4/21/93
Pete Monday	• Site Manager/SHSO	• 40-hr. training completed: 3/9/90 • Supervisory training: 9/13/91 • 8-hr. refresher completed: 3/26/93 • First Aid Training: 10/6/90 • CPR Training: 7/16/93 • Medical surveillance: 6/25/93
John Zimmerman	• Project Geologist	• 40-hr. training completed: 3/13/92 • Supervisory training: 3/13/92 • 8-hr. refresher completed: 3/26/93 • First Aid Training: 7/10/92 • CPR Training: 7/16/93 • Medical surveillance: 3/25/93

* Training history for contractor personnel will be maintained at the Command Post.
NA - Not Applicable

9.2 Site-Specific Training

Site-specific training, as discussed in Section 1.3, will consist of an initial health and safety briefing on the following information:

- Names of individuals responsible for site health and safety and methods of communicating safety and health concerns.
- Site-specific health and safety hazards.
- Use of PPE.
- Work practices by which employees can minimize risk.
- Safe use of equipment on site.
- Recognition of symptoms and signs of exposure to hazardous materials.
- Site control measures.
- Decontamination procedures.
- Emergency response procedures.

The SHSO will conduct the initial site-specific training prior to the initiation of field activities.

10.0 MEDICAL SURVEILLANCE REQUIREMENTS

This Site-Specific HASP will require that project personnel, who may be exposed to materials having potentially adverse and deleterious health effects, have obtained medical clearance from Baker's Board Certified Occupational Health Physician in accordance with 29 CFR 1910.120(f) prior to entry onto the site. Baker's corporate medical surveillance program establishes a medical baseline and monitors for symptoms of overexposure for individuals who participate in Preliminary Assessments, Site Inspections, Remedial Investigations, Feasibility Studies, and construction-phase services at sites covered by the Department of Labor, Occupational Safety and Health Administration (OSHA), Hazardous Waste Operations and Emergency Response Standard, 29 CFR 1910.120. Additionally, the program is intended to determine the individual's capability for performing on-site work, including wearing respiratory protective equipment.

All Baker employees that will be engaged in site activities covered by the 1910.120 standard receive a Group III physical examination by a licensed physician who is provided information on the individuals site activities, and exposure or anticipated exposure levels. This exam is received initially, then once every 12 months thereafter. More frequent medical examinations, consultations, and/or laboratory testing will be provided if the examining physician determines that an increased frequency of examination is required. A complete Group III medical exam includes parameters such as height, weight, vision, temperature, blood pressure, and a complete review of occupational and medical histories. Other tests in a Group III exam include chest x-rays, electrocardiogram, pulmonary function test, urinalysis, and blood tests. Table 10-1 describes the medical surveillance testing parameters performed annually on Baker employees.

Prior to entry onto the site, all personnel, including subcontractors, will be required to provide medical clearance information from their company physician stating that they are physically capable of performing the activities required.

TABLE 10-1

MEDICAL SURVEILLANCE TESTING PARAMETERS*

Group II - Individuals Occasionally in the Field (10-30 days/year)

- Medical History (Physical Exam)
- Eye Exam
- EKG (baseline and for individuals over 40 years of age)
- Chest X-ray (baseline then every 5 years)
- Spirometry
- CBC with differential
- SMA 12 or 26 (liver enzyme scan)

Group III - Individuals Frequently in the Field (>30 days/year)

- Medical History (Physical Exam)
- Eye Exam
- EKG (baseline then annually for individuals over 40 years of age)
- Audiometry
- Chest X-ray (baseline then every 3 years)
- Spirometry
- CBC with differential
- SMA 12 or 26 (liver enzyme scan)
- Urinalysis (glucose scan)
- Specific Blood and Urine Tests (dependent on field exposure)**

Group III with Asbestos - Individuals frequently in the field whom also work with asbestos

- Group III testing with the Asbestos Medical Questionnaire w/Pulmonary Function Test ($FVC_{1.0}$ and $FEV_{1.0}$)

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* The attending physician has the right to reduce or expand the medical monitoring on an annual basis as he/she deems necessary.

** To be performed for individuals identified by the attending physician as being chronically exposed to organic compounds.

11.0 HEALTH AND SAFETY PLAN APPROVAL

This HASP has been reviewed by the following personnel for approval of activities at the Bostic, Reinhold, and Carlyle properties.

Name	Title	Signature
Mr. Ronald Krivan, CSP	PHSO	Ronald Krivan
Mr. Daniel L. Bonk	Assistant PM	Daniel L. Bonk
Mr. Richard P. Aschenbrenner	QA/QC	

12.0 DECLARATION OF HASP REVIEW

All site personnel indicated below, have reviewed and are familiar with this Health and Safety Plan. Site personnel were briefed on the contents of this HASP on __________ at __________ a.m./p.m.

1. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

2. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

3. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

4. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

5. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

6. ______________________________ ______________________________
(Name-Print) (Company)

______________________________ ______________________________
(Name-Sign) (Date)

Declaration of Health and Safety Plan Review (Continued)

7. (Name-Print) (Company)

(Name-Sign) (Date)

8. (Name-Print) (Company)

(Name-Sign) (Date)

9. (Name-Print) (Company)

(Name-Sign) (Date)

10. (Name-Print) (Company)

(Name-Sign) (Date)

11. (Name-Print) (Company)

(Name-Sign) (Date)

12. (Name-Print) (Company)

(Name-Sign) (Date)

Attachment A
Baker Environmental, Inc.
Safety Standard Operating Procedures

ATTACHMENT A

BAKER ENVIRONMENTAL, INC.
SAFETY STANDARD OPERATING PROCEDURES

TABLE OF CONTENTS

Baker

Baker Environmental, Inc

1.0 - CONFINED SPACE ENTRY PROGRAM

1.1 INTRODUCTION

All confined space entries shall be performed in accordance with the following program based on the "Criteria Document for a Recommended Standard for Working in Confined Spaces," issued by NIOSH. A confined space refers to a space, which by design has limited openings for entry and exit; unfavorable natural ventilation which could contain or produce dangerous air contaminants; and which is not intended for continuous employee occupancy.

Confined spaces include, but are not limited to, storage tanks, compartments of ships, process vessels, pits, silos, degreasers, reaction vessels, boilers, ventilation and exhaust ducts, sewers, tunnels, underground utility vaults, and pipelines. If there is a question as to whether or not an area should be considered as a confined space, appropriate safety personnel should be consulted prior to entry.

1.2 HAZARD IDENTIFICATION

Identify and evaluate each hazard of the permit spaces. Hazardous substances should be identified through the use of Dräger tubes and/or direct reading instruments such as HNu or OVA meters. Oxygen and explosive levels will be monitored using a Lower Explosive Level/Oxygen (LEL/O_2) meter.

1.3 HAZARD CONTROL

Establish and implement the means, procedures, and practices by which the permit spaces can be entered safely. Ventilation and area cleaning should be considered in addition to personal protective equipment.

1.4 PERMIT SYSTEM

The Health and Safety Officer (HSO) or designee will complete the confined space entry permit, as attached. This form must be posted at the point of entry and is valid for eight consecutive hours. After eight hours, or sooner if there is reason to believe that conditions may have changed, additional environmental testing and a new permit must be completed. Completed, expired permits must be returned to the SHSO, or designee.

1.5 EMPLOYEE INFORMATION

Signs shall be posted near permit confined spaces to notify employees as to hazards that may be present and that only authorized personnel may enter.

1.6 EMPLOYEE TRAINING

All employees entering or directly involved in the confined space activities must complete a 40-hour health and safety training course in accordance with 29 CFR 1910.120. Additionally, site-specific training must be conducted regarding the hazards associated with each confined space and confirmed space entry procedures including the following subjects:

- Oxygen Deficiency
- Explosivity
- Toxics
- Ventilation
- Personal Protective Equipment/Procedures
- Respiratory Protection
- Initial Entry and Monitoring
- Emergency Procedures and Egress

1.7 EQUIPMENT

All equipment must be inspected and maintained to ensure the proper use of the equipment, necessary for safe entry. Respirators and emergency equipment, lanyard, harness, etc. must be thoroughly inspected prior to the confined space entry. Records of the inspection shall be kept in the project file. The equipment shall be adequately decontaminated following each entry.

1.8 RESCUE

Ensure that procedures and equipment necessary to rescue entrants from permit spaces are implemented and provided. The buddy system shall be used for all entries. The attached table provides a list of requirements with respect to each entry classification. The following items describe the three confined space entry classifications.

I CLASS A

- Immediate Danger to Life and Health (IDLH) condition exists
- Should only be entered under emergency conditions (Level A or B protection ensembles)
- Efforts should be made to reduce IDLH levels such as ventilation, cleaning, etc.
- IDLH conditions may include:
  - Oxygen levels below 19.5% or greater than 22%
  - LEL levels 20% or greater
  - Contaminant Concentration >PEL

II CLASS B

- Dangerous, but not IDLH conditions
- Levels of protection can range from C to A
- Range of conditions:
  - Oxygen from to 19.5% to 21.5%
  - LEL levels from 10% to 19%
  - Contaminant Concentration ≥ the PEL

III CLASS C

- Low Hazard Potential
- Requires no modification of work procedures but constant monitoring
- Range of conditions:
  - Oxygen levels from 19.5% to 22%
  - LEL levels less or equal to 10%
  - Contaminant Concentrations < the PEL

CONFINED SPACE ENTRY

ITEM	CLASS A	CLASS B	CLASS C
1. Permit	X	X	X
2. Atmospheric Testing	X	X	X
3. Monitoring	X	O	O
4. Medical Surveillance	X	X	O
5. Training of Personnel	X	X	X
6. Labeling and Posting	X	X	X
7. Preparation Isolate/Lockout/Tag	X	X	X
Purge and Ventilate	X	X	O
Cleaning Procedures	O	O	O
Requirements for Special Equipment/Tools	X	X	O
8. Procedures Initial Plan	X	X	X
Standby	X	X	O
Communication/Observation	X	X	X
Rescue	X	X	X
Work	X	X	X
9. Safety Requirement and Clothing Head Protection	O	O	O
Hearing Protection	O	O	O
Hand Protection	X	O	O
Foot Protection	X	O	O
Body Protection	X	O	O
Respiratory Protection	X	X	O
Safety Belts	X	X	X
Life Lines, Harness	X	X	X
10. Rescue Equipment	X	X	X
11. Recordkeeping/Exposure	X	X	X

X - Indicates requirements
O - Indicates determination by the qualified individual

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☐ CONFINED SPACE ENTRY PERMIT
☐ HAZARDOUS AREA ENTRY PERMIT

LOCATION and DESCRIPTION of Confined Space ______________________ **Date** ______________

PURPOSE of Entry ______________________ **Time** ______________ **a.m./p.m**

JOB/SITE ______________________ **Expiration** ______________ **a.m./p.m**

PERSON in Charge of Work ______________________

SAFETY REQUIREMENTS	Yes	No		Yes	No
Lock Out - De-Energize			Escape Harness		
Lines Broken - Capped or Blanked			Tripod Emergency Escape Unit		
Purge - Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area			Lighting		
Breathing Apparatus			Protective Clothing		
Resuscitator - Inhalator			Respirator		

TEST(S) TO BE TAKEN Valid for One 8-Hour Entry	Yes	No	CONCENTRATION	INSTRUMENT USED AND DATE CALIBRATED
% of Oxygen				
% of L.E.L.*				
Carbon Monoxide				
Aromatic Hydrocarbon				
Hydrocyanic Acid				
Hydrogen Sulfide				
Sulfur Dioxide				
Ammonia				
Other:				
Other:				

*L.E.L. = Lower Explosion Level

Atmosphere Tester: ______________________ ______________________
Name (print) Signature

Note: Continuous/periodic tests shall be established before beginning job. Any questions pertaining to test requirements contact the Site Health and Safety Officer.

Safety Standby Person(s)	Title

Supervisor authorizing all above conditions specified ______________________

ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED.

2.0 - RESPIRATORY PROTECTION PROGRAM

2.1 INTRODUCTION

In accordance with OSHA requirements (29 CFR 1910.134), this document represents Baker Environmental, Inc.'s (Baker's) program governing the selection and use of respiratory protection for its employees. It is Baker's policy to provide its employees with the proper protective equipment, training, and medical surveillance necessary to protect individuals from any potential hazards which may be present during the tasks performed throughout the course of each individual's employment. This program specifically describes the procedures which have been established and implemented for the use of respiratory protection equipment. The effectiveness of this program shall be reevaluated on an annual basis and appropriate changes shall be made if deemed necessary.

2.2 EMPLOYER RESPONSIBILITY

Baker shall provide its employees the respiratory protection equipment which is appropriate and suitable for the purpose intended, when such equipment is necessary to protect the health of the employee.

2.3 EMPLOYEE RESPONSIBILITY

The employee shall use the respiratory protection provided in accordance with instructions and training received, and shall report any malfunction of the equipment to a responsible person. The employee shall not wear contact lenses in atmospheres where respiratory protection is required. Corrective lens inserts will be provided, at Baker's expense, for employees who require corrective lenses.

2.4 HAZARD ASSESSMENT

The key elements of a respiratory protection program must start with an assessment of the inhalation and ingestion hazards present in the work area. Because Baker's services involve a variety of environmental and industrial hygiene studies, it is not practical to identify all possible hazards to which all employees could be exposed within the scope of this document. Therefore, it is essential that a task specific assessment be conducted prior to the initiation of any activities on a given project. This task specific assessment may be part of the site-specific Health and Safety Plan.

After a task-specific assessment is completed and it is determined that airborne exposure concentrations exceed or may exceed the recommended limits, engineering and administrative controls should be implemented, whenever feasible.

If the exposure cannot be reduced, or it is not feasible to reduce the airborne exposure below the recommended limits, respirators will be selected by the Site Health and Safety Officer on the basis of:

- Toxicity
- Maximum Expected Concentration
- Oxygen Levels
- Warning properties of the substance(s) involved
- Sorbent Limitations
- Facepiece Fit
- Mobility Requirements
- Type of Use (routine, escape, or emergency entry)
- Possibility of Ingestion of Toxic Materials
- Respirator Attributes

2.5 TRAINING

Each respirator wearer shall be given training, by a qualified individual, which will include explanations and discussions of:

- Opportunity to wear respiratory protection in an uncontaminated environment.
- Respirator Fit Testing (qualitative)
- The respiratory hazard(s) and what may occur if the respirator is not used properly.
- The reasons for selecting a particular type of respirator.
- The function, capabilities, and limitations of the selected respirator.
- The method of donning the respirator and checking its fit and operation.
- The proper wearing of the respirator.

- Respirator maintenance, repair, and cleaning.
- Recognizing and handling emergency situations.

Respirator training will be conducted on an annual basis, at a minimum. Records of the training and fit-testing will be maintained for a minimum of 30 years following termination of employment for each employee.

2.6 TYPES OF RESPIRATORS

Baker provides employees with the North Brand half-face (Model 7700) and full-face (Model 7600) air purifying respirators, positive pressure 30-minute Self-Contained Breathing Apparatus (SCBAs) (Model 800), positive pressure supplied airline respirators, with 5-minute escape air cylinders (Model 85500). Only respiratory equipment certified by the appropriate approval agencies (e.g., NIOSH, MSHA) according to Title 30, Part II of the Code of Federal Regulations, will be distributed to Baker employees. As an alternate air purifying respirator, Baker will also keep, on-hand, the MSA ultra twin full-face respirator. All Baker employees who regularly perform tasks requiring respiratory protection will be issued their own half-face or full-face respirator, provided the employee can achieve a proper fit and is medically capable of wearing the equipment.

Because 30-minute SCBAs, positive pressure supplied airline respirators, and 5-minute escape air cylinders are used less frequently, this equipment will be distributed on an as-needed basis.

2.7 AIR QUALITY

Compressed and liquid air used for respiration shall be of high purity. Breathing air shall meet at least the requirements of the specification for Grade D breathing air as described in Compressed Gas Association Commodity Specification G-7.1-1966. Breathing air may be supplied to respirators from cylinders or air compressors. Oxygen must never be used with air line respirators.

Air cylinders shall be tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR Part 178). Air line couplings shall be incompatible with outlets for other gas systems to prevent inadvertent servicing of air line respirators with nonrespirable gases or oxygen.

Breathing gas containers shall be marked in accordance with American National Standard Method of marking Portable Compressed Gas Containers to Identify the Material Contained, Z48.1-1954; Federal Specification BB-A-1034a, June 21, 1968, Air, Compressed for Breathing Purposes; or Interim Federal Specification GG-B-00675b, April 27, 1965, Breathing Apparatus, Self-Contained.

2.8 CLEANING AND MAINTENANCE

Respirator maintenance will be performed by each trained individual on a regular basis. The maintenance shall be carried out on a schedule which ensures that each respirator wearer is provided with a respirator that is clean and in good operating condition.

Respiratory equipment that is used on an as-needed basis shall be maintained by qualified personnel. This equipment shall be cleaned/sanitized, then rinsed and air-dried, after each use. Inspections shall be conducted before and after each use.

Respiratory equipment that has been issued to an employee shall be cleaned/sanitized then rinsed and air-dried by the wearer on a schedule (specified by OSHA in 29 CFR 1910.134) which ensures that it will be maintained in clean and good operating condition. Inspections shall be conducted on a regular basis during usage and prior to each project requiring the potential usage of the equipment.

All respirators shall be stored in a plastic bag within a cool/dry location, in a manner that will protect them against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. They shall be stored to prevent distortion of rubber or other elastomer parts.

Parts replacement and repairs shall be performed only by appropriate personnel. Equipment requiring repairs shall be reported to appropriate Baker personnel. Examples of inspection forms are included at the end of this text.

2.9 FIT-TESTING

Each respirator wearer shall be provided with a respirator that can properly form a secure face to mask seal. Each wearer shall be fit-tested prior to issuance of the respirator using either an irritant smoke or odorous vapor, or other suitable test agent (see example of form at end of text). Retesting shall be performed, at a minimum, on an annual basis or if a different model respirator, other than the model he/she was previously fit-tested for, is to be used by the wearer. Air purifying respirators fit-tested qualitatively will be assigned a protection factor of 10 (APF = 10).

Facial hair, which interferes with the normally effective face to mask seal, is prohibited. Each respirator wearer shall be required to check the seal of the respirator by negative and positive pressure checks prior to entering a harmful atmosphere.

