



GETTLER-RYAN INC.

SITE SAFETY PLAN JOB #2294.01

GENERAL INFORMATION:

SITE: Company: Shell Service Station
 Location: 318 S. Livermore
 City: Livermore, California

PLAN PREPARED BY: Gettler-Ryan Inc.

 Date: March 25, 1998

OBJECTIVES: To provide a plan for the safe completion of the site work.

PROPOSED DATE
OF SITE WORK: March 30, 1998

DOCUMENTATION/
SUMMARY: Hazardous materials may be present, caution is advised.

Site work includes:

Abandonment of remote fill line to waste oil tank.
Excavate concrete between lube bay and UGST to remove
line. Plug opening in tank. Grout floor opening in lube
bay

SITE/WASTE CHARACTERISTICS:

WASTE TYPE(S): Liquid Solid Gas

CHARACTERISTIC(S): Volatile Flammable Toxic

FACILITY DESCRIPTION: Gasoline service station with underground utilities.

STATUS: Active

HAZARD EVALUATION:

PARAMETER: TLV: 300 ppm THC
HEALTH: Ingestion, inhalation, absorption
LEL: 10% Gastechtor max.

**SPECIAL PRECAUTIONS
AND COMMENTS:**

Correct safety procedures must be followed, per Gettler-Ryan Inc. Health and Safety Plan. Contain any flushed materials into waste oil tank.

SITE SAFETY WORKPLAN:

PERIMETER ESTABLISHMENT: Excavation to be fenced while under construction. Use barricades and flagging to restrict access to tank and other work areas.

PERSONAL PROTECTION: Level of Protection: EPA Level D
Modifications: Rubber gloves, hard hats, orange vests.
Surveillance Equipment and Material: Gastech

SITE ENTRY PROCEDURES: Authorized personnel only inside fences during construction.

**DECONTAMINATION
PROCEDURES:**

Personnel: Wash thoroughly with detergent solution and water.

Equipment: Steam Clean if necessary.

FIRST AID: As applicable.

WORK LIMITATIONS: (Time of day, weather, heat/cold stress): None.

**PROJECT-DERIVED
MATERIAL DISPOSAL:**

All materials removed from the trenches to be sampled, placed on visqueen on site and covered until classified for *proper disposal or reuse*. Recycle materials to maximum extent possible.

TEAM COMPOSITION: Mike Comer - Job Foreman, Site Safety Officer,
& Competent Person
1 Laborers
1 Field Technician GSI
Excavation crew
See Subcontractor List

EMERGENCY INFORMATION:

LOCAL RESOURCES: Ambulance/Hospital Dial 911
Police/Sheriff/Hwy.Patrol Dial 911
Fire Department Dial 911

SITE RESOURCES: Water Supply
Telephone
Visqueen
Fire Extinguisher
First Aid Kit
Sorbant Pads

EMERGENCY CONTACT: Gettler-Ryan Inc. (925) 551-7555
Project Manager, Tim Dahl (925) 551-7555 x117
Safety Manager, Barry McCoy (925) 551-7555 x153
Shell Engineer, Tim Hargraves (925) 335-5031