2.10 MEDICAL SURVEILLANCE

Personnel who are or may be assigned to tasks requiring use of respirators shall participate in a medical surveillance program on an annual basis. The medical surveillance program shall include, but may not be limited to, a physical and a pulmonary function test conducted by the company's physician and at the expense of the company. Test parameters included in Baker's medical surveillance program is included as Attachment A in each site-specific Health and Safety Plan.

2.11 LIMITATIONS

Wearing any respirator, alone or in conjunction with other types of protective equipment, will impose some physiological stress on the wearer. Therefore, selection of respiratory protective devices will be based on the breathing resistance, weight of the respirator, the type and amount of protection needed as well as the individual's tolerance of the given device. Additional concerns regarding the limitations of different types of PPE and the monitoring requirements for heat stress/strain will be addressed in the "Heat Stress" SOP.

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SCBA AND SAR (WITH 5-MINUTE ESCAPE TANK) DAILY INSPECTION FORM

Type (SCBA or SAR)	Cylinder Condition (Damaged or Undamaged)	Cylinder (Full or MT)	Facepiece and Hoses (Damaged or Undamaged)	Connections (Damaged or Undamaged)	Apparatus Complete (Yes/No)	Cleaned and Sanitized (Yes/No)	Remarks	Inspected By (Initials)	Date Inspected

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RESPIRATOR FIT TEST RECORD

TEST SUBJECT NAME ______________________________
(last) (first) (initial)

DATE ______________ DEPARTMENT ______________________

SEX (M/F) ______ AGE ______ SOCIAL SECURITY NUMBER ______________

RESPIRATOR MEDICAL DATE __________ RESPIRATOR TRAINING DATE __________

SPECIAL/UNUSUAL CONDITIONS/CONSIDERATIONS:

- ___ Claustrophobia
- ___ Facial hair
- ___ Eyeglasses
- ___ Contacts
- ___ Other: ______________________________
- ___ Scars
- ___ Broken or crooked nose
- ___ Extreme facial dimensions
- ___ Wrinkles

RESPIRATOR SELECTION

Manufacturer/Model	Size	Style	
______________	S ___ M ___ L ___	Half ___ Full ___	Pass ___ Fail ___
______________	S ___ M ___ L ___	Half ___ Full ___	Pass ___ Fail ___
______________	S ___ M ___ L ___	Half ___ Full ___	Pass ___ Fail ___

Testing Agent	Qualitative Test	Sensitivity Check
Isoamyl Acetate	Yes: ____ No: ____	Yes: ____ No: ____
Irritant Smoke	Yes: ____ No: ____	Yes: ____ No: ____

TEST EXERCISES
(Check all that apply)

Normal Breathing	______________	Talking	______________
Deep Breathing	______________	Running	______________
Head, Side to Side	______________	Bending	______________
Head, Up and Down	______________	Rainbow Passage	______________

COMMENTS: ____

____

Signed: ______________________________
(Test Subject)

Signed: ______________________________
(Technician/Instructor)

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Baker Environmental, Inc.

FULL-FACE AND HALF-FACE RESPIRATOR INSPECTION FORM

Inspection Date	Type	FACE PIECE					HEADSTRAPS OR HEADBANDS		RESPIRATOR INTERIOR		
		Clean and Sanitized	No Cracks, Tears, or Holes	Proper Shape and Flexibility	Air Purifying Element Holders Operate Correctly	Proper Storage Free From Heat, Dirt, Sunlight, etc.	No Signs of Wear or Tears	Buckles Function Properly	No Foreign Material Under Valve Seat	No Cracks or Tears in Valves or Valve Bodies	Valve Covers and Bodies in Good Condition and Installed Correctly

✓ = OK   X = Not OK

3.0 - CARE AND CLEANING OF PERSONAL PROTECTIVE EQUIPMENT

3.1 INTRODUCTION

The following procedures cover the care and cleaning of Levels D, C, and B personal protective equipment. Note: These are general procedures that apply to most situations and are not all inclusive. Procedures are subject to change at the direction of the Site Health and Safety Officer (SHSO).

3.2 EQUIPMENT CARE

3.2.1 Chemical Resistant Suit (Levels C and B)

- Before donning, inspect suit for holes or tears; check to see that zippers are operable; and look for signs of suit degradation.

- When wearing, avoid contact with contaminated material where possible; be aware of sharp objects that can tear suit; periodically look over suit to check for major rips or tears.

- While decontaminating, remove gross excess of material from suit; remove suit so that material does not contact inner suit; place clothing in properly labeled disposal containers.

3.2.2 Inner/Outer Gloves (Levels D through B)

- Look for rips, tears, or degradation of material. Replace as necessary or at the direction of the SHSO.

3.2.3 Chemically Resistant Boots (Levels C and B)

- Nondisposable boots are to be examined on a daily basis before and after use. Disposable boots should be examined prior to donning and while in use. Dispose of according to site procedures.

3.2.4 Safety Shoes/Boots (Levels D through B)

- Examine daily for gauges, open seams, etc., anything that would lessen the integrity of the boot. Replace as shoe/boot becomes worn.

3.2.5 Hard Hats (Levels D through B)

- Should be visually inspected before donning for fit, cracks, and overall condition.

3.2.6 Safety Glasses/Goggles (Levels D and C)

- Should be visually inspected before donning for cracks, deteriorated parts, and overall condition. Replace as necessary.

3.2.7 Respirators (Levels C and B)

- Procedures for care of respiratory protective equipment are covered in Baker's SOP for Respiratory Protection.

3.2.8 Hearing Protection (Levels D through B)

- Disposable - Replace daily, or as material becomes worn or dirty.
- Reusable - Inspect before use, clean regularly, replace parts as necessary.

3.3 EQUIPMENT CLEANING

General procedures for cleaning of equipment are listed below. Site-specific concerns will be addressed by the SHSO prior to and during site activities. Cleaning of respiratory equipment is covered under the "Respiratory Protection Program" SOP.

3.3.1 Gross Physical Removal

Large amounts of contaminated soil is scraped off with a tongue depressor, or wiped off using a disposable wipe.

3.3.2 Physical/Chemical Removal

The residual contamination will be scrubbed with a soft-bristled, long-handled brush using a nonphosphate detergent solution.

3.3.3 Rinsing/Dilution

The detergent solution and residual contaminants will be rinsed with tap water using a pressurized sprayer.

4.0 - SANITATION/SITE PRECAUTIONS

4.1 SANITATION

- A supply of clearly marked potable water, tightly closed, and equipped with a tap.
- Single service disposal cups.
- Outlets for non-potable water, clearly marked, for fire fighting, or other purposes. Cross-contamination of the potable supply shall be prevented.
- One toilet facility which is either chemical, recirculating, combustion, or flush, depending on local code requirements.
- A place for food handling meeting all applicable laws, otherwise, suitable alternatives to such facilities will be provided (i.e., nearby restaurants, food wagons, etc.).
- Clean wash water will be available in the decontamination zone and the Baker Site Trailer.

4.2 SITE PRECAUTIONS

- Eating, drinking, chewing gum or tobacco, smoking, or any practice that increases the probability of hand-to-mouth transfer and ingestion of material, is prohibited in any area designated as contaminated.
- Smoking will not be allowed in areas where flammable materials are present.
- Hands and face must be thoroughly washed upon leaving the work area.
- Whenever decontamination procedures for outer garments are in effect, the entire body should be thoroughly washed as soon as possible after the protective garment is removed.

- No contaminated work garments are to be worn off site.

- Contact lenses are not permitted to be worn on site.

- No facial hair which interferes with a satisfactory fit of the mask-to-face seal, is allowed on personnel required to wear respirators.

- Contact with contaminated or potentially contaminated surfaces should be avoided. Wherever possible, do not walk through puddles, leachate, discolored surfaces, kneel on ground, lean, sit or place equipment on drums/containers.

- Medicine and alcohol can potentiate the effects from exposure to toxic chemicals. Prescribed drugs should not be taken by personnel where the potential for absorption, inhalation, or ingestion of toxic substances exist unless specifically approved by a qualified physician. Alcoholic beverage intake should be minimized or avoided during after-hour operations.

- Alcoholic beverages are prohibited on site.

- Personal radios, TVs, and tape players are prohibited on site.

- Firearms are prohibited on site.

- All personnel will observe any posted sign, warning, fence, or barrier posted around contaminated areas.

5.0 HEAT STRESS

Monitoring

Provisions for monitoring for heat stress will be determined by the SHSO and performed as outlined below.

Heat stress monitoring is required for personnel wearing semipermeable or impermeable protective outerwear when there is an ambient air temperature greater than 70°F. One or more of the following procedures will be implemented when this condition exists:

1. Increased awareness of heat stress symptoms and buddy monitoring.
2. Fluid intake discipline.
3. Self monitoring of urine output quantities to prevent dehydration.
4. Work-rest intervals.
5. Calculate the Heat Exposure Threshold Limit Value (TLV) for work-rest intervals using the following steps:
    a. Calculate the WBGT (Wet Bulb Globe Temperature) Index using the Quest® Heat Stress Monitor
    b. Estimate the work load using the following guidelines:
        (1) Light work = sitting or standing to control machines, performing light hand or arm work.
        (2) Moderate work = walking about with moderated lifting and pushing.
        (3) Heavy work = pick and shovel work.
    c. Evaluate the calculations against the following Heat Exposure TLVs in °C or °F.

Work - Rest Regimen	Work Load		
	Light	Moderate	Heavy
Continuous work	30.0 (86)	26.7 (80)	25.0 (77)
75% work - 25% rest, each hour	30.6 (87)	28.0 (82)	25.9 (78)
50% work - 50% rest, each hour	31.4 (89)	29.4 (85)	27.9 (82)
25% work - 75% rest, each hour	32.2 (90)	31.1 (88)	30.0 (86)

* For unacclimatized workers, the permissible heat exposure TLV should be reduced by 2.5°C.

Special Considerations

- Clothing - Subtract 2 from the TLV to compensate for the use of semipermeable clothing.
- Acclimatization - After approximately a week, workers should have acclimated themselves to their environment.
- Fitness - Physically fit workers will adjust more readily to a change in environment.
- Medication - Some medications can predispose individuals to heat-induced illnesses.

Causes and Symptoms

The following heat stress causes and symptoms are provided for buddy monitoring purposes. Site personnel must realize that monitoring the physical condition of fellow personnel in Level B and C protective ensembles will be difficult.

1. *Heat rash* results from continuous exposure to heat or humid air.

2. *Heat cramps* are caused by heavy sweating and inadequate fluid intake. Symptoms include muscle spasms and pain in the hands, feet, and abdomen.

3. *Heat exhaustion* occurs when body organs attempt to keep the body cool, due to inadequate fluid intake and personnel not acclimated to the environment. Symptoms include pale, cool, moist skin; heavy sweating; and dizziness.

4. *Heat stroke* is the most serious form of heat stress. It is a MEDICAL EMERGENCY. Symptoms are red, hot, dry skin; lack of perspiration; nausea; dizziness and confusion; strong, rapid pulse rate; and coma.

The need to seek medical attention and the urgency in seeking medical attention depends on the symptoms and the severity of the symptoms displayed by the affected individual. If *heat stroke* is noted or suspected, medical attention must be sought IMMEDIATELY. Efforts should be taken to cool the body to prevent serious injury or death. Excessive cooling can cause hypothermia and should be avoided.

Prevention

Fluid intake should be increased during rest schedules to prevent dehydration. Drinking cool water is best; however, diluted electrolyte solutions (i.e., Gatorade or equivalent) can be substituted for water. Each individual should monitor their urine output and adjust their fluid intake to ensure that urine output and urine color are close to normal. Additional means for preventing heat-induced illnesses may include providing shelter or cooling devices, such as vests and showers.

Attachment B
Material Safety Data Sheets

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Material Safety Data Sheets Collection:

Sheet No. 316
Benzene

Issued: 11/78 **Revision: E, 8/90**

Section 1. Material Identification

32

Benzene (C_6H_6) Description: Derived by fractional distillation of coal tar, hydrodealkylation of toluene or pyrolysis of gasoline, catalytic reforming of petroleum, and transalkylation of toluene by disproportionation reaction. Used as a fuel; a chemical reagent; a solvent for a large number of materials such as paints, plastics, rubber, inks, oils, and fats; in manufacturing phenol, ethylbenzene (for styrene monomer), nitrobenzene (for aniline), dodecylbenzene (for detergents), cyclohexane (for nylon), chlorobenzene, diphenyl, benzene hexachloride, maleic anhydride, benzene-sulfonic acid, artificial leather, linoleum, oil cloth, varnishes, and lacquers; for printing and lithography; in dry cleaning; in adhesives and coatings; for extraction and rectification; as a degreasing agent; in the tire industry; and in shoe factories. Benzene has been banned as an ingredient in products intended for household use and is no longer used in pesticides.

Other Designations: CAS No. 0071-43-2, benzol, carbon oil, coal naphtha, cyclohexatriene, mineral naphtha, nitration benzene, phene, phenyl hydride, pyrobenzol.

Manufacturer: Contact your supplier or distributor. Consult the latest *Chemicalweek Buyers' Guide*(73) for a suppliers list.

Cautions: Benzene is a confirmed *human carcinogen* by the IARC. *Chronic low-level exposure may cause cancer (leukemia) and bone marrow damage, with injury to blood-forming tissue.* It is also a dangerous fire hazard when exposed to heat or flame.

R 1
I 4
S 2*
K 4
*Skin absorption

NFPA
3
2 0
-

HMIS
H 3
F 3
R 0
PPG†
† Sec. 8

Section 2. Ingredients and Occupational Exposure Limits

Benzene, ca 100%*

1989 OSHA PELs
(29 CFR 1910.1000, Table Z-1-A)
8-hr TWA: 1 ppm, 3 mg/m³
15-min STEL: 5 ppm, 15 mg/m³

(29 CFR 1910.1000, Table Z-2)
8-hr TWA: 10 ppm
Acceptable Ceiling Concentration: 25 ppm
Acceptable Maximum Peak: 50 ppm (10 min)†

1989-90 ACGIH
TLV-TWA: 10 ppm, 32 mg/m³

1988 NIOSH RELs
TWA: 0.1 ppm, 0.3 mg/m³
Ceiling: 1 ppm, 3 mg/m³

1985-86 Toxicity Data‡
Man, oral, LD_{Lo}: 50 mg/kg; no toxic effect noted
Man, inhalation, TC_{Lo}: 150 ppm inhaled intermittently over 1 yr in a number of discrete, separate doses affects the blood (other changes) and nutritional and gross metabolism (body temperature increase)
Rabbit, eye: 2 mg administered over 24 hr produces severe irritation

* OSHA 29 CFR 1910.1000, Subpart Z, states that the final benzene standard in 29 CFR 1910.1028 applies to all occupational exposures to benzene except in some subsegments of industry where exposures are consistently under the action level (i.e., distribution and sale of fuels, sealed containers and pipelines, coke production, oil and gas drilling and production, natural gas processing, and the percentage exclusion for liquid mixtures); for the excepted subsegments, the benzene limits in Table Z-2 apply.

† Acceptable maximum peak above the acceptable ceiling concentration for an 8-hr shift.

‡ See NIOSH, *RTECS* (CY1400000), for additional irritative, mutative, reproductive, tumorigenic, and toxicity data.

Section 3. Physical Data

Boiling Point: 176 °F (80 °C)
Melting Point: 42 °F (5.5 °C)
Vapor Pressure: 100 mm Hg at 79 °F (26.1 °C)
Vapor Density (Air = 1): 2.7
Evaporation Rate (Ether = 1): 2.8
Molecular Weight: 78.11
Specific Gravity (15 °C/4 °C): 0.8787
Water Solubility: Slightly (0.180 g/100 g of H_2O at 25 °C)
% Volatile by Volume: 100
Viscosity: 0.6468 mPa at 20 °C

Appearance and Odor: A colorless liquid with a characteristic sweet, aromatic odor. The odor recognition threshold (100% of panel) is approximately 5 ppm (unfatigued) in air. Odor *is not* an adequate warning of hazard.

Section 4. Fire and Explosion Data

Flash Point: 12 °F (-11.1 °C), CC	**Autoignition Temperature:** 928 °F (498 °C)	**LEL:** 1.3% v/v	**UEL:** 7.1% v/v

Extinguishing Media: Use dry chemical, foam, or carbon dioxide to extinguish benzene fires. Water may be ineffective as an extinguishing agent since it can scatter and spread the fire. Use water spray to cool fire-exposed containers, flush spills away from exposures, disperse benzene vapor, and protect personnel attempting to stop an unignited benzene leak.

Unusual Fire or Explosion Hazards: Benzene is a Class 1B flammable liquid. A concentration exceeding 3250 ppm is considered a potential fire explosion hazard. Benzene vapor is heavier than air and can collect in low lying areas or travel to an ignition source and flash back. Explosive and flammable benzene vapor-air mixtures can easily form at room temperature. Eliminate all ignition sources where benzene is used, handled, or stored.

Special Fire-fighting Procedures: Isolate hazard area and deny entry. Since fire may produce toxic fumes, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in the pressure-demand or positive-pressure mode and full protective equipment. Structural firefighter's protective clothing provides limited protection. Stay out of low areas. Be aware of runoff from fire control methods. Do not release to sewers or waterways. Runoff to sewer can create pollution, fire, and explosion hazard.

Section 5. Reactivity Data

Stability/Polymerization: Benzene is stable at room temperature in closed containers under normal storage and handling conditions. Hazardous polymerization cannot occur.

Chemical Incompatibilities: Benzene explodes on contact with diborane, permanganic acid, bromine pentafluoride, peroxodisulfuric acid, and peroxomonosulfuric acid. It ignites on contact with dioxygen difluoride, dioxygenyl tetrafluoroborate, iodine heptafluoride, and sodium peroxide + water. Benzene forms sensitive, explosive mixture with iodine pentafluoride, ozone, liquid oxygen, silver perchlorate, nitryl perchlorate, nitric acid, and arsenic pentafluoride + potassium methoxide (explodes above 30 °C). A vigorous or incandescent reaction occurs with bromine trifluoride, uranium hexafluoride, and hydrogen + Raney nickel [above 410 °F (210 °C)]. Benzene is incompatible with oxidizing materials.

Conditions to Avoid: Avoid heat and ignition sources.

Hazardous Products of Decomposition: Thermal oxidative decomposition of benzene can produce toxic gases and vapors such as carbon monoxide.

Section 6. Health Hazard Data

arcinogenicity: The ACGIH, OSHA, and IARC list benzene as, respectively, a supected human carcinogen, a cancer hazard, and, based on fficient human and animal evidence, a human carcinogen (Group 1).
Summary of Risks: Prolonged skin contact or excessive inhalation of benzene vapor may cause headache, weakness, appetite loss, and fatigue. The most important health hazards are cancer (leukemia) and bone marrow damage with injury to blood-forming tissue from chronic low-level exposure. Higher level exposures may irritate the respiratory tract and cause central nervous system (CNS) depression.
Medical Conditions Aggravated by Long-Term Exposure: Exposure may worsen ailments of the heart, lungs, liver, kidneys, blood, and CNS.
Target Organs: Blood, central nervous system, bone marrow, eyes, upper respiratory tract, and skin.
Primary Entry Routes: Inhalation, skin contact.
Acute Effects: Symptoms of acute overexposure include irritation of the eyes, nose, and respiratory tract, breathlessness, euphoria, nausea, drowsiness, headache, dizziness, and intoxication. Severe exposure may lead to convulsions and unconsciousness. Skin contact may cause a drying rash (dermatitis).
Chronic Effects: Long-term chronic exposure may result in many blood disorders ranging from aplastic anemia (an inability to form blood cells) to leukemia.

FIRST AID

Eyes: Gently lift the eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult a physician immediately.
Skin: *Quickly* remove contaminated clothing. Immediately rinse with flooding amounts of water for at least 15 min. For reddened or blistered skin, consult a physician. Wash affected area with soap and water.
Inhalation: Remove exposed person to fresh air. Emergency personnel should protect against inhalation exposure. Provide CPR to support breathing or circulation as necessary. Keep awake and transport to a medical facility.
Ingestion: Never give anything by mouth to an unconscious or convulsing person. If ingested, *do not induce vomiting* since aspiration may be fatal. Call a physician immediately.
After first aid, get appropriate in-plant, paramedic, or community medical support.
Physician's Note: Evaluate chronic exposure with a CBC, peripheral smear, and reticulocyte count for signs of myelotoxicity. Follow up any early indicators of leukemia with a bone marrow biopsy. Urinary phenol conjugates may be used for biological monitoring of recent exposure. Acute management is primarily supportive for CNS depression.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: *Design and practice a benzene spill control and countermeasure plan (SCCP).* Notify safety personnel, evacuate all unnecessary personnel, eliminate all heat and ignition sources, and provide adequate ventilation. Cleanup personnel should protect against vapor inhalation, eye contact, and skin absorption. Absorb as much benzene as possible with an inert, noncombustible material. For large spills, dike far ahead of spill and contain liquid. Use nonsparking tools to place waste liquid or absorbent into closable containers for disposal. Keep waste out of confined spaces such as sewers, watersheds, and waterways because of explosion danger. Follow applicable OSHA regulations (29 CFR 1910.120).
Disposal: Contact your supplier or a licensed contractor for detailed recommendations. Follow applicable Federal, state, and local regulations.

EPA Designations
Listed as a RCRA Hazardous Waste (40 CFR 261.33), Hazardous Waste No. U019
Listed as a CERCLA Hazardous Substance* (40 CFR 302.4), Reportable Quantity (RQ): 1000 lb (454 kg) [* per Clean Water Act, Sec. 307 (a), 11 (b)(4), 112; and per RCRA, Sec. 3001]
RA Extremely Hazardous Substance (40 CFR 355): Not listed
Listed as SARA Toxic Chemical (40 CFR 372.65)

OSHA Designations
Listed as an Air Contaminant (29 CFR 1910.1000, Tables Z-1-A and Z-2)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133).
Respirator: Seek professional advice prior to respirator selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a NIOSH-approved respirator. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.*
Other: Wear impervious gloves, boots, aprons, and gauntlets to prevent skin contact.
Ventilation: Provide general and local explosion-proof ventilation systems to maintain airborne concentrations at least below the OSHA PELs (Sec. 2). Local exhaust ventilation is preferred since it prevents contaminant dispersion into the work area by controlling it at its source.(103)
Safety Stations: Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities.
Contaminated Equipment: Never wear contact lenses in the work area: soft lenses may absorb, and all lenses concentrate, irritants. Remove this material from your shoes and equipment. Launder contaminated clothing before wearing.
Comments: Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in tightly closed containers in a cool, dry, well-ventilated area away from all heat and ignition sources and incompatible materials. *Caution! Benzene vapor may form explosive mixtures in air.* To prevent static sparks, electrically ground and bond all containers and equipment used in shipping, receiving, or transferring operations in production and storage areas. When opening or closing benzene containers, use nonsparking tools. Keep fire extinguishers readily available.
Engineering Controls: Because OSHA specifically regulates benzene (29 CFR 1910.1028), educate workers about its potential hazards and dangers. Minimize all possible exposures to carcinogens. If possible, substitute less toxic solvents for benzene; use this material with extreme caution and only if absolutely essential. Avoid vapor inhalation and skin and eye contact. Use only with adequate ventilation and appropriate personal protective gear. Institute a respiratory protection program that includes regular training, maintenance, inspection, and evaluation. Designate regulated areas of benzene use (see legend in the box below) and label benzene containers with "DANGER, CONTAINS BENZENE, CANCER HAZARD."
Other Precautions: Provide preplacement and periodic medical examinations with emphasis on a history of blood disease or previous exposure.

Transportation Data (49 CFR 172.101, .102)

DOT Shipping Name: Benzene (*benzol*)
DOT Hazard Class: Flammable liquid
ID No.: UN1114
T Label: Flammable liquid
Packaging Exceptions: 173.118
Packaging Requirements: 173.119

IMO Shipping Name: Benzene
IMO Hazard Class: 3.2
ID No.: UN1114
IMO Label: Flammable liquid
IMDG Packaging Group: II

DANGER
BENZENE
CANCER HAZARD
FLAMMABLE–NO SMOKING
AUTHORIZED PERSONNEL ONLY
RESPIRATOR REQUIRED

MSDS Collection References: 1, 2, 12, 26, 73, 84-94, 100, 101, 103, 109, 124, 126, 127, 132, 134, 136, 138, 139, 143
Prepared by: MJ Allison, BS; **Industrial Hygiene Review:** DJ Wilson, CIH; **Medical Review:** MJ Upfal, MD, MPH; **Edited by:** JR Stuart, MS

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Material Safety Data Sheets Collection:

Sheet No. 83
Chromium Metal/Powder

Issued: 3/81 **Revision: A, 11/89**

Section 1. Material Identification

30

Chromium Metal/Powder Description: Obtained from chrome ore, chromite ($FeCr_2O_4$), by electrolysis of chromium solutions, by direct reduction (ferrochrome), and by reducing the oxide with finely divided carbon or aluminum. Used for chromeplating other metals; for greatly increasing metal resistance and durability; in manufacturing chrome-steel or chrome-nickel-steel alloys (stainless steel); as a constituent of inorganic pigments; as protective coating for automotive and equipment accessories; and in nuclear and high-temperature research.
Other Designations: Chrome; Cr; CAS No. 7440-47-3.
Manufacturer: Contact your supplier or distributor. Consult the latest *Chemicalweek Buyers' Guide* (Genium ref. 73) for a suppliers list.

R	1
I	4
S	1
K	1

Genium

HMIS	
H	2
F	1
R	1
PPG*	

* Sec. 8

Section 2. Ingredients and Occupational Exposure Limits

Chromium metal/powder, ca 100%

OSHA PEL	ACGIH TLV, 1988-89*	NIOSH REL, 1987†	Toxicity Data‡
8-hr TWA: 1 mg/m^3	TLV-TWA: 0.5 mg/m^3	8-hr TWA (for chromium metal and insoluble salts): 1 mg Cr/m^3	Rat, implant, TD_{Lo}: 1200 μg/kg body weight administered intermittently over six weeks

* This TLV is applicable to Cr^{+2} and Cr^{+3} compounds. For water soluble and water-insoluble Cr^{+6}, the 8-hr TWA is 0.05 mg Cr^{+6}/m^3. Certain water-insoluble Cr^{+6} compounds (zinc chromate, calcium chromate, lead chromate, barium chromate, strontium chromate, and sintered chromium trioxide) are designated as A1a (human carcinogen).

† The NIOSH REL (10-hr TWA) for carcinogen Cr^{+6} compounds is 1 μg/m^3; for noncarcinogenic Cr^{+6} compounds (including chromic acid), the RELs (10-hr TWAs) are 25 μg/m^3 and 50 μg/m^3 (15-min ceiling). The noncarcinogenic compounds include mono- and dichromates of hydrogen, cesium, sodium, lithium, potassium, rubidium, ammonia, and Cr^{+6} (chromic acid anhydride). Any and all Cr^{+6} materials excluded from the noncarcinogenic group above are carcinogenic Cr^{+6} compounds.

‡ See NIOSH, *RTECS* (GB4200000), for additional data with references to tumorigenic effects.

Section 3. Physical Data

Boiling Point: 4788 °F (2642 °C)
Melting Point: 3452 °F (1900 °C)
Vapor Pressure: 1 mm Hg at 2941 °F (1616 °C)
Vapor Density (Air = 1): 1.79
Atomic Weight: 51.996 g/mol
Specific Gravity (H_2O = 1 at 39 °F (4 °C)): 7.2 at 68 °F (20 °C)
Water Solubility: Insoluble

Appearance and Odor: Steel-gray, lustrous metal; no odor.

Section 4. Fire and Explosion Data

Flash Point: None reported	**Autoignition Temperature:** Cloud, 1076 °F (580 °C); dust layer, 752 °F (400 °C)	**LEL:** Dust cloud explosion, 0.230 oz/ft^3	**UEL:** None reported

Extinguishing Media: Use dry chemical or sand.
Unusual Fire or Explosion Hazards: Particle size and dispersion in air determine reactivity. Chromium powder explodes spontaneously in air, while chromium dust suspended in CO_2 is ignitable and explosive when heated.
Special Fire-fighting Procedures: Wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in the pressure-demand or positive-pressure mode.

*One hundred percent of dust goes through a 74-μm sieve. A 140-mJ spark can ignite a dust cloud.

Section 5. Reactivity Data

Stability/Polymerization: Chromium is stable when properly handled and stored. Hazardous polymerization cannot occur.
Chemical Incompatibilities: Chromium reacts readily with dilute, not nitric, acids to form chromous salts. It is soluble in acids (not nitric) and strong alkalis. Its powder is incompatible with strong oxidizing agents, including high O_2 concentration. Evaporation of mercury (Hg) from Cr amalgam leaves pyrophoric chromium. Finely divided Cr attains incandescence with nitrogen oxide, potassium chlorate, and sulfur dioxide. Molten lithium at 18 °C severely attacks Cr. Fused ammonium nitrate below 200 °C reacts explosively and may ignite or react violently with bromine pentafluoride.
Hazardous Products of Decomposition: Thermal oxidative decomposition of Cr can produce toxic chromium oxide fumes.

Section 6. Health Hazard Data

rcinogenicity: The NTP and OSHA list chromium as a human carcinogen.

ummary of Risks: When ingested chromium is a human poison, with gastrointestinal (GI) effects. Chromium 3 (Cr^{+3}) compounds show little or no toxicity. Less soluble chromium 6 (Cr^{+6}) compounds are suspected carcinogens and severe irritants of the larynx, nasopharynx, lungs, and skin (Sec. 2). Chromic acid or chromate salts cause irritation of the skin and respiratory passage. Ingestion leads to severe irritation of the gastrointestinal tract, renal damage, and circulatory shock. Chromium metal (when heated to high temperatures) and insoluble salts are said to be involved in histological fibrosis of the lungs, which may progress to clinically evident pneumoconiosis. Exposure to chromate dust and powder can cause skin (dermatitis) and eye irritation (conjunctivitis).

Medical Conditions Aggravated by Long-Term Exposure: An incresed incidence of bronchogenic carcinoma occurs in workers exposed to chromate dust.

Target Organs: Respiratory system.

Primary Entry: Inhalation, percutaneous absorption, and ingestion.

Acute Effects: Acute exposures to dust may cause headache, coughing, shortness of breath, pneumoconiosis, fever, weight loss, nasal irritation, inflammation of the conjunctiva, and dermatitis.

Chronic Effects: Asthmatic bronchitis.

FIRST AID

Eyes: Flush immediately, including under the eyelids, gently but thoroughly with flooding amounts of running water for at least 15 min.

Skin: Brush off chromium dust. After rinsing affected area with flooding amounts of water, wash it with soap and water.

Inhalation: Remove exposed person to fresh air and support breathing as needed.

Ingestion: Never give anything by mouth to an unconscious or convulsing person. If ingested, have that conscious person slowly drink 1 to 2 glasses of water to dilute. Do not induce vomoting. A physician should evaluate all ingestion cases.

After first aid, get appropriate in-plant, paramedic, or community medical attention and support.

Physician's Note: Acute toxicity causes a two-phase insult: 1) multisystem shock due to gastrointestinal corrosivity and 2) hepatic, renal, hematopoetic insult. Treatment should use ascorbic acid as a neutralizer with gastric lavage. If the ingestion is substantial, exchange transfusions and/or consider hemodialysis. Treat allergic dermatitis with local cortisone or 10% ascorbic acid to reduce Cr^{+6} to Cr^{+3}. Ten percent EDTA in a lanolin base applied every 24 hr helps heal skin ulcers.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel of large spills. Cleanup personnel should wear protective clothing and approved respirators. Remove heat and ignition sources. Provide adequate ventilation. Keep airborne dust at a minimum. Remove spills quickly and place in appropriate containers for isposal or reuse.

sposal: Reclaim salvageable metal. Contact your supplier or a licensed contractor for detailed recommendations. Follow applicable Federal, ate, and local regulations.

OSHA Designations

Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1)

EPA Designations

RCRA Hazardous Waste (40 CFR 261.33): Not listed

Listed as a CERCLA Hazardous Substance* (40 CFR 302.4), Reportable Quantity (RQ): 1 lb (0.454 kg) [* per Clean Water Act, Sec. 307(a)]

SARA Extremely Hazardous Substance (40 CFR 355): Not listed

Listed as a SARA Toxic Chemical (40 CFR 372.65)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133).

Respirator: Wear a NIOSH-approved respirator if necessary. Wear an SCBA with a full facepiece when the particle concentration's upper limit is 50 mg/m^3.

Warning: Air-purifying respirators do *not* protect workers in oxygen-deficient atmospheres.

Other: Wear impervious rubber gloves, boots, aprons, and gauntlets to prevent prolonged or repeated skin contact.

Ventilation: Provide general and local explosion-proof ventilation systems to maintain airborne concentrations below the OSHA standard (Sec. 2). Local exhaust ventilation is preferred since it prevents contaminant dispersion into the work area by eliminating it at its source (Genium ref. 103).

Safety Stations: Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities.

Contaminated Equipment: Never wear contact lenses in the work area: soft lenses may absorb, and all lenses concentrate, irritants. Launder contaminated clothing before wearing. Remove this material from your shoes and equipment.

Comments: Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store material in cool, dry, well-ventilated area separate from acids and oxidizing agents. Seal and protect containers from physical damage. Keep away from heat or ignition sources.

Engineering Controls: Avoid dust inhalation. Practice good housekeeping (vacuuming and wet sweeping) to minimize airborne particulates and to prevent dust accumulation. Use nonsparking tools and ground electrical equipment and machinery.

ansportation Data (49 CFR 172.101, .102): Not listed

MSDS Collection References: 1, 2, 26, 38, 80, 87, 88, 89, 100, 109, 124, 126

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Material Safety Data Sheets Collection:

Sheet No. 385
Ethylbenzene

Issued: 8/78 **Revision: B, 9/92**

Section 1. Material Identification 39

Ethylbenzene ($C_6H_5C_2H_5$) Description: Derived by heating benzene and ethylene in presence of aluminum chloride with subsequent distillation, by fractionation directly from the mixed xylene stream in petroleum refining, or dehydrogenation of naphthenes. Used as a solvent, an antiknock agent in gasoline; and as an intermediate in production of synthetic rubber, styrene, cellulose acetate, diethylbenzene, acetophenone, ethyl anthraquinone, propyl oxide, and α-methylbenzol alcohol.
Other Designations: CAS No. 100-41-4, ethylbenzol, EB, phenylethane, NCI-C56393.
Manufacturer: Contact your supplier or distributor. Consult latest *Chemical Week Buyers' Guide*[73] for a suppliers list.

R 1
I 3
S 2*
K 4
* Skin absorption

NFPA

HMIS
H 2†
F 3
R 0
PPE - Sec. 8
† Chronic effects

Cautions: Ethylbenzene is a skin and mucous membrane irritant considered the most irritating of the benzene series. Inhalation causes acute and chronic central nervous system (CNS) effects. It is highly flammable and forms explosive mixtures with air.

Section 2. Ingredients and Occupational Exposure Limits

Ethylbenzene, ca >99.0%. Impurities include ~ 0.1% *meta* & *para* xylene, ~ 0.1% cumene, and ~ 0.1% toluene.

1991 OSHA PELs
8-hr TWA: 100 ppm (435 mg/m^3)
15-min STEL: 125 ppm (545 mg/m^3)
Action Level: 50 ppm (217 mg/m^3)

1990 IDLH Level
2000 ppm

1990 NIOSH REL
TWA: 100 ppm (435 mg/m^3)
STEL: 125 ppm (545 mg/m^3)

1992-93 ACGIH TLVs
TWA: 100 ppm (434 mg/m^3)
STEL: 125 ppm (545 mg/m^3)

1990 DFG (Germany) MAK
TWA: 100 ppm (440 mg/m^3)
Category 1: local irritants
Peak Exposure Limit: 200 ppm, 5 min momentary value, max of 8/shift
Danger of cutaneous absorption

1985-86 Toxicity Data*
Human, inhalation, TC_{Lo}: 100 ppm/8 hr caused eye effects, sleep, and respiratory changes.
Human, lymphocyte: 1 mmol/L induced sister chromatid exchange.
Rat, oral, LD_{50}: 3500 mg/kg; toxic effects not yet reviewed
Rat (female), inhalation, TC_{Lo}: 1000 ppm/7 hr/day, 5 days/wk, for 3 wk prior to mating and daily for 19 days of gestation produced pups with high incidence of extra ribs.[179]

* See NIOSH, *RTECS* (DA0700000), for additional irritation, mutation, reproductive, and toxicity data.