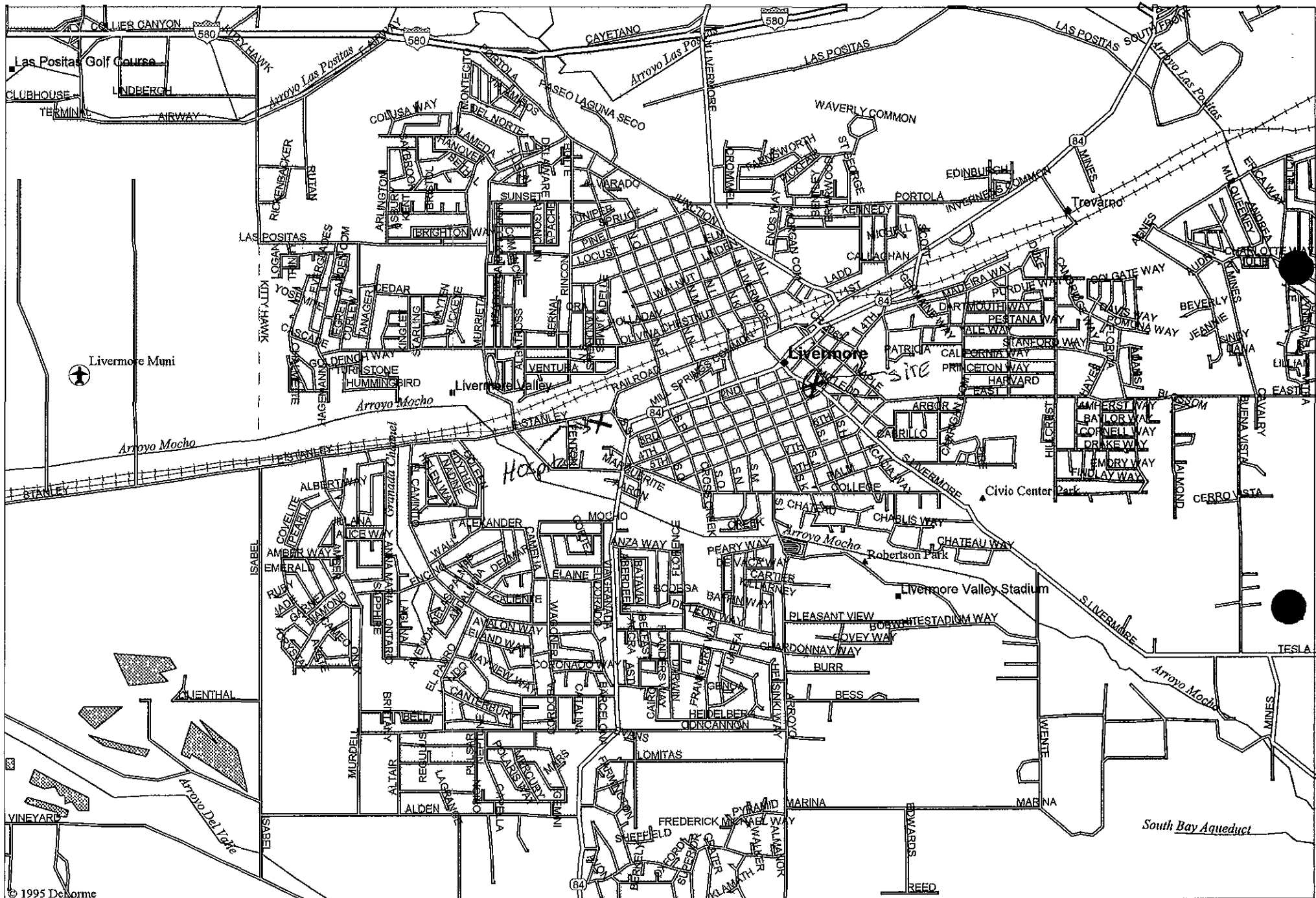
EMERGENCY ROUTES: Nearest emergency hospital is:

VALLEY MEMORIAL HOSPITAL
111 E. Stanley Boulevard
Livermore, CA

(925) 373-4018

MAP ATTACHED

Shell Facility, 318 S. Livermore Ave., Livermore



ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
04/01/97

PRODUCER
Matsen Insurance Brokers
100 Stony Point Road Ste.160
O. Box 907
Santa Rosa, CA 95402

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A General Star Indemnity Company

INSURED
Gettler-Ryan, Inc.
6747 Sierra Court, Suite J
Dublin, CA 94568

COMPANY
B General Accident Insurance Co.

COMPANY
C California Compensation Insurance Co

COMPANY
D Commercial Underwriters Insurance Co

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> BI/PD Ded:5,000 <input checked="" type="checkbox"/> Per Project Agg	IYG321584C	04/01/97	04/01/98	GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$3,000,000 PERSONAL & ADV INJURY \$3,000,000 EACH OCCURRENCE \$3,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$Excluded
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA0159495	04/01/97	04/01/98	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
D	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	CEL011145 Excess Auto Only	04/01/97	04/01/98	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	W974137177	04/01/97	04/01/98	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
A	Professional Liab incl. Pollution	IYG349772 (Claims Made)	04/01/97	04/01/98	\$3,000,000/\$3,000,000 \$15,000. Deductible
B	Installation Fltr	PPP0431608	04/01/97	04/01/98	\$100,000. - \$1000 Ded

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Pleasanton Planning Dept.
200 Old Bernal Avenue
Pleasanton, CA 94566

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy O. Chamber