Section 3. Physical Data

Boiling Point: 277 °F (136 °C)
Melting Point: -139 °F (-95 °C)
Surface Tension: 31.5 dyne/cm
Ionization Potential: 8.76 eV
Viscosity: 0.64 cP at 77 °F (25 °C)
Refraction Index: 1.4959 at 68 °F (20 °C)
Relative Evaporation Rate (ether = 1): 0.0106
Bulk Density: 7.21 lb/Gal at 77 °F (25 °C)
Critical Temperature: 651 °F (343.9 °C)
Critical Pressure: 35.6 atm
Molecular Weight: 106.16
Density: 0.863 at 77 °F (25 °C)
Water Solubility: Slightly, 14 mg/100 mL at 59 °F (15 °C)
Other Solubilities: Miscible in alcohol, ether; soluble in carbon tetrachloride, benzene, sulfur dioxide, and many organic solvents; insoluble in ammonia
Odor Threshold: 2.3 ppm
Vapor Pressure: 7.1 mm Hg at 68 °F (20 °C); 10 mmHg at 78.62 °F (25.9 °C); 100 mm Hg 165.38 °F (74.1 °C)
Saturated Vapor Density (Air = 0.075 lb/ft^3 or 1.2 kg/m^3): 0.0768 lb/ft^3 or 1.2298 kg/m^3

Appearance and Odor: Colorless, flammable liquid with a pungent odor.

Section 4. Fire and Explosion Data

Flash Point: 64 °F (18 °C) CC	**Autoignition Temperature:** 810 °F (432 °C)	**LEL:** 1.0% v/v	**UEL:** 6.7% v/v

Extinguishing Media: Class 1B Flammable liquid. For small fires, use dry chemical, carbon dioxide, or 'alcohol-resistant' foam. For large fires, use fog or 'alcohol-resistant' foam. Use water only if other agents are unavailable; EB floats on water and may travel to an ignition source and spread fire. **Unusual Fire or Explosion Hazards:** Burning rate = 5.8 mm/min. Vapors may travel to an ignition source and flash back. Container may explode in heat of fire. EB poses a vapor explosion hazard indoors, outdoors, and in sewers. **Special Fire-fighting Procedures:** Because fire may produce toxic thermal decomposition products, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in pressure-demand or positive-pressure mode. Cool container sides with water until well after fire is out. Stay away from ends of tanks. For massive fire in cargo area, use monitor nozzles or unmanned hose holders; if impossible, withdraw from area and let fire burn. Withdraw immediately if you hear rising sound from venting safety device or notice any tank discoloration due to fire. Do not release runoff from fire control methods to sewers or waterways.

Section 5. Reactivity Data

Stability/Polymerization: Ethylbenzene is stable at room temperature in closed containers under normal storage and handling conditions. Hazardous polymerization cannot occur.
Chemical Incompatibilities: Reacts vigorously with oxidizers.
Conditions to Avoid: Exposure to heat and oxidizers.
Hazardous Products of Decomposition: Thermal oxidative decomposition of EB can produce acrid smoke and irritating fumes.

Section 6. Health Hazard Data

Carcinogenicity: The IARC,[164] NTP,[169] and OSHA[164] do not list EB as a carcinogen. **Summary of Risks:** Occupational exposure to EB alone is rare since it is usually present together with other solvents. EB is irritating to the eyes, skin, and respiratory tract. Vapor inhalation produces varying degrees of CNS effects depending on concentration. The liquid is absorbed through the skin but vapors are not. 56 to 64% of inhaled ethylbenzene is retained and metabolized. Urinary metabolites following exposure to 23 to 85 ppm for 8 hr are mandelic acid (64%), phenylglyoxylic acid (25%), and methylphenylcarbinol/1-phenyl ethanol (5%). Concurrent exposure to xylene and ethylbenzene causes slower excretion of EB metabolites. Based on the rat LD_{50}, one manufacturer gives 3 to 4 oz. as the lethal dose for a 100 lb person.

Continue on next page

Section 6. Health Hazard Data

edical Conditions Aggravated by Long-Term Exposure: Skin and CNS diseases and impaired pulmonary function (especially obstructive way disease). **Target Organs:** Eyes, respiratory system, skin, CNS, blood. **Primary Entry Routes:** Inhalation, skin and eye contact. **Acute Effects:** Vapor inhalation of 200 ppm caused transient eye irritation; 1000 ppm caused eye irritation with profuse watering (tolerance developed rapidly); 2000 ppm caused severe and immediate eye irritation and watering, nasal irritation, chest constriction, and vertigo; 5000 ppm was intolerable and caused eye and nose irritation. Inhalation of high concentrations may cause narcosis, cramps, and death due to respiratory paralysis. Skin exposed to pure ethylbenzene for 10 to 15 min absorbed 22 to 33 mg/cm^2/hr. Immersion of hand in solutions of 112 & 156 mg/L for 1 hr absorbed 118 & 215.7 μg/cm^2/hr, respectively. **Chronic Effects:** Repeated skin contact may cause dryness, scaling, and fissuring. Workers chronically exposed to > 100 ppm complained of fatigue, sleepiness, headache, and mild irritation of the eyes and respiratory tract. Repeated vapor inhalation may result in blood disorders, particularly leukopenia (abnormally low level of white blood cells) and lymphocytosis.

FIRST AID

Eyes: *Do not* allow victim to rub or keep eyes tightly shut. Gently lift eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult a physician immediately. **Skin:** *Quickly* remove contaminated clothing. Rinse with flooding amounts of water for at least 15 min. Wash exposed area with soap and water. For reddened or blistered skin, consult a physician. **Inhalation:** Remove exposed person to fresh air and support breathing as needed. **Ingestion:** Never give anything by mouth to an unconscious or convulsing person. Contact a poison control center and unless otherwise advised, have that *conscious and alert* person drink 1 to 2 glasses of water to dilute. *Do not* induce vomiting! Aspiration of even a small amount of EB in vomitus can cause severe damage since its low viscosity and surface tension will cause it to spread over a large area of the lung tissue.

After first aid, get appropriate in-plant, paramedic, or community medical support.

Note to Physicians: BEI = mandelic acid in urine (1.5 g/g of creatinine), sample at end of shift at workweeks end. Since this test is not specific, test for EB in expired air for confirmation.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel. Isolate and ventilate area, deny entry and stay upwind. Shut off all ignition sources. Cleanup personnel should protect against vapor inhalation and skin/eye contact. Take up small spills with earth, sand, vermiculite, or other absorbent, noncombustible material and place in suitable container. Dike far ahead of large spill for later reclamation or disposal. Report any release >1000 lb. Follow applicable OSHA regulations (29 CFR 1910.120). **Environmental Transport:** If released to soil, EB partially evaporates into the atmosphere, with a half-life of hrs to wks, and some leaches into groundwater, especially in soil with low organic carbon content. Biodegradation occurs with a half-life of 2 days. Some EB may absorb to sediment or bioconcentrate in fish. Evidence points to slow biodegradation in groundwater. In air, it reacts with photochemically produced hydroxyl radicals with a half-life of hrs to 2 days. Additional amounts may be removed by rain. **Ecotoxicity Values:** Shrimp (*Mysidopsis bahia*), LC_{50} = 87.6 mg/L/96 hr; sheepshead minnow (*Cyprinodon variegatus*) LC_{50} = 275 mg/L/96 hr; fathead minnow (*Pimephales promelas*) LC_{50} = 42.3 mg/L/96 hr in hard water & 48.5 mg/L/96 hr in softwater. **Disposal:** A candidate for rotary kiln incineration at 1508 to 2912°F (820 to 1600°C), liquid injection incineration at 1202 to 2912°F (650 to 1600°C), and fluidized bed incineration at 842 to 1796°F (450 to 980°C). Contact your supplier or a licensed contractor for detailed recommendations. Follow applicable Federal, state, and local regulations.

A Designations
ed as a RCRA Hazardous Waste (40 CFR 261.21): No. D001
sted as a SARA Toxic Chemical (40 CFR 372.65)
SARA Extremely Hazardous Substance (40 CFR 355), TPQ: Not listed
Listed as a CERCLA Hazardous Substance* (40 CFR 302.4): Final Reportable Quantity (RQ), 1000 lb (454 kg) [* per CWA, Sec. 311 (b)(4) & CWA, Sec. 307 (a)]

OSHA Designations
Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1-A)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133). Because contact lens use in industry is controversial, establish your own policy. **Respirator:** Seek professional advice prior to selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a MSHA/NIOSH-approved respirator. For < 1000 ppm, use a powered air-purifying respirator with an appropriate organic vapor cartridge, a supplied-air respirator (SAR), SCBA, or chemical cartridge respirator with appropriate organic vapor cartridge. For < 2000 ppm, use a SAR or SCBA with a full facepiece. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.* If respirators are used, OSHA requires a respiratory protection program that includes at least: medical certification, training, fit-testing, periodic environmental monitoring, maintenance, inspection, cleaning, and convenient, sanitary storage areas. **Other:** Wear chemically protective gloves, boots, aprons, and gauntlets made of Viton or polyvinylchloride to prevent skin contact. **Ventilation:** Provide general and local exhaust ventilation systems to maintain airborne concentrations below the OSHA PELs (Sec. 2). Local exhaust ventilation is preferred because it prevents contaminant dispersion into the work area by controlling it at its source.[103] **Safety Stations:** Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities. **Contaminated Equipment:** Separate contaminated work clothes from street clothes and launder before reuse. Remove this material from your shoes and clean PPE. **Comments:** Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in a cool, dry, well-ventilated area away from ignition sources and oxidizers. Outside or detatched storage is preferred. If inside, store in a standard flammable liquids cabinet. Containers should have flame-arrester or pressure-vacuum venting. To prevent static sparks, electrically ground and bond all equipment used with ethylbenzene. Install Class 1, Group D electrical equipment. **Engineering Controls:** To reduce potential health hazards, use sufficient dilution or local exhaust ventilation to control airborne contaminants and to maintain levels as low as possible. Purge and ventilate reaction vessels before workers are allowed to enter for maintenance or cleanup. **Administrative Controls:** Consider preplacement and periodic medical exams of exposed workers that emphasize the CNS, skin, blood, and respiratory system.

Transportation Data (49 CFR 172.101)

DOT Shipping Name: Ethylbenzene
DOT Hazard Class: 3
o.: UN1175
Packing Group: II
Label: Flammable liquid
Special Provisions (172.102): T1

Packaging Authorizations
a) Exceptions: 173.150
b) Non-bulk Packaging: 173.202
c) Bulk Packaging: 173.242

Quantity Limitations
a) Passenger Aircraft or Railcar: 5L
b) Cargo Aircraft Only: 60 L
Vessel Stowage Requirements
a) Vessel Stowage: B
b) Other: —

MSDS Collection References: 26, 73, 100, 101, 103, 124, 126, 127, 132, 133, 136, 139, 140, 148, 153, 159, 162, 163, 164, 167, 168, 171, 176, 179

Prepared by: M Gannon, BA; **Industrial Hygiene Review:** D Wilson, CIH; **Medical Review:** W Silverman, MD

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Material Safety Data Sheets Collection:

Sheet No. 713
Lead (Inorganic)

Issued: 8/90

Section 1. Material Identification 32

Lead (Inorganic) (Pb) Description: Exists widely throughout the world in a number of ores. Its main commercial source is galena (lead sulphide). Lead mineral is separated from crude ores by blast-furnace smelting, drossing, or electrolytic refining. Lead is used mostly in manufacturing storage batteries. Other uses are in manufacturing tetraethyllead and both organic and inorganic lead compounds in ceramics, plastics, and electronic devices; in producing ammunition, solder, cable covering, sheet lead, and other metal products (brass, pipes, caulking); in metallurgy; in weights and as ballast; as a chemical intermediate for lead alkyls and pigments; as a constuction material for the tank linings, piping, and equipment used to handle the corrosive gases and liquids used in sulfuric acid manufacturing, petroleum refining, halogenation, sulfonation, extraction, and condensation; and for x-ray and atomic radiation protection.
Other Designations: CAS No. 7439-92-1, lead oxide; lead salts, inorganic; metallic lead; plumbum.
Manufacturer: Contact your supplier or distributor. Consult the latest *Chemicalweek Buyers' Guide*(73) for a suppliers list.

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Cautions: *Inorganic lead is a potent systemic poison.* Organic lead (for example, tetraethyl lead) has severe, but different, health effects. Occupational lead poisoning is due to inhalation of dust and fumes. Major affected organ systems are the nervous, blood, and reproductive systems, and kidneys. Health impairment or disease may result from a severe acute short- or long-term exposure.

Section 2. Ingredients and Occupational Exposure Limits

Lead (inorganic) fumes and dusts, as Pb, ca 100%

1989 OSHA PELs (Lead, inorganic compounds)
8-hr TWA: 50 μg/m³
Action Level TWA*: 30 μg/m³

29 CFR 1910.1025 Lead Standard
Blood Lead Level: 40 μg/100 g

1989-90 ACGIH TLV (Lead, inorganic, fumes and dusts)
TLV-TWA: 150 μg/m³

1988 NIOSH REL
10-hr TWA: <100 μg/m³

1985-86 Toxicity Data†
Human, inhalation, TC_{Lo}: 10 μg/m³ affects gastrointestinal tract and liver
Human, oral, TD_{Lo}: 450 mg/kg ingested over 6 yr affects peripheral and central nervous systems
Rat, oral, TD_{Lo}: 790 mg/kg affects multigeneration reproduction

* Action level applies to employee exposure without regard to respirator use.
† See NIOSH, *RTECS* (OF7525000), for additional mutative, reproductive, and toxicity data.

Section 3. Physical Data

Boiling Point: 3164 °F (1740 °C)
Melting Point: 621.3 °F (327.4 °C)
Vapor Pressure: 1.77 mm Hg at 1832 °F (1000 °C)
Viscosity: 3.2 cp at 621.3 °F (327.4 °C)
Molecular Weight: 207.20
Specific Gravity (20 °C/4 °C): 11.34
Water Solubility: Relatively insoluble in hot or cold water*
Appearance and Odor: Bluish-white, silvery, gray, very soft metal.

* Lead dissolves more easily at a low pH.

Section 4. Fire and Explosion Data

Flash Point: None reported	**Autoignition Temperature:** None reported	**LEL:** None reported	**UEL:** None reported

Extinguishing Media: Use dry chemical, carbon dioxide, water spray, or foam to extinguish fire.
Unusual Fire or Explosion Hazards: Flammable and moderately explosive in the form of dust when exposed to heat or flame.
Special Fire-fighting Procedures: Isolate hazard area and deny entry. Since fire may produce toxic fumes, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in the pressure-demand or positive-pressure mode and full protective equipment. Be aware of runoff from fire control methods. Do not release to sewers or waterways.

Section 5. Reactivity Data

Stability/Polymerization: Lead is stable at room temperature in closed containers under normal storage and handling conditions. It tarnishes on exposure to air. Hazardous polymerization cannot occur.
Chemical Incompatibilities: Mixtures of hydrogen peroxide + trioxane explode on contact with lead. Lead is incompatible with sodium azide, zirconium, disodium acetylide, and oxidants. A violent reaction on ignition may occur with concentrated hydrogen peroxide, chlorine trifluoride, sodium acetylide (with powdered lead), ammonium nitrate (below 200 °C with powdered lead). Lead is attacked by pure water and weak organic acids in the presence of oxygen. Lead is resistant to tap water, hydrofluoric acid, brine, and solvents.
Conditions to Avoid: Rubber gloves containing lead may ignite in nitric acid.
Hazardous Products of Decomposition: Thermal oxidative decomposition of lead can produce highly toxic fumes of lead.

Section 6. Health Hazard Data

Carcinogenicity: Although the NTP and OSHA do not list lead as a carcinogen, the IARC lists it as probably carcinogenic to humans, but having (usually) no human evidence. However, the literature reports instances of lead-induced neoplasms, both benign and malignant, of the kidney and other organs in laboratory rodents. Excessive exposure to lead has resulted in neurologic disorders in infants. Experimental studies show lead has reproductive and teratogenic effects in laboratory animals. Human male and female reproductive effects are also documented.
Summary of Risks: Lead is a potent, systemic poison that affect a variety of organ systems, including the nervous system, kidneys, reproductive system, blood formation, and gastrointestinal (GI) system. The most important way lead enters the body is through inhalation, but it can also be ingested when lead dust or unwashed hands contaminate food, drink, or cigarettes. Much of ingested lead passes through feces without absorption into the body. Adults may absorb only 5 to 15% of ingested lead; children may absorb a much larger fraction. Once in the body, lead enters the bloodstream and circulates to various organs. Lead concentrates and remains in bone for many years. The amount of lead the body stores increases as exposure continues, with possibly cumulative effects. Depending on the dose entering the body, lead can be deadly within several days or affect health after many years. Very high doses can cause brain damage (encephalopathy).
Medical Conditions Aggravated by Exposure: Lead may aggravate nervous system disorders (e.g., epilepsy, neuropathies), kidney diseases, high blood pressure (hypertension), infertility, and anemia. Lead-induced anemia and its effect on blood presssure can aggravate cardiovascular disease.

Continue on next page

Section 6. Health Hazard Data, *continued*

Target Organs: Blood, central and peripheral nervous systems, kidneys, and gastrointestinal (GI) tract.
Primary Entry Routes: Inhalation, ingestion.
Acute Effects: An acute, short-term dose of lead could cause acute encephalopathy with seizures, coma, and death. However, short-term exposures of this magnitude are rare. Reversible kidney damage can occur from acute exposure, as well as anemia.
Chronic Effects: Symptoms of chronic long-term overexposure include appetite loss, nausea, metallic taste in the mouth, lead line on gingival (gum) tissue, constipation, anxiety, anemia, pallor of the face and the eye grounds, excessive tiredness, weakness, insomnia, headache, nervous irritability, fine tremors, numbness, muscle and joint pain, and colic accompanied by severe abdominal pain. Paralysis of wrist and, less often, ankle extensor muscles may occur after years of increased lead absorption. Kidney disease may also result from chronic overexposure, but few, if any, symptoms appear until severe kidney damage has occurred. Reproductive damage is characterized by decreased sex drive, impotence, and sterility in men; and decreased fertility, abnormal menstrual cycles, and miscarriages in women. Unborn children may suffer neurologic damage or developmental problems due to excessive lead exposure in pregnant women. Lead poisoning's severest result is encephalopathy manifested by severe headache, convulsions, coma, delirium, and possibly death.

FIRST AID

Eyes: Gently lift the eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult a physician immediately.
Skin: *Quickly* remove contaminated clothing. Rinse with flooding amounts of water for at least 15 min. Consult a physician if any health complaints develop.
Inhalation: Remove exposed person to fresh air and support breathing as needed. Consult a physician.
Ingestion: Never give anything by mouth to an unconscious or convulsing person. If large amounts of lead were ingested, induce vomiting with Ipecac syrup. Consult a physician immediately.
After first aid, get appropriate in-plant, paramedic, or community medical support.
Physician's Note: For diagnosis, obtain blood pressure, blood lead level (PbB), zinc protoporphyrin (ZPP), complete blood count for microcytic anemia and basophilic stippling, urinalysis, and blood urea nitrogen (BUN) of creatinine. Examine peripheral motor neuropathy, pallor, and gingival lead line. Use Ca-EDTA to treat poison, but *never* chelate prophylactically. Consult an occupational physician or toxicologist.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel and evacuate all unnecessary personnel immediately. Cleanup personnel should protect against inhalation of dusts or fume and contact with skin or eyes. Avoid creating dusty conditions. Water sprays may be used in large quantities to prevent the formation of dust. Cleanup methods such as vacuuming (with an appropriate filter) or wet mopping minimizes dust dispersion. Scoop the spilled material into closed containers for disposal or reclamation. Follow applicable OSHA regulations (29 CFR 1910.120).
Disposal: Contact your supplier or a licensed contractor for detailed recommendations. Follow applicable Federal, state, and local regulations.
EPA Designations
Listed as a RCRA Hazardous Waste (40 CFR 261.33, Appendix II—EP Toxicity Test Procedures)
Listed as a CERCLA Hazardous Substance* (40 CFR 302.4), Reportable Quantity (RQ): 1 lb (0.454 kg) [* per Clean Water Act, Sec. 307(a)]
SARA Extremely Hazardous Substance (40 CFR 355): Not listed
Listed as a SARA Toxic Chemical (40 CFR 372.65)
OSHA Designations
Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1-A)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133).
Respirator: Seek professional advice prior to respirator selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a NIOSH-approved respirator. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.*
Other: Wear impervious gloves, boots, aprons, and gauntlets to prevent skin contact. Protective clothing made of man-made fibers and lacking turn-ups, pleats, or pockets retain less dust from lead.
Ventilation: Provide general and local ventilation systems to maintain airborne concentrations below the OSHA PELs (Sec. 2). Local exhaust ventilation is preferred since it prevents contaminant dispersion into the work area by controlling it at its source.[103]
Safety Stations: Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities.
Contaminated Equipment: Never wear contact lenses in the work area: soft lenses may absorb, and all lenses concentrate, irritants. Remove this material from your shoes and equipment. Launder contaminated clothing before wearing.
Comments: Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially washing hands before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in tightly closed containers in a cool, dry, well-ventilated area away from all incompatible materials, direct sunlight, and heat and ignition sources.
Engineering Controls: Educate worker about lead's hazards. Follow and inform employees of the lead standard (29 CFR 1910.1025). Avoid inhalation of lead dust and fumes and ingestion of lead. Use only with appropriate personal protective gear and adequate ventilation. Institute a respiratory protection program that includes regular training, maintenance, inspection, and evaluation. Avoid creating dusty conditions. Segregate and launder contaminated clothing. Take precautions to protect laundry personnel. Practice good personal hygiene and housekeeping procedures. For a variety of reasons, the lead concentration in workroom air may not correlate with the blood lead levels in individuals.
Other Precautions: Provide preplacement and periodic medical examinations which emphasize blood, nervous system, gastrointestinal tract, and kidneys, including a complete blood count and urinalysis. Receive a complete history including previous surgeries and hospitalization, allergies, smoking history, alcohol consumption, proprietary drug intake, and occupational and nonoccupational lead exposure. Maintain records for medical surveillance, airborne exposure monitoring, employee complaints, and physician's written opinions for at least 40 years or duration of employment plus 20 years. Measurement of blood lead level (PbB) and zinc protoporphyrin (ZPP) are useful indicators of your body's lead absorption level. Maintain worker PbBs at or below 40 µg/100 g of whole blood. To minimize adverse reproductive health effects to parents and developing fetus, maintain the PbBs of workers intending to have children below 30 µg/100 g. Elevated PbBs increase your risk of disease, and the longer you have elevated PbBs, the greater your chance of substantial permanent damage.

Transportation Data (49 CFR 172.102)

IMO Shipping Name: Lead compounds, soluble, n.o.s.
IMO Hazard Class: 6.1
D No.: UN2291
MO Label: St. Andrews Cross (X, Stow away from foodstuffs)
IMDG Packaging Group: III

MSDS Collection References: 26, 38, 73, 84, 85, 88, 89, 90, 100, 101, 103, 109, 124, 126, 132, 133, 134, 136, 138, 139, 142, 143
Prepared by: MJ Allison, BS; **Industrial Hygiene Review:** DJ Wilson, CIH; **Medical Review:** MJ Upfal, MD, MPH; **Edited by:** JR Stuart, MS

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Material Safety Data Sheets Collection:

Sheet No. 148
Manganese Metal/Powder

Issued: 9/85 Revision: A, 11/89

Section 1. Material Identification

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Manganese Metal/Powder Description: A metallic element associated with iron ores such as pyrolusite, manganite, psilomelane, and rhodochrosite found mainly in open-hearth slags. Manganese is obtained from the reduction of the oxide with aluminum or carbon. Pure manganese is obtained electrically from chloride or sulfate solution. Used in ferroalloys (steel manufacture); for wagon buffers, rock crushers, railway points and crossings; as a purifying and scavenging agent in metal production; in the manufacture of aluminum by Toth process, dry-cell batteries, glass, welding rods, inks, rubber and wood preservatives, paints, and ceramics; high-purity salt for various chemical uses.
Other Designations: Manganese; colloidal manganese; magnacat; Mn; CAS No. 7439-96-5.
Manufacturer: Contact your supplier or distributor. Consult the latest *Chemicalweek Buyers' Guide* (Genium ref. 73) for a suppliers list.

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Section 2. Ingredients and Occupational Exposure Limits

Manganese, ca 100%

OSHA PEL	ACGIH TLVs, 1988-89	NIOSH REL, 1987
Ceiling limit: 5 mg/m³ (manganese compounds, as Mn)	TLV-TWA: 5 mg/m³ (dust and compounds) TLV-TWA: 1 mg/m³ (fume) STEL: 3 mg/m³ (fume)	Ceiling limit: 5 mg/m³ (manganese and compounds, as Mn) **Toxicity Data*** Human, inhalation, TC_{Lo}: 2300 µg/m³

* See NIOSH, *RTECS* (OO9275000), for additional data with references to mutagenic and tumorigenic effects.

Section 3. Physical Data

Boiling Point: 3803 °F (2095 °C)*
Melting Point: 2300 °F (1260 °C)
Vapor Pressure: 1 mm Hg at 2358 °F (1292 °C)

Atomic Weight: 54.94
Specific Gravity (H_2O = 1 at 39 °F (4 °C)): 7.20
Water Solubility: Impure Mn decomposes slowly

Appearance and Odor: Reddish-grey or silvery powder or metal. No odor.

* Other sources (Genium refs. 7, 89, and 126) give 3807 °F (2097 °C), 3564 °F (1962 °C), and 3452 °F (1900 °C) boiling points, respectively.

Section 4. Fire and Explosion Data

Flash Point: None reported	**Autoignition Temperature:** *	**LEL:** *	**UEL:** None reported

Extinguishing Media: Use dry chemical extinguishing agent designed for metal fires.
Unusual Fire or Explosion Hazards: Manganese dust or powder is flammable and moderately explosive when exposed to flame or heated in carbon dioxide. Mixtures of manganese dust and aluminum dust may explode in air. Ammonium nitrate and manganese may explode when heated. Flammable hydrogen gas is generated under certain conditions (Sec. 5).
Special Fire-fighting Procedures: Wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in the pressure-demand or positive-pressure mode.

* Manganese metal/powder can present a dust explosion hazard under favoring conditions of particle size and airborne dust dispersion. The minimum explosive concentration of Mn is 0.125 oz/ft³, with a minimum ignition temperature of 842 °F (450 °C). Oxygen concentrations of less than 15% prevent ignition.

Section 5. Reactivity Data

Stability/Polymerization: Manganese is stable at room temperature in closed containers. Hazardous polymerization cannot occur.
Chemical Incompatibilities: The powdered metal ignites on contact with hydrogen peroxide, bromine pentafluoride, fluorine, chlorine and heat, and sulfur dioxide and heat. It reacts violently with oxidants and nitrogen dioxide (NO_2), and incandescently with nitric acid, phosphorus, and nitryl fluoride. Manganese reacts slowly with water at 21 °F (100 °C), forming hydrogen gas (flammable). Contact with acids (including dilute acids) readily dissolves Mn, with the evolution of hydrogen. Hot, concentrated potassium and sodium hydroxides also dissolve Mn, forming hydrogen and manganese hydroxide.
Hazardous Products of Decomposition: Thermal oxidative decomposition of manganese can produce manganese oxides.

ection 6. Health Hazard Data

rcinogenicity: Neither the NTP, IARC, nor OSHA lists manganese as a carcinogen.

ummary of Risks: Although an essential element for man, manganese is also toxic to humans in several ways. Acute or chronic manganese poisoning can result from excessive inhalation or ingestion. The immune system reacts to acute exposures with "metal fume fever," characterized by: fever, chills, nausea, weakness, body aches, frontal headache, occasional blurred vision, low back pain, muscle cramping, shallow respiration, throat dryness and irritation, a dry cough, a sweet or metallic taste, and chest tightness occurring over several hours. Progressive and permanent injury can result from chronic, untreated Mn poisoning. Its most notable effects are the neurological disorders caused by its ability to inhibit the chemical transmission of electrical impulses in the central nervous system. The lungs may become inflammed (manganese pneumonititis), as reported in workers exposed to manganese ores and compounds. Sufficient evidence proves that in several species, manganese is embryolethal at toxic doses. Impotence is a common symptom in grossly contaminated men.

Medical Conditions Aggravated by Long-Term Exposure: Degenerative brain changes, muscle weakness, change in motor activity.

Target Organs: Central nervous system (CNS), respiratory system, kidneys, blood.

Primary Entry: Inhalation, ingestion.

Acute Effects: High-concentration exposures may cause metal fume fever, with its onset occurring over several hours. Inhalation of large concentrations may cause managanese pneumonitis. This material is a skin and eye irritant leading to dermatitis, conjunctivitis, and corneal damage.

Chronic Effects: Exposure to manganese fume over 6 months to 2 years may harm the central nervous system, with symptoms progressing from headache, restless sleep or sleepiness, personality changes, irritability and inappropriate laughing or crying to visual hallucinations, double vision, uncontrolled impulse behavior, euphoria, and to abnormal reaction to painful stimuli, excess salivation, trembling in the extremities and head, impaired walking, and other signs similar to Parkinson's disease.

FIRST AID

Eyes: Flush immediately, including under the eyelids, gently but thoroughly with flooding amounts of running water for at least 15 min.

Skin: After rinsing affected area with flooding amounts of water, wash it with soap and water.

Inhalation: Remove exposed person to fresh air and support breathing as needed.

Ingestion: Never give anything by mouth to an unconscious or convulsing person. If ingested, have that conscious person drink 1 to 2 glasses of water, then induce repeated vomiting until vomit is clear.

After first aid, get appropriate in-plant, paramedic, or community medical attention and support.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Remove heat and ignition sources. Ventilate spill area. Cleanup personnel should wear appropriate respiratory protective equipment. Carefully scoop spilled material, avoiding dust generation, into a suitable salvage container.

posal: Return scrap material to supplier or processor for recovery. Contact your supplier or a licensed contractor for detailed recommenda-ns. Follow applicable Federal, state, and local regulations.

OSHA Designations

Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1)

EPA Designations

RCRA Hazardous Waste (40 CFR 261.33): Not listed

CERCLA Hazardous Substance (40 CFR 302.4): Not listed

SARA Extremely Hazardous Substance (40 CFR 355): Not listed

Listed as a SARA Toxic Chemical (40 CFR 372.65)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133).

Respirator: Wear a NIOSH-approved respirator where airborne concentrations exceed the ceiling limit. Fume or high-efficiency particulate filter respirators are acceptable for concentrations up to 50 mg/m^3 (250 mg/m^3 with full facepiece). Follow OSHA respirator regulations (29 CFR 1910.134). For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA.

Warning: Air-purifying respirators do *not* protect workers in oxygen-deficient atmospheres.

Other: Wear impervious gloves, boots, aprons, and gauntlets to prevent prolonged or repeated skin contact.

Ventilation: Provide general and local explosion-proof ventilation systems to maintain airborne concentrations below OSHA, ACGIH, and NIOSH standards. Local exhaust ventilation is preferred since it prevents contaminant dispersion into the work area by eliminating it at its source (Genium ref. 103). Consider the dust explosion potential of finely divided Mn powder when designing exhaust ventilation systems and other process equipment to contain heavily dust-laden air.

Safety Stations: Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities.

Contaminated Equipment: Never wear contact lenses in the work area: soft lenses may absorb, and all lenses concentrate, irritants. Launder contaminated clothing before wearing. Remove this material from your shoes and equipment.

Comments: Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in closed containers in a cool, dry, well-ventilated area away from ignition sources, acids, alkali, and other incompatible materials. Protect containers from physical damage.

Engineering Controls: Use with adequate ventilation. Avoid breathing dust and fumes. Maintain good housekeeping practices to prevent dust mulation. Use cleanup procedures that minimize dust generation. Practice good personal hygiene. Examine exposed personnel at regular vals with emphasis on the respiratory and central nervous systems.

ransportation Data (49 CFR 172.101, .102): Not listed

MSDS Collection References: 2, 4, 7, 8, 9, 12, 14, 20, 25, 27, 38, 44, 47, 55, 58, 81, 89, 90, 100, 124, 126

Prepared by: MJ Allison, BS; **Industrial Hygiene Review:** DJ Wilson, CIH; **Medical Review:** Warren Silverman, MD PS

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Material Safety Data Sheets Collection:

Sheet No. 683
Polychlorinated Biphenyls (PCBs)

Issued: 11/88 Revision: A, 9/92

Section 1. Material Identification 39

Polychlorinated Biphenyls [$C_{12}H_{10-n}Cl_n$ (n=3, 4, 5)] Description: A class of nonpolar chlorinated hydrocarbons with a biphenyl nucleus (two benzene nuclei connected by a single C-C bond) in which any or all of the hydrogen atoms have been replaced by chlorine. Commercial PCBs are mixtures of chlorinated biphenyl isomers with varying degrees of chlorination. Prepared industrially by the chlorination of biphenyl with anhydrous chlorine in the presence of a catalyst such as ferric chloride or iron filings. Except for limited research and development applications, PCBs have not been produced in the US since 1977. When large quantities of PCBs were manufactured in the US, they were marketed under the tradename Aroclor (Monsanto) and were characterized by four digit numbers. The first two digits indicating biphenyls (12), triphenyls (54), or both (25, 44); the last two digits indicating the weight percent of chlorine. PCBs' thermal stability, nonflammability, and high dielectric capability made them very useful in electrical equipment. Formerly used as additives in hydraulic fluids, heat transfer systems, lubricants, cutting oils, printer's ink, fire retardants, asphalt, brake linings, automobile body sealants, plasticizers, adhesives, synthetic rubber, floor tile, wax extenders, dedusting agents, pesticide extenders, and carbonless reproducing paper. PCBs are still used in certain existing electrical capacitors and transformers that require enhanced electrical protection to avoid heating from sustained electric faults.

Other Designations: CAS No. 1336-36-3, Aroclor, Clophen, Chlorextol, chlorinated biphenyls, chlorinated diphenyl, chlorinated diphenylene, chloro biphenyl, chloro-1,1-biphenyl, Dykanol, Fenclor, Inerteen, Kaneclor, Montar, Noflamol, Phenoclor, Pyralene, Pyranol, Santotherm, Sovol, Therminol FR-1

R 1
I 4
S 3*
K 1
* Skin absorption

NFPA

HMIS
H 2‡
F 1
R 0
PPE†
† Sec. 8
‡ Chronic Effects

Cautions: PCBs are potent liver toxins that may be absorbed through skin. Potentially, chronic or delayed toxicity is significant because PCBs accumulate in fatty tissue and may reasonably be anticipated to be carcinogens. PCBs are a bioaccumulative environmental hazard. When burned, decomposition products may be more hazardous than the PCBs.

Section 2. Ingredients and Occupational Exposure Limits

PCBs, contain various levels of polychlorinated dibenzofurans and chlorinated naphthalenes as contaminants

1991 OSHA PELs, Skin
8-hr TWA (Chlorodiphenyl, 42% chlorine): 1 mg/m^3
8-hr TWA (Chlorodiphenyl, 54% chlorine): 0.5 mg/m^3

1990 DFG (Germany) MAK, Danger of Cutaneous Absorption
TWA (Chlorodiphenyl, 42% chlorine): 0.1 ppm (1 mg/m^3)
Category III: Substances with systemic effects, onset of effect > 2 hr., half-life > shift length (strongly cumulative)
Short-term Level: 1 ppm, 30 min., average value, 1 per shift

TWA (Chlorodiphenyl, 54% chlorine): 0.05 ppm (0.5 mg/m^3)
Category III: (see above)
Short-term Level: 0.5 ppm, 30 min., average value, 1 per shift

1985-86 Toxicity Data†
Rat, oral, TD: 1250 mg/kg administered intermittently for 25 weeks produced liver tumors.
Mammal, oral, TD_{Lo}: 325 mg/kg administered to female for 30 days prior to mating and from the 1st to the 36th day of gestation produced effects on newborn (stillbirth; live birth index; viability index).

1990 NIOSH REL
TWA (Chlorodiphenyl, 42% chlorine): 0.001 mg/m^3
TWA (Chlorodiphenyl, 54% chlorine): 0.001 mg/m^3

1992-93 ACGIH TLVs, Skin *
TWA (Chlorodiphenyl, 42% chlorine): 1 mg/m^3
TWA (Chlorodiphenyl, 54% chlorine): 0.5 mg/m^3

* These guidelines offer reasonably good protection against systemic intoxication, but may not guarantee that chloroacne won't occur.
† See NIOSH, *RTECS* (TQ1350000), for additional reproductive, tumorigenic, and toxicity data.

Section 3. Physical Data*

Boiling Point: 644-707 °F (340-375 °C)
Melting Point: 42%: -2.2 °F (-19°C); 54%: 14 °F (-10 °C)
Vapor Pressure: 1 mm Hg at 100 °F (38 °C); 10^{-6} to 10^{-3} mm at 20 °C
Molecular Weight: 188.7 to 398.5
Specific Gravity: 1.3 to 1.8 at 20 °C
Water Solubility: Low solubility (0.007 to 5.9 mg/L)
Other Solubilities: Most common organic solvents, oils, and fats; slightly soluble in glycerol and glycols.

Appearance and Odor: PCBs vary from mobile oily liquids to white crystalline solids and hard non-crystalline resins, depending upon chlorine content.

* Physical and chemical properties vary widely according to degree and to the position of chlorination.

Section 4. Fire and Explosion Data

Flash Point: 286-385 °F (141-196 °C) OC*	Autoignition Temperature: 464 °F (240 °C)	LEL: None reported	UEL: None reported

Extinguishing Media: Use extinguishing media suitable to the surrounding fire. Use dry chemical, foam, carbon dioxide (CO_2), or water spray. Water spray may be ineffective. Use water spray to cool fire-exposed containers or transformers. Do not scatter PCBs with high-pressure water streams. **Unusual Fire or Explosion Hazards:** Combustion products (hydrogen chloride, phosgene, polychlorinated dibenzofurans, and furans) are more hazardous than the PCBs themselves. **Special Fire-fighting Procedures:** Because fire may produce toxic thermal decomposition products, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in pressure-demand or positive-pressure mode. Approach fire from upwind to avoid highly toxic decomposition products. Structural firefighter's protective clothing will provide *limited* protection. Do not release runoff from fire control methods to sewers or waterways. Dike for later disposal.

* Flash points shown are a range for various PCBs. Some forms do not have flash points.

Section 5. Reactivity Data

Stability/Polymerization: PCBs are very stable materials but are subject to photodechlorination when exposed to sunlight or UV (spectral region above 290 nanometers). Hazardous polymerization cannot occur. **Chemical Incompatibilities:** PCBs are chemically inert and resistant to oxidation, acids, and bases. **Conditions to Avoid:** Avoid heat and ignition sources.
Hazardous Products of Decomposition: Thermal oxidative decomposition [1112-1202 °F (600-650 °C)] of PCBs can produce highly toxic derivatives, including polychlorinated dibenzo-para-dioxins (PCDDs), polychlorinated dibenzofurans (PCDFs), hydrogen chloride, phosgene and other irritants.

Section 6. Health Hazard Data

arcinogenicity: The IARC,(164) and NTP(169) list PCBs as an IARC probable carcinogen (overall evaluation is 2A; limited human data; sufficient imal data) and NTP anticipated carcinogen, respectively. **Summary of Risks:** PCBs are potent liver toxins that can be absorbed through unbroken skin in toxic amounts without immediate pain or irritation. PCBs have low acute toxicity, but can accumulate in fatty tissue and severe health effects may develop later. Generally, toxicity increases with a higher chlorine content; PCB-oxides are more toxic. The toxic action on the liver also increases with simultaneous exposure to other liver toxins, e.g. chlorinated solvents, alcohol, and certain drugs. Pathological pregnancies (abnormal pigmentations, abortions, stillbirths, and underweight births) have been associated with increased PCB serum levels in mothers; PCBs can be passed in breast milk. PCBs can affect the reproductive system of adults. **Medical Conditions Aggravated by Long-Term Exposure:** Skin, liver, and respiratory disease. **Target Organs:** Skin, liver, eyes, mucous membranes, and respiratory tract. **Primary Entry Routes:** Inhalation, dermal contact, ingestion. **Acute Effects:** Exposure to PCB vapor or mist is severely irritating to the skin, eyes, nose, throat, and upper respiratory tract. Intense acute exposure to high concentrations may result in eye, lung, and liver injury. Systemic effects include nausea, vomiting, increased blood pressure, fatigue, weight loss, jaundice, edema and abdominal pain. Cognitive, neurobehavior and psychomotor impairment and memory loss have also been seen after acute exposure. **Chronic Effects:** Repeated exposure to PCBs can cause chloroacne; redness, swelling, dryness, thickening and darkening of the skin and nails; swelling and burning of the eyes, and excessive eye discharge; distinctive hair follicles; gastrointestinal disturbances; neurological symptoms including headache, dizziness, depression, nervousness, numbness of the extremities, and joint and muscle pain; liver enlargement; menstrual changes in women; and chronic bronchitis. Cancer, primarily liver, is also a possible result of exposure, but data is inconclusive.

FIRST AID Eyes: *Do not* allow victim to rub or keep eyes tightly shut. Rinsing eyes with medical oil (olive, mineral) initially may remove PCB and halt irritation better than water rinsing alone. Gently lift eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult a physician immediately. **Skin:** *Quickly* remove contaminated clothing. Rinse with flooding amounts of water for at least 15 min. Wash exposed area with soap and water. *Multiple soap and water washings are necessary.* Avoid the use of organic solvents to clean the skin. For reddened or blistered skin, consult a physician. **Inhalation:** Remove exposed person to fresh air and support breathing as needed. **Ingestion:** In most cases, accidental PCB ingestion will not be recognized until long after vomiting would be of any value. Never give anything by mouth to an unconscious or convulsing person. Vomiting of the pure substance may cause aspiration. Consult a physician. **Note to Physicians:** Monitor patients for increased hepatic enzymes, chloroacne, and eye, gastrointestinal, and neurologic symptoms listed above. Diagnostic tests include blood levels of PCBs and altered liver enzymes.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel, evacuate all unnecessary personnel, provide adequate ventilation, and isolate hazard area. Cleanup personnel should protect against vapor inhalation and skin or eye contact. For small spills, take up with sand or other noncombustible material and place into containers for later disposal. For larger spills, dike far ahead of spill to contain for later disposal. Follow applicable OSHA regulations (29 CFR 1910.120). **Environmental Transport:** PCBs have been shown to bio-concentrate significantly in aquatic organisms. **Ecotoxicity:** Bluegill, TLm: 0.278 ppm/96 hr. Mallard Duck, LD_{50}: 2000 ppm. **Environmental Degradation:** In general, the persistence of PCBs increases with an increase degree of chlorination. **Soil Absorption/Mobility:** PCBs are tightly absorbed in soil and generally do not leach significantly in most aqueous soil systems. However, in the presence of organic solvents, PCBs may leach rapidly through the soil. Volatilization of PCBs from soil may be slow, but over time may be significant. **Disposal:** Approved PCB disposal methods include: incineration with scrubbing, high-efficiency boilers, landfills, and PA-approved alternative disposal methods. Each disposal method has various criteria. Contact your supplier or a licensed contractor for detailed ommendations. Follow applicable Federal, state, and local regulations.

A Designations
RCRA Hazardous Waste (40 CFR 261.33): Not listed
SARA Extremely Hazardous Substance (40 CFR 355): Not listed
Listed as a SARA Toxic Chemical (40 CFR 372.65)
Listed as a CERCLA Hazardous Substance* (40 CFR 302.4): Final Reportable Quantity (RQ), 1 lb (0.454 kg) [* per CWA, Sec. 311(b)(4) and 307(a)]

OSHA Designations
Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1-A)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133). Because contact lens use in industry is controversial, establish your own policy. **Respirator:** Seek professional advice prior to respirator selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a MSHA/NIOSH-approved respirator. Select respirator based on its suitability to provide adequate worker protection for given working conditions, level of airborne contamination, and presence of sufficient oxygen. Minimum respiratory protection should include a combination dust-fume-mist and organic vapor cartridge or canister or air-supplied, depending upon the situation. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.* If respirators are used, OSHA requires a written respiratory protection program that includes at least: medical certification, training, fit-testing, periodic environmental monitoring, maintenance, inspection, cleaning, and convenient, sanitary storage areas. **Other:** Wear chemically protective gloves, boots, aprons, and gauntlets to prevent all skin contact. Butyl rubber, neoprene, Teflon, and fluorocarbon rubber have break through times greater than 8 hrs. **Ventilation:** Provide general and local exhaust ventilation systems to maintain airborne concentrations below the OSHA PEL (Sec. 2). Local exhaust ventilation is preferred because it prevents contaminant dispersion into the work area by controlling it at its source.(103) **Safety Stations:** Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities. **Contaminated Equipment:** Separate contaminated work clothes from street clothes and launder before reuse. Segregate contaminated clothing in such a manner so that there is no direct contact by laundry personnel. Implement quality assurance to ascertain the completeness of the cleaning procedures. Remove this material from your shoes and clean PPE. **Comments:** Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in a closed, labelled, container in a ventilated area with appropriate air pollution control equipment. **Engineering Controls:** To reduce potential health hazards, use sufficient dilution or local exhaust ventilation to control airborne contaminants and to maintain concentrations at the lowest practical level. **Administrative Controls:** Inform employees of the adverse health effects associated with PCBs. Limit access to PCB work areas to authorized personnel. Consider preplacement and periodic medical examinations with emphasis on the skin, liver, lung, and reproductive system. Monitor PCB blood levels. Consider possible effects on the fetus. Keep medical records for the entire length of employment and for the following 30 yrs.

Transportation Data (49 CFR 172.101)

DOT Shipping Name: Polychlorinated biphenyls
OT Hazard Class: 9
o.: UN2315
T Packing Group: II
DOT Label: CLASS 9
Special Provisions (172.102): 9, N81

Packaging Authorizations
a) Exceptions: 173.155
b) Non-bulk Packaging: 173.202
c) Bulk Packaging: 173.241

Quantity Limitations
a) Passenger Aircraft or Railcar: 100 L
b) Cargo Aircraft Only: 220 L

Vessel Stowage Requirements
a) Vessel Stowage: A
b) Other: 34

MSDS Collection References: 26, 73, 89, 100, 101, 103, 124, 126, 127, 132, 133, 136, 163, 164, 168, 169, 174, 175, 180
Prepared by: MJ Wurth, BS; **Industrial Hygiene Review:** PA Roy MPH, CIH; **Medical Review:** AC Darlington, MD

Material Safety Data Sheet

From Genium's Reference Collection

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GENIUM PUBLISHING CORP.

No. 136

SELENIUM

Issued: April 1988

SECTION 1. MATERIAL IDENTIFICATION

25

Material Name: SELENIUM

Description (Origin/Uses): Used to manufacture other selenium compounds; also used in photography and xerography and as a catalyst and pigment.

Other Designations: Elemental Selenium; Selenium Base; Selenium Dust; Selenium Metal; Selenium Metal Powder; Se; NIOSH *RTECS* No. VS7700000; CAS No. 7782-49-2

Manufacturer: Contact your supplier or distributor. Consult the latest edition of the *Chemicalweek Buyers' Guide* (Genium ref. 73) for a list of suppliers.

Comments: See Genium Industrial MSDS 152 (Selenium Dioxide).

Not Found

HMIS	
H	3
F	0
R	1
PPG*	
*See sect. 8	

R	1
I	4
S	2
K	0

SECTION 2. INGREDIENTS AND HAZARDS

SECTION 2. INGREDIENTS AND HAZARDS	%	EXPOSURE LIMITS
Selenium, CAS No. 7782-49-2	ca 100	IDLH* Level: 100 mg/m³ **OSHA PEL**** 8-Hr TWA: 0.2 mg/m³ **ACGIH TLV,** 1987-88** TLV-TWA: 0.2 mg/m³ **Toxicity Data***** Rat, Oral, LD_{50}: 6700 mg/kg Rat, Inhalation, LD_{Lo}: 33 mg/kg (8 Hrs)

*Immediately dangerous to life and health
**This exposure limit is defined for selenium compounds as Se.
***See NIOSH, *RTECS*, for additional data with references to reproductive, mutagenic, and tumorigenic effects.

SECTION 3. PHYSICAL DATA

Boiling Point: ca 1263°F (684°C)
Water Solubility: Insoluble
Melting Point: ca 644°F (340°C)

Specific Gravity (H_2O = 1): Both amorphous and crystalline forms have specific gravities between 4 and 5.
Molecular Weight: 79 Grams/Mole

Appearance and Odor: A dark red to bluish black amorphous solid or dark red, grey, or black crystals appearing in two distinct forms, or allotropes, because of differences in crystalline structures; odorless.

SECTION 4. FIRE AND EXPLOSION DATA

Flash Point and Method	Autoignition Temperature	Flammability Limits in Air	LOWER	UPPER
*	*	% by Volume	*	*

Extinguishing Media: *Selenium does not burn. Use agents such as dry chemical, "alcohol" foam, or carbon dioxide that will extinguish the surrounding fire.

Unusual Fire or Explosion Hazards: None.

Special Fire-fighting Procedures: Wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in the pressure-demand or positive-pressure mode.

SECTION 5. REACTIVITY DATA

Selenium is stable in closed containers at room temperature under normal storage and handling conditions. It does not undergo hazardous polymerization.

Chemical Incompatibilities: This material reacts dangerously with carbides, fluorine, oxygen, potassium, and many more materials (see Genium ref. 84).

Conditions to Avoid: Avoid direct contact with incompatible chemicals to prevent dangerous and violent reactions. Avoid the unintended contact of water with selenium in storage areas or reactor vessels.

Hazardous Products of Decomposition: When heated to decomposition, selenium readily emits toxic oxides of selenium (SeO_x). Selenium itself is a highly toxic and dangerous material.

SECTION 6. HEALTH HAZARD INFORMATION

Selenium is not listed as a carcinogen by the NTP, IARC, or OSHA.
Summary of Risks: Direct exposure to selenium or inhalation of its dust causes severe irritation of the skin, eyes, and the upper respiratory tract (URT). **Caution:** Some symptoms of exposure to selenium (e.g., chemical pneumonia) may be delayed for several hours. **Medical Conditions Aggravated by Long-Term Exposure:** None reported. **Target Organs:** URT, skin, eyes.
Primary Entry: Inhalation, skin contact. **Acute Effects:** Skin and eye burns, contact dermatitis, intense irritation of the URT, and headache. Cases with flulike symptoms resembling metal-fume fever within 24 hours of exposure have been reported.
Chronic Effects: Odor of garlic on breath; fatigue; irritability; URT irritation; pallor; gastrointestinal distress; metallic taste; and an allergic eye reaction with red, sometimes puffy, eyelids.
FIRST AID: Eyes. Immediately flush eyes, including under the eyelids, gently but thoroughly with plenty of running water.
Skin. Immediately wash the affected area with plenty of running water. Any worker who develops a rash or contact dermatitis must get medical attention and prevent any further contact with selenium metal or its compounds (e.g., selenium dioxide; see Genium Industrial MSDS 152). **Inhalation.** Remove exposed person to fresh air; restore and/or support his or her breathing as needed. Prompt administration of oxygen gas (O_2) by trained medical personnel may aid recovery. **Ingestion.** Give exposed person several glasses of water to dilute material. Do not induce vomiting. Never give anything by mouth to someone who is unconscious or convulsing.

Treat each exposure to selenium as an emergency! GET MEDICAL HELP (IN PLANT, PARAMEDIC, COMMUNITY) FOR ALL EXPOSURES. Seek prompt medical assistance for further treatment, observation, and support after first aid. If chelation therapy to remove the metallic selenium is indicated, calcium disodium edetate ($CaNa_2$-EDTA) is the chelating agent of choice; do *not* use dimercaprol. Burns may require treatment with 10% sodium thiosulfate cream.

SECTION 7. SPILL, LEAK, AND DISPOSAL PROCEDURES

Spill/Leak: Notify safety personnel, evacuate all nonessential personnel, provide adequate ventilation, and do not add any water to the spill or leak area. Cleanup personnel need protection against contact with and inhalation of dust (see sect. 8). Scoop up spilled selenium into suitable containers for disposal. Carefully sweep or vacuum up small spills or residues without creating dust.
Waste Disposal: Contact your supplier or a licensed contractor for detailed recommendations for disposal. Follow Federal, state, and local regulations.

OSHA Designations
Air Contaminant (29 CFR 1910.1000 Subpart Z)
EPA Designations (40 CFR 302.4)
RCRA Hazardous Waste: Listed without a Number
CERCLA Hazardous Substance, Reportable Quantity: 1 lb (0.454 kg)

SECTION 8. SPECIAL PROTECTION INFORMATION

Goggles: Always wear protective eyeglasses or chemical safety goggles. Follow the eye- and face-protection guidelines in 29 CFR 1910.133. **Respirator:** Use a NIOSH-approved respirator per the *NIOSH Pocket Guide to Chemical Hazards* for the maximum-use concentrations and/or the exposure limits cited in section 2. Follow the respirator guidelines in 29 CFR 1910.134. For emergency or nonroutine use (e.g., cleaning reactor vessels or storage tanks) wear an SCBA with a full facepiece operated in the pressure-demand or positive-pressure mode. **Warning:** Air-purifying respirators will *not* protect workers in oxygen-deficient atmospheres.
Other: Wear impervious gloves; boots; aprons; and clean, impervious, body-covering clothing to prevent any possibility of skin contact.
Ventilation: Install and operate general and local maximum explosion-proof ventilation systems powerful enough to maintain airborne levels of selenium below the OSHA PEL standard cited in section 2. **Safety Stations:** Make eyewash stations, washing facilities, and safety showers available in areas of use and handling. Make the 10% sodium thiosulfate solution or cream and the $CaNa_2$-EDTA chelating agent formula (sect. 6) readily available to a trained safety specialist. **Contaminated Equipment:** Contact lenses pose a special hazard; soft lenses may absorb irritants, and all lenses concentrate them. Particles can adhere to contact lenses and cause corneal damage. Do *not* wear contact lenses in any work area.
Comments: Practice good personal hygiene; always wash thoroughly after using this material. Avoid transferring it from your hands to your mouth while eating, drinking, or smoking. Do *not* eat, drink, or smoke in any work area.

SECTION 9. SPECIAL PRECAUTIONS AND COMMENTS

Storage/Segregation: Store selenium in a cool, dry, well-ventilated area in tightly closed containers away from oxidizing agents, organic materials, water, metals, and incompatible chemicals (see sect. 5). **Special Handling/Storage:** Prevent moisture or water contamination in any storage facility. Consider installing an automatic monitoring system to detect selenium contamination; storage under an inert gas (e.g., a nitrogen blanket) may be warranted depending on the work environment. **Engineering Controls:** Use selenium in closed engineering systems because of its significant health and physical hazards (see sects. 4, 5, and 6). All engineering systems (production, transportation, etc.) should be of maximum explosion-proof design (i.e., they must be nonsparking, electrically grounded and bonded, etc.). **Comments:** Perform all work with selenium with a sustained, conscientious effort to prevent accidental contact with water. Do not create a dusty working environment. Develop a sustained, conscientious program of working guidelines prior to any accidental exposure.

Transportation Data (49 CFR 172.101-2)

DOT Shipping Name: Selenium Metal Powder	**DOT Label:** Poison	**IMO Label:** St. Andrew's Cross (X)*
DOT Class: Poison B	**DOT ID No.** UN2658	**IMO Class:** 6.1

*Harmful-Stow away from Foodstuffs (IMO Label, Materials of Class 6.1 Packaging Group III)
References: 1, 2, 12, 73, 84-94, 100, 103.

Prepared by PJ Igoe, BS
Industrial Hygiene Review: DJ Wilson, CIH
Medical Review: MJ Hardies, MD

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Material Safety Data Sheets Collection:
Sheet No. 317
Toluene
Issued: 8/79 Revision: E, 9/92

Section 1. Material Identification

39

Toluene ($C_6H_5CH_3$) Description: Derived from petroleum i.e., dehydrogenation of cycloparaffin fractions followed by the aromatization of saturated aromatic hydrocarbons or by fractional distillation of coal-tar light oil and purified by rectification. Used widely as a solvent (replacing benzene in many cases) for oils, resins, adhesives, natural rubber, coal tar, asphalt, pitch, acetyl celluloses, cellulose paints and varnishes; a diluent for photogravure inks, raw material for organic synthesis (benzoyl & benzilidene chlorides, saccharine, TNT, toluene diisocyanate, and many dyestuffs), in aviation and high octane automobile gasoline, as a nonclinical thermometer liquid and suspension solution for navigational instruments.

Other Designations: CAS No. 108-88-3, Methacide, methylbenzene, methylbenzol, phenylmethane, toluol, Tolu-sol.

Manufacturer: Contact your supplier or distributor. Consult latest *Chemical Week Buyers' Guide*[73] for a suppliers list.

Cautions: Toluene is an eye, skin, and respiratory tract irritant becoming narcotic at high centrations. Liver and kidney damage has occurred. Pregnant women chronically exposed to toluene have shown teratogenic effects. Toluene is highly flammable.

R 1
I 3
S 2*
K 3
* Skin absorption

NFPA
3
2 0
-

HMIS
H 2- Chronic effects
F 3
R 0
PPE-Sec. 8

Section 2. Ingredients and Occupational Exposure Limits

Toluene, < 100%; may contain a small amount of benzene (~ 1%), xylene, and nonaromatic hydrocarbons.

1991 OSHA PELs
8-hr TWA: 100 ppm (375 mg/m^3)
15-min STEL: 150 ppm (560 mg/m^3)

1990 IDLH Level
2000 ppm

1990 NIOSH RELs
TWA: 100 ppm (375 mg/m^3)
STEL: 150 ppm (560 mg/m^3)

1992-93 ACGIH TLV (Skin)
TWA: 50 ppm (188 mg/m^3)

1990 DFG (Germany) MAK*
TWA: 100 ppm (380 mg/m^3)
Half-life: 2 hr to end of shift
Category II: Substances with systemic effects
Peak Exposure Limit: 500 ppm, 30 min average value, 2/shift

1985-86 Toxicity Data†
Man, inhalation, TC_{Lo}: 100 ppm caused hallucinations, and changes in motor activity and changes in psychophysiological tests.
Human, oral, LD_{Lo}: 50 mg/kg; toxic effects not yet reviewed
Human, eye: 300 ppm caused irritation.
Rat, oral, LD_{50}: 5000 mg/kg
Rat, liver: 30 µmol/L caused DNA damage.

* Available information suggests damage to the developing fetus is probable.
†See NIOSH, *RTECS* (XS5250000), for additional irritation, mutation, reproductive, and toxicity data.

Section 3. Physical Data

Boiling Point: 232 °F (110.6 °C)
Melting Point: -139 °F (-95 °C)
Molecular Weight: 92.15
Density: 0.866 at 68 °F (20/4 °C)
Surface Tension: 29 dyne/cm at 68 °F (20 °C)
Viscosity: 0.59 cP at 68 °F (20 °C)
Refraction Index: 1.4967 at 20 °C/D
Water Solubility: Very slightly soluble, 0.6 mg/L at 68 °F (20 °C)
Other Solubilities: Soluble in acetone, alcohol, ether, benzene, chloroform, glacial acetic acid, petroleum ether, and carbon disulfide.
Vapor Pressure: 22 mm Hg at 68 °F (20 °C); 36.7 mm Hg at 86 °F (30 °C)
Saturated Vapor Density (Air = 0.075 lb/ft^3 or 1.2 kg/m^3): 0.0797 lb/ft^3 or 1.2755 kg/m^3
Odor Threshold (range of all referenced values): 0.021 to 69 ppm

Appearance and Odor: Colorless liquid with a sickly sweet odor.

Section 4. Fire and Explosion Data

Flash Point: 40 °F (4.4 °C) CC	**Autoignition Temperature:** 896 °F (480 °C)	**LEL:** 1.27% v/v	**UEL:** 7.0% v/v

Extinguishing Media: Toluene is a Class 1B flammable liquid. To fight fire, use dry chemical carbon dioxide, or 'alcohol-resistant' foam. Water spray may be ineffective as toluene floats on water and may actually spread fire. **Unusual Fire or Explosion Hazards:** Concentrated vapors are heavier than air and may travel to an ignition source and flash back. Container may explode in heat of fire. Toluenes' burning rate = 5.7 mm/min and its flame speed = 37 cm/sec. Vapor poses an explosion hazard indoors, outdoors, and in sewers. May accumulate static electricity. **Special Fire-fighting Procedures:** Because fire may produce toxic thermal decomposition products, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in pressure-demand or positive-pressure mode. Structural firefighter's protective clothing provides only limited protection. Apply cooling water to sides of tanks until well after fire is out. Stay away from ends of tanks. For massive fire in cargo area, use monitor nozzles or unmanned hose holders; if impossible, withdraw from fire and let burn. Withdraw immediately if you hear a rising sound from venting safety device or notice any tank discoloration due to fire because a BLEVE (boiling liquid expanding vapor explosion) may be imminent. Do not release runoff from fire control methods to sewers or waterways.

Section 5. Reactivity Data

Stability/Polymerization: Toluene is stable at room temperature in closed containers under normal storage and handling conditions. Hazardous polymerization can't occur. **Chemical Incompatibilities:** Strong oxidizers, concentrated nitric acid, nitric acid + sulfuric acid, dinitrogen tetroxide, silver perchlorate, bromine trifluoride, tetranitromethane, and 1,3-dichloro-5,5-dimethyl-2,4-imidazolididione. **Conditions to Avoid:** Contact with heat, ignition sources, or incompatibles. **Hazardous Products of Decomposition:** Thermal oxidative decomposition of toluene can produce carbon dioxide, and acrid, irritating smoke.

Section 6. Health Hazard Data

Carcinogenicity: The IARC,(164) NTP,(169) and OSHA(164) do not list toluene as a carcinogen. **Summary of Risks:** Toluene is irritating to the eyes, nose, and respiratory tract. Inhalation of high concentrations produces a narcotic effect sometimes leading to coma as well as liver and kidney damage. 93% of inhaled toluene is retained in the body of which 80% is metabolized to benzoic acid, then to hippuric acid and excreted in urine. The remainder is metabolized to *o*-cresol and excreted or exhaled unchanged. Toluene metabolism is inhibited by alcohol ingestion and is synergistic with benzene, asphalt fumes, or chlorinated hydrocarbons (i.e. perchloroethylene). Toluene is readily absorbed through the skin at 14 to 23 mg/cm^2/hr. Toluene is absorbed quicker during exercise than at rest and appears to be retained longer in obese versus thin victims; presumably due to its lipid solubility. There is inconsistent data on toluene's ability to damage bone marrow; chronic poisoning has resulted in anemia and leucopenia with biopsy showing bone marrow hypo-plasia. These reports are few and some authorities argue that the effects may have been due to benzene contaminants. Chronic inhalation during pregnancy has been associated with teratogenic effects on the fetus including microcephaly, CNS dysfunction, attentional deficits, developmental delay + language impairment, growth retardation, and physical defects including a small midface, short palpebral fissures, with deep-set eyes, low-set ears, flat nasal bridge with a small nose, micrognathia, and blunt fingertips. There is some evidence that toluene causes an autoimmune illness in which the body produces antibodies that cause inflammation of its own kidney.

Continue on next page

Section 6. Health Hazard Data

al **Conditions Aggravated by Long-Term Exposure:** Alcoholism and CNS, kidney, skin, or liver disease. **Target Organs:** CNS, liver, , skin. **Primary Entry Routes:** Inhalation, skin contact/absorption. **Acute Effects:** Vapor inhalation causes respiratory tract irritation, fatigue, ness, confusion, dizziness, headache, dilated pupils, watering eyes, nervousness, insomnia, parasthesis, and vertigo progressing to narcotic coma. Death may result from cardiac arrest due to ventricular fibrillation with catecholamines loss. Liquid splashed in the eye causes conjunctival irritation, transient corneal damage and possible burns. Prolonged skin contact leads to drying and fissured dermatitis. Ingestion causes GI tract irritation and symptoms associated with inhalation. **Chronic Effects:** Symptoms include mucous membrane irritation, headache, vertigo, nausea, appetite loss and alcohol intolerance. Repeated heavy exposure may result in encephalopathies (cerebellar ataxia and cognitive dysfunction), liver enlargement, and kidney dystrophy (wasting away). Symptoms usually appear at workdays end, worsen at weeks end and decrease or disappear over the weekend.

FIRST AID **Eyes:** *Do not* allow victim to rub or keep eyes tightly shut. Gently lift eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult an ophthalmologist immediately. **Skin:** *Quickly* remove contaminated clothing. Rinse with flooding amounts of water for at least 15 min. Wash exposed area with soap and water. **Inhalation:** Remove exposed person to fresh air and support breathing as needed. **Ingestion:** Never give anything by mouth to an unconscious or convulsing person. Contact a poison control center and unless otherwise advised, have that *conscious and alert* person drink 1 to 2 glasses of water to dilute. *Do not* induce vomiting because of danger of aspiration into the lungs. Gastric lavage may be indicated if large amounts are swallowed; potential toxicity needs to be weighed against aspiration risk when deciding for or against gastric lavage. **Note to Physicians:** Monitor cardiac function. If indicated, use epinephrine and other catecholamines carefully, because of the possibility of a lowered myocardial threshold to the arrhythmogenic effects of such substances. Obtain CBC, electrolytes, and urinalysis. Monitor arterial blood gases. If toluene has > 0.02% (200 ppm) benzene, evaluate for potential benzene toxicity. BEI: hippuric acid in urine, sample at shift end (2.5 g/g creatinine); Toluene in venous blood, sample at shift end (1.0 mg/L).

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel, isolate and ventilate area, deny entry, and stay upwind. Cleanup personnel protect against inhalation and skin/eye contact. Use water spray to cool and disperse vapors but it may not prevent ignition in closed spaces. Cellosolve, hycar absorbent materials, and fluorocarbon water can also be used for vapor suppression/containment. Take up small spill with earth, sand, vermiculite, or other absorbent, noncombustible material. Dike far ahead of large spills for later reclamation or disposal. For water spills, (10 ppm or greater) apply activated carbon at 10X the spilled amount and remove trapped material with suction hoses or use mechanical dredges/lifts to remove immobilized masses of pollutants and precipitates. Toluene can undergo fluidized bed incineration at 842 to 1796 °F (450 to 980 °C), rotary kiln incineration at 1508 to 2912 °F (820 to 1600 °C), or liquid injection incineration at 1202 to 2912 °F (650 to 1600 °C). Follow applicable OSHA regulations (29 CFR 1910.120). **Ecotoxicity Values:** Blue gill, LC_{50} = 17 mg/L/24 hr; shrimp (*Crangonfracis coron*), LC_{50} = 4.3 ppm/96 hr; fathead minnow (*Pimephales promelas*), LC_{50} = 36.2 mg/L/96 hr. **Environmental Degradation:** If released to land, toluene evaporates and undergoes microbial degradation. In water, toluene volatilizes and biodegrades with a half-life of days to several weeks. In air, toluene degrades by reaction with photochemically produced hydroxyl radicals. **Disposal:** Treat contaminated water by gravity separation of solids, followed by skimming of surface. Pass through dual media filtration and carbon absorption units (carbon ratio 1 kg to 10 kg soluble material). Return waste water from backwash to gravity separator. Contact your supplier or a licensed contractor for detailed recommendations. Follow applicable Federal, state, and local regulations.

EPA Designations
L as a RCRA Hazardous Waste (40 CFR 261.33): No. U220
xtremely Hazardous Substance (40 CFR 355), TPQ: Not listed
L as a CERCLA Hazardous Substance* (40 CFR 302.4): Final Reportable Quantity (RQ), 1000 lb (454 kg)
[* per RCRA, Sec. 3001; CWA, Sec. 311 (b)(4); CWA, Sec. 307 (a)]
Listed as a SARA Toxic Chemical (40 CFR 372.65): Not listed

OSHA Designations
Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1-A)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses with shatter-resistant glass and side-shields or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133). Because contact lens use in industry is controversial, establish your own policy. **Respirator:** Seek professional advice prior to respirator selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a MSHA/NIOSH-approved respirator. For < 100 ppm, use any chemical cartridge respirator with appropriate organic vapor cartridges, any supplied-air respirator (SAR), or SCBA. For < 200 ppm, use any SAR operated in continuous-flow mode, any SAR or SCBA with a full facepiece, or any air-purifying respirator with a full facepiece having a chin-style, front or back mounted organic vapor canister. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.* If respirators are used, OSHA requires a written respiratory protection program that includes at least: medical certification, training, fit-testing, periodic environmental monitoring, maintenance, inspection, cleaning, and convenient, sanitary storage areas. **Other:** Wear chemically protective gloves, boots, aprons, and gauntlets to prevent skin contact. Polyvinyl alcohol with a breakthrough time of > 8 hr, Teflon and Viton are recommended as suitable materials for PPE. **Ventilation:** Provide general and local exhaust ventilation systems to maintain airborne concentrations below the OSHA PELs (Sec. 2). Local exhaust ventilation is preferred because it prevents contaminant dispersion into the work area by controlling it at its source.[103] **Safety Stations:** Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities. **Contaminated Equipment:** Separate contaminated work clothes from street clothes and launder before reuse. Remove toluene from your shoes and clean PPE. **Comments:** Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Prevent physical damage to containers. Store in a cool, dry, well-ventilated area away from ignition sources and incompatibles. Outside or detached storage is preferred. If stored inside, use a standard flammable liquids warehouse, room, or cabinet. To prevent static sparks, electrically ground and bond all equipment used with toluene. Do not use open lights in toluene areas. Install Class 1, Group D electrical equipment. Check that toluene is free of or contains < 1% benzene before use. **Engineering Controls:** To reduce potential health hazards, use sufficient dilution or local exhaust ventilation to control airborne contaminants and to maintain concentrations at the lowest practical level. **Administrative Controls:** Adopt controls for confined spaces (29 CFR 1910.146) if entering areas of unknown toluene levels (holes, wells, storage tanks). Consider preplacement and periodic medical exams of exposed workers that emphasize the CNS, liver, kidney, and skin. Include hemocytometric and thrombocyte count in cases where benzene is a contaminant of toluene. Monitor air at regular intervals to ensure effective ventilation.

Transportation Data (49 CFR 172.101)

	Packaging Authorizations	**Quantity Limitations**	**Vessel Stowage Requirements**
D hipping Name: Toluene	**a) Exceptions:** 150	**a) Passenger Aircraft or Railcar:** 5L	**Vessel Stowage:** B
D zard Class: 3	**b) Non-bulk Packaging:** 202	**b) Cargo Aircraft Only:** 60L	**Other:** --
I JN1294	**c) Bulk Packaging:** 242		
DO acking Group: II			
DOT Label: Flammable Liquid			
Special Provisions (172.102): T1			

MSDS Collection References: 26, 73, 100, 101, 103, 124, 126, 127, 132, 140, 148, 153, 159, 163, 164, 167, 169, 171, 174, 175, 176, 180.
Prepared by: M Gannon, BA; **Industrial Hygiene Review:** PA Roy, CIH, MPH; **Medical Review:** AC Darlington, MD, MPH

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Material Safety Data Sheets Collection:

Sheet No. 318
Xylene *(Mixed Isomers)*

Issued: 11/80 Revision: E, 9/92

Section 1. Material Identification

39

Xylene (Mixed Isomers) (C_8H_{10}) Description: The commercial product is a blend of the three isomers [*ortho*-(*o*-), *meta*-(*m*-), *para*-(*p*-)] with the largest proportion being *m*- xylene. Xylene is obtained from coal tar, toluene by transalkylation, and pseudocumene. Used in the manufacture of dyes, resins, paints, varnishes, and other organics; as a general solvent for adhesives, a cleaning agent in microscope technique; as a solvent for Canada balsam microscopy; as a fuel component; in aviation gasoline, protective coatings, sterilizing catgut, hydrogen peroxide, perfumes, insect repellants, pharmaceuticals, and the leather industry; in the production of phthalic anhydride, isophthalic, and terephthalic acids and their dimethyl esters which are used in the manufacture of polyester fibers; and as an indirect food additive as a component of adhesives. Around the home, xylene is found as vehicles in paints, paint removers, degreasing cleaners, lacquers, glues and cements and as solvent/vehicles for pesticides.

Other Designations: CAS No. 1330-20-7 [95-47-6; 108-38-3; 106-42-3 (*o*-, *m*-, *p*-isomers)], dimethylbenzene, methyltoluene, NCI-C55232, Violet 3, xylol.

Manufacturer: Contact your supplier or distributor. Consult latest *Chemical Week Buyers' Guide*(73) for a suppliers list.

Cautions: Xylene is an eye, skin, and mucous membrane irritant and may be narcotic in high concentrations. It is a dangerous fire hazard.

R 1
I 2
S 2
K 3

NFPA
3
2 0
–

HMIS
H 2†
F 3
R 0
PPE ‡
† Chronic Effects
‡ Sec. 8

Section 2. Ingredients and Occupational Exposure Limits

Xylene (mixed isomers): the commercial product generally contains ~ 40% *m*-xylene; 20% each of *o*-xylene, *p*-xylene, and ethylbenzene; and small quantities of toluene. Unpurified xylene may contain pseudocumene.

1991 OSHA PELs
8-hr TWA: 100 ppm (435 mg/m^3)
15-min STEL: 150 ppm (655 mg/m^3)

1990 IDLH Level
1000 ppm

1990 NIOSH RELs
TWA: 100 ppm (435 mg/m^3)
STEL: 150 ppm (655 mg/m^3)

1992-93 ACGIH TLVs
TWA: 100 ppm (434 mg/m^3)
STEL: 150 ppm (651 mg/m^3)
BEI (Biological Exposure Index): Methylhippuric acids in urine at end of shift: 1.5 g/g creatinine

1990 DFG (Germany) MAK
TWA: 100 ppm (440 mg/m^3)
Category II: Substances with systemic effects
Half-life: < 2 hr
Peak Exposure: 200 ppm, 30 min, average value, 4 peaks per shift

1985-86 Toxicity Data*
Human, inhalation, TC_{Lo}: 200 ppm produced olfaction effects, conjunctiva irritation, and other changes involving the lungs, thorax, or respiration.
Man, inhalation, LC_{Lo}: 10000 ppm/6 hr; toxic effects not yet reviewed.
Human, oral, LD_{Lo}: 50 mg/kg; no toxic effect noted.
Rat, oral, LD_{50}: 4300 mg/kg; toxic effect not yet reviewed.
Rat, inhalation, LC_{50}: 5000 ppm/4 hr; toxic effects not yet reviewed.

* See NIOSH, *RTECS* (XE2100000), for additional toxicity data.

Section 3. Physical Data

Boiling Point Range: 279 to 284 °F (137 to 140 °C)*
Boiling Point: *ortho:* 291 °F (144 °C); *meta:* 281.8 °F (138.8 °C); *para:* 281.3 °F (138.5 °C)
Freezing Point/Melting Point: *ortho:* -13 °F (-25 °C); *meta:* -53.3 °F (- 47.4 °C); *para:* 55 to 57 °F (13 to 14 °C)
Vapor Pressure: 6.72 mm Hg at 70 °F (21 °C)
Saturated Vapor Density (Air = 1.2 kg/m^3): 1.23 kg/m^3, 0.077 lbs/ft^3

Appearance and Odor: Clear, sweet-smelling liquid.

* Materials with wider and narrower boiling ranges are commercially available.

Molecular Weight: 106.16
Specific Gravity: 0.864 at 20 °C/4 °C
Water Solubility: Practically insoluble
Other Solubilities: Miscible with absolute alcohol, ether, and many other organic liquids.
Octanol/Water Partition Coefficient: logKow = 3.12-3.20
Odor Threshold: 1 ppm
Viscosity: <32.6 SUS

Section 4. Fire and Explosion Data

Flash Point: 63 to 77 °F (17 to 25 °C) CC	**Autoignition Temperature:** 982 °F (527 °C) (*m*-)	**LEL:** 1.1 (*m*-, *p*-); 0.9 (*o*-)	**UEL:** 7.0 (*m*-, *p*-); 6.7 (*o*-)

Extinguishing Media: For small fires, use dry chemical, carbon dioxide (CO_2), water spray or regular foam. For large fires, use water spray, fog or regular foam. Water may be ineffective. Use water spray to cool fire-exposed containers. **Unusual Fire or Explosion Hazards:** Xylene vapors or liquid (which floats on water) may travel to an ignition source and flash back. The heat of fire may cause containers to explode and/or produce irritating or poisonous decomposition products. Xylene may present a vapor explosion hazard indoors, outdoors, or in sewers. Accumulated static electricity may occur from vapor or liquid flow sufficient to cause ignition. **Special Fire-fighting Procedures:** Because fire may produce toxic thermal decomposition products, wear a self-contained breathing apparatus (SCBA) with a full facepiece operated in pressure-demand or positive-pressure mode. Structural firefighter's protective clothing will provide limited protection. If feasible and without risk, move containers from fire area. Otherwise, cool fire-exposed containers until well after fire is extinguished. Stay clear of tank ends. Use unmanned hose holder or monitor nozzles for massive cargo fires. If impossible, withdraw from area and let fire burn. Withdraw immediately in case of any tank discoloration or rising sound from venting safety device. Do not release runoff from fire control methods to sewers or waterways.

Section 5. Reactivity Data

Stability/Polymerization: Xylene is stable at room temperature in closed containers under normal storage and handling conditions. Hazardous polymerization cannot occur. Xylene is easily chlorinated, sulfonated, or nitrated. **Chemical Incompatibilities:** Incompatibilities include strong acids and oxidizers and 1,3-dichloro-5,5-dimethyl-2,4-imidazolidindione (dichlorohydrantoin). Xylene attacks some forms of plastics, rubber, and coatings. **Conditions to Avoid:** Avoid heat and ignition sources and incompatibles. **Hazardous Products of Decomposition:** Thermal oxidative decomposition of xylene can produce carbon dioxide, carbon monoxide, and various hydrocarbon products.

Section 6. Health Hazard Data

Carcinogenicity: The IARC,(164) NTP,(169) and OSHA(164) do not list xylene as a carcinogen. **Summary of Risks:** Xylene is an eye, mucous membrane, and respiratory tract irritant. Irritation starts at 200 ppm; severe breathing difficulties which may be delayed in onset can occur at high concentrations. It is a central nervous system (CNS) depressant and at high concentrations can cause coma. Kidney and liver damage can occur with xylene exposure. With prolonged or repeated cutaneous exposure, xylene produces a defatting dermatitis. Chronic toxicity is not well defined, but it is less toxic than benzene. Prior to the 1950s, benzene was often found as a contaminant of xylene and the effects attributed to xylene such as blood dyscrasias are questionable. Since the late 1950s, xylenes have been virtually benzene-free and blood dyscrasias have not been associated with xylenes. Chronic exposure to high concentrations of xylene in animal studies have demonstrated milk reversible decrease in red and white cell counts as well as increases in platelet counts.

Continue on next page

Section 6. Health Hazard Data, *continued*

gularity was reported in association with workplace exposure to xylene perhaps due to effects on liver metabolism. Xylene crosses the human centa, but does not appear to be teratogenic under conditions tested to date. **Medical Conditions Aggravated by Long-Term Exposure:** CNS, respiratory, eye, skin, gastrointestinal (GI), liver and kidney disorders. **Target Organs:** CNS, eyes, GI tract, liver, kidneys, and skin. **Primary Entry Routes:** Inhalation, skin absorption (slight), eye contact, ingestion. **Acute Effects:** Inhalation of high xylene concentrations may cause dizziness; nausea, vomiting, and abdominal pain; eye, nose, and throat irritation; respiratory tract irritation leading to pulmonary edema (fluid in lung); drowsiness; and unconsciousness. Direct eye contact can result in conjunctivitis and corneal burns. Ingestion may cause a burning sensation in the oropharynx and stomach and transient CNS depression. **Chronic Effects:** Repeated or prolonged skin contact may cause drying and defatting of the skin leading to dermatitis. Repeated eye exposure to high vapor concentrations may cause reversible eye damage, peripheral and central neuropathy, and liver damage. Other symptoms of chronic exposure include headache, fatigue, irritability, chronic bronchitis, and GI disturbances such as nausea, loss of appetite, and gas.

FIRST AID *Emergency personnel should protect against exposure.* **Eyes:** *Do not* allow victim to rub or keep eyes tightly shut. Gently lift eyelids and flush immediately and continuously with flooding amounts of water until transported to an emergency medical facility. Consult a physician immediately. **Skin:** *Quickly* remove contaminated clothing. Rinse with flooding amounts of water for at least 15 min. Wash exposed area with soap and water. For reddened or blistered skin, consult a physician. Carefully dispose of contaminated clothing as it may pose a fire hazard. **Inhalation:** Remove exposed person to fresh air and support breathing as needed. Monitor exposed person for respiratory distress. **Ingestion:** Never give anything by mouth to an unconscious or convulsing person. Contact a poison control center and unless otherwise advised, *do not induce vomiting!* If spontaneous vomiting should occur, keep exposed person's head below the hips to prevent aspiration (breathing liquid xylene into the lungs). *Aspiration of a few millimeters of xylene can cause chemical pneumonitis, pulmonary edema, and hemorrhage.* **Note to Physicians:** Hippuric acid or the ether glucuronide of *ortho*-toluic acid may be useful in diagnosis of *meta-*, *para-* and *ortho*-xylene exposure, respectively. Consider gastric lavage if a large quantity of xylene was ingested. Proceed gastric lavage with protection of the airway from aspiration; consider endotracheal intubation with inflated cuff.

Section 7. Spill, Leak, and Disposal Procedures

Spill/Leak: Notify safety personnel, evacuate all unnecessary personnel, remove all heat and ignition sources, and ventilate spill area. Cleanup personnel should protect against vapor inhalation and skin or eye contact. If feasible and without undue risk, stop leak. Use appropriate foam to blanket release and suppress vapors. Water spray may reduce vapor, but does not prevent ignition in closed spaces. For small spills, absorb on paper and evaporate in appropriate exhaust hood or absorb with sand or some non-combustible absorbent and place in containers for later disposal. For large spills dike far ahead of liquid to contain. Do not allow xylene to enter a confined space such as sewers or drains. On land, dike to contain or divert to impermeable holding area. Apply water spray to control flammable vapor and remove material with pumps or vacuum equipment. On water, contain material with natural barriers, booms, or weirs; apply universal gelling agent; and use suction hoses to remove spilled material. Report any release in excess of 1000 lb. Follow applicable OSHA regulations (29 CFR 1910.120). **Environmental Transport:** Little bioconcentration is expected. Biological oxygen demand 5 (after 5 days at 20 °C): 0.64 (no stated isomer). **Ecotoxicity values:** LD_{50}, Goldfish, 13 mg/L/24 hr, conditions of bioassay not specified, no specific isomer. **Environmental Degradation:** In the atmosphere, xylenes degrade by reacting with photochemically produced hydroxyl radicals with a half-life ranging from 1-1.7 hr. in the summer to 10-18 hr in winter or a typical loss of 67-86% per day. Xylenes are resistant to hydrolysis. **Soil Absorption/Mobility:** Xylenes have low to moderate adsorption to soil and when spilled on land, volatilize and leach into groundwater. **Disposal:** As a hydrocarbon, xylene is a good candidate for controlled incineration. Contact your supplier icensed contractor for detailed recommendations. Follow applicable Federal, state, and local regulations.

A Designations

SARA Extremely Hazardous Substance (40 CFR 355): Not listed
Listed as a SARA Toxic Chemical (40 CFR 372.65)
Listed as a RCRA Hazardous Waste (40 CFR 261.33): No. U239, F003 (spent solvent)
Listed as a CERCLA Hazardous Substance* (40 CFR 302.4): Final Reportable Quantity (RQ), 1000 lb (454 kg) [* per Clean Water Act, Sec. 311(b)(4); per RCRA, Sec. 3001]

OSHA Designations

Listed as an Air Contaminant (29 CFR 1910.1000, Table Z-1-A)

Section 8. Special Protection Data

Goggles: Wear protective eyeglasses or chemical safety goggles, per OSHA eye- and face-protection regulations (29 CFR 1910.133). Because contact lens use in industry is controversial, establish your own policy. **Respirator:** Seek professional advice prior to respirator selection and use. Follow OSHA respirator regulations (29 CFR 1910.134) and, if necessary, wear a MSHA/NIOSH-approved respirator. For concentrations >1000 ppm, use any chemical cartridge respirator with organic vapor cartridges; any powered, air-purifying respirator with organic vapor cartridges; any supplied-air respirator; or any self-contained breathing apparatus. For emergency or nonroutine operations (cleaning spills, reactor vessels, or storage tanks), wear an SCBA. *Warning! Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.* If respirators are used, **Other:** Wear chemically protective gloves, boots, aprons, and gauntlets to prevent all skin contact. With breakthrough times > 8 hr, consider polyvinyl alcohol and fluorocarbon rubber (Viton) as materials for PPE. **Ventilation:** Provide general and local exhaust ventilation systems to maintain airborne concentrations below the OSHA PELs (Sec. 2). Local exhaust ventilation is preferred because it prevents contaminant dispersion into the work area by controlling it at its source.(103) **Safety Stations:** Make available in the work area emergency eyewash stations, safety/quick-drench showers, and washing facilities. **Contaminated Equipment:** Separate contaminated work clothes from street clothes. Launder contaminated work clothing before wearing. Remove this material from your shoes and clean PPE. Comments: Never eat, drink, or smoke in work areas. Practice good personal hygiene after using this material, especially before eating, drinking, smoking, using the toilet, or applying cosmetics.

Section 9. Special Precautions and Comments

Storage Requirements: Store in clearly labelled, tightly closed, containers in a cool, well-ventilated place, away from strong oxidizing materials and heat and ignition sources. During transferring operations, electrically ground and bond metal containers. **Engineering Controls:** To reduce potential health hazards, use sufficient dilution or local exhaust ventilation to control airborne contaminants and to maintain concentrations at the lowest practical level. Use hermetically sealed equipment, transfer xylene in enclosed systems, avoid processes associated with open evaporating surfaces, and provide sources of gas release with enclosures and local exhaust ventilation. Use Class I, Group D electrical equipment. **Administrative Controls:** Establish air and biological monitoring programs and evaluate regularly. Consider preplacement and periodic medical examinations including a complete blood count, a routine urinalysis, and liver function tests. Consider hematologic studies if there is any significant contamination of the solvent with benzene. If feasible, consider the replacement of xylene by less toxic solvents such as petrol (motor fuel) or white spirit. Before carrying out maintenance and repair work, steam and flush all equipment to remove any xylene residues.

Transportation Data (49 CFR 172.101)

DOT Shipping Name: Xylenes
Hazard Class: 3
: UN1307
Packing Group: II
DOT Label: Flammable Liquid
Special Provisions (172.102): T1

Packaging Authorizations
a) Exceptions: 173.150
b) Nonbulk Packaging : 173.202
c) Bulk Packaging: 173.242

Quantity Limitations
a) Passenger, Aircraft, or Railcar: 5L
b) Cargo Aircraft Only: 60L

Vessel Stowage Requirements
a) Vessel Stowage: B
b) Other: –

MSDS Collection References: 26, 73, 89, 100, 101, 103, 124, 126, 127, 132, 133, 136, 139, 140, 148, 149, 153, 159, 163, 164, 167, 171, 174, 176, 180.
Prepared by: MJ Wurth, BS; **Industrial Hygiene Review:** PA Roy, MPH, CIH; **Medical Review:** W Silverman, MD

Attachment C

Emergency Procedures for Exposure to Hazardous Materials/Waste

ATTACHMENT C

EMERGENCY PROCEDURES FOR EXPOSURE TO HAZARDOUS MATERIALS/WASTE

1. Call ambulance or transport individual to hospital/clinic immediately. Don't forget to take the HASP with you; it contains information on the contaminants expected to be found on site and will assist the physician in his/her assessment of the exposure.

2. Fill in Potential Exposure Report, answering each of the questions to the best of your ability.

3. Contact our physician(s) at EMR as soon as possible. The procedure is as follows:

   a. **Call EMR at 1-800-229-3674!**

   b. Ask to speak with:

      Dr. David L. Barnes;
      Dr. Elaine Theriault; or
      Ms. T.J. Wolff, R.N.

Note: During nonbusiness hours (after 6 p.m.) call 1-800-229-3674 and follow directions for paging the aforementioned individuals.

4. Once in contact with any of these individuals, explain what has happen (they will review the information on the form with you and may ask you to fax the form to them, if possible), and allow either of them to speak with the attending physician.

5. When asked about payment (and they will ask), inform the Hospital/Clinic/Physician that this is a "work related injury" and have them contact the Benefits Coordinator at (412) 269-2744. Have invoices sent to:

   Michael Baker Jr. Inc.
   Attn: Benefits Coordinator
   Airport Office Park, Bldg. 3
   Coraopolis, PA 15108

6. Contact the Project Manager and the Project Health and Safety Officer as soon as it is feasible, but wait no longer than 24 hours.

Baker

Baker Environmental, Inc

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POTENTIAL EXPOSURE REPORT

Name: ______________________ Date of Exposure: ______________

Social Security No.: ______________ Age: ________ Sex: __________

I. Exposing Agent

Name of Product or Chemicals (if known) ______________________

____

Characteristics (if the name is not known)

Solid Liquid Gas Fume Mist Vapor

II. Dose Determinants

What was individual doing? ______________________________

How long did individual work in area before signs/symptoms developed?

____

Was protective gear being used? If yes, what was the PPE?

____

Was there skin contact? ______________________________

Was the exposing agent inhaled? ______________________________

Were other persons exposed? If yes, did they experience symptoms?

____

III. Signs and Symptoms (check off appropriate symptoms)

Immediately with Exposure:

- ☐ Burning of eyes, nose, or throat
- ☐ Tearing
- ☐ Headache
- ☐ Cough
- ☐ Shortness of breath
- ☐ Delirium
- ☐ Chest tightness/pressure
- ☐ Nausea/vomiting
- ☐ Dizziness
- ☐ Weakness
- ☐ Heat flashes
- ☐ Other ______________

Delayed Symptoms:

- ☐ Weakness
- ☐ Nausea/vomiting
- ☐ Shortness of breath
- ☐ Cough
- ☐ Loss of appetite
- ☐ Abdominal pain
- ☐ Headache
- ☐ Numbness/tingling
- ☐ Other ______________

POTENTIAL EXPOSURE REPORT

IV. Present Status of Symptoms (check off appropriate symptoms)

- ☐ Burning of eyes, nose, or throat
- ☐ Tearing
- ☐ Headache
- ☐ Cough
- ☐ Shortness of breath
- ☐ Chest tightness/pressure
- ☐ Cyanosis (bluish skin color)
- ☐ Nausea/vomiting
- ☐ Dizziness
- ☐ Weakness
- ☐ Loss of appetite
- ☐ Abdominal pain
- ☐ Numbness/tingling
- ☐ Other ______________________

Have symptoms (please check off appropriate response and give duration of symptoms):

Improved ________ Worsened ________ Remain Unchanged ________

V. Treatment of Symptoms (check off appropriate response)

None ________ Self-medicated ________ Physician treated ________

VI. Name ______________________________
(Attending physician)

VII. Hospital/Clinic ______________________________________

Source: EMR, Inc.

ATTACHMENT A

BAKER ENVIRONMENTAL, INC.
SAFETY STANDARD OPERATING PROCEDURES

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