

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK
REMOVAL/CLOSURE

JOBSITE ADDRESS:

3623 ADELINE STREET
EMERYVILLE, CALIFORNIA

SEMCO

1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

1217 S. 7TH STREET
MODESTO, CALIFORNIA 95351

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INTRODUCTION

SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated activities. The purpose of this plan is to provide health and safety guidelines to be adhered to while all work is in progress.

All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

SCOPE OF WORK

1.0 Scope of Work:

The tanks will be purged of all remaining residues, and these residues will be stored on site in a 55 gallon approved drum until they are hauled away or pumped out for disposal by a certified hazardous materials hauler.

The tanks will be inerted with a minimum of 20 lbs of dry ice per 1,000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit. This will be achieved by using a Gastech 1314. When this level is obtained, the tank will be removed, and samples will be collected per the approved work plan.

1.1 Responsibilities of Other Agencies if Present:

- a. The Environmental Health Department is responsible for approval and inspection of procedures, including tank removal, sample procurement and integrity of work plan.
- b. The Fire Department is responsible for inspections relative to safe procedures and conditions of tank prior to removal.

HAZARDS, SPECIAL PRECAUTIONS**2.0 Hazards, Special Precautions:****2.1 Special Precautions:**

During the course of underground storage tank removal, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1 Toxicity Considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2 Flammability and Combustibility Consideration:

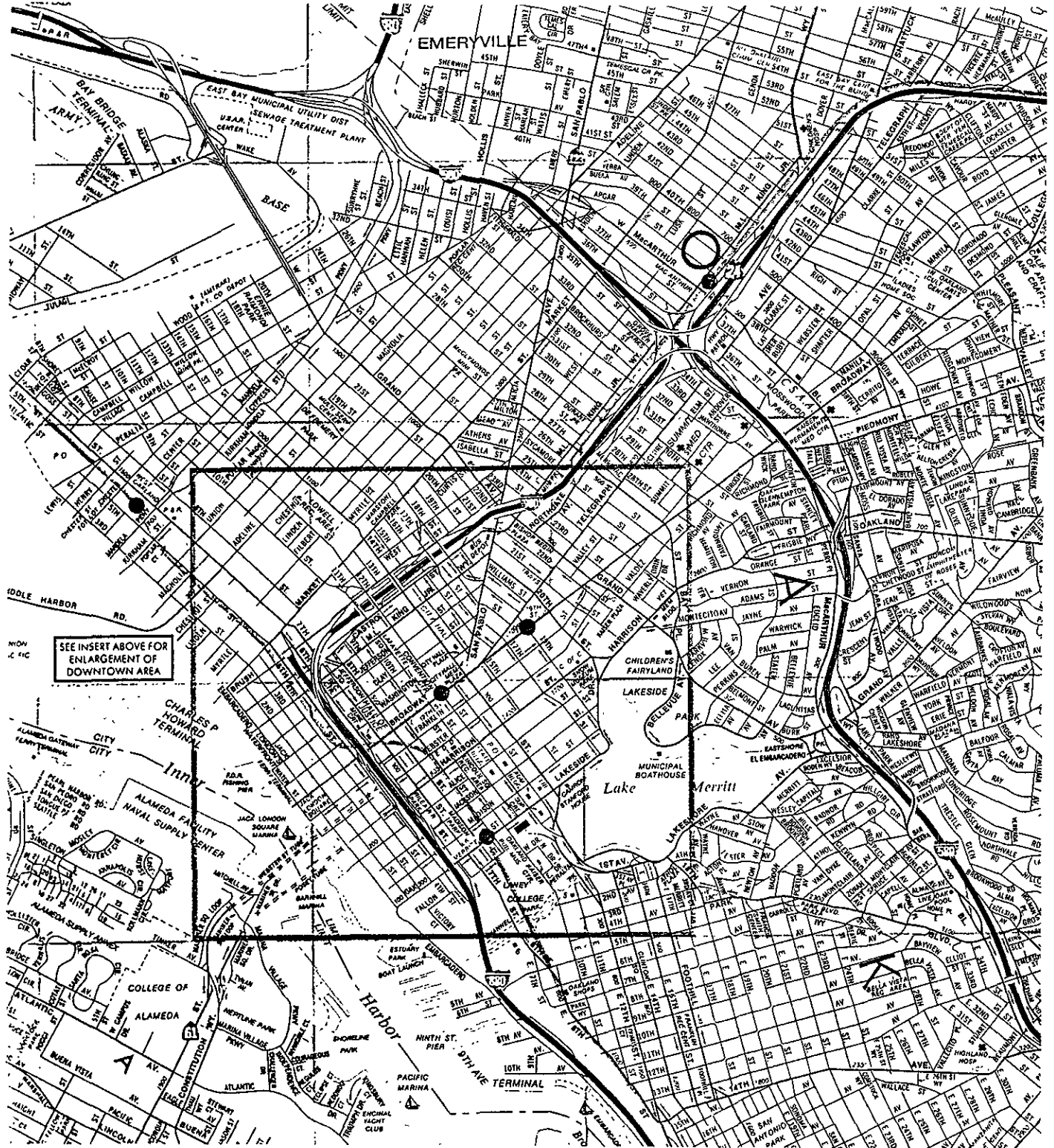
Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3 Physical Considerations:

During the excavation of underground storage tanks, some physical hazards can be present in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents. The excavated area will be appropriately marked and barricaded at all times.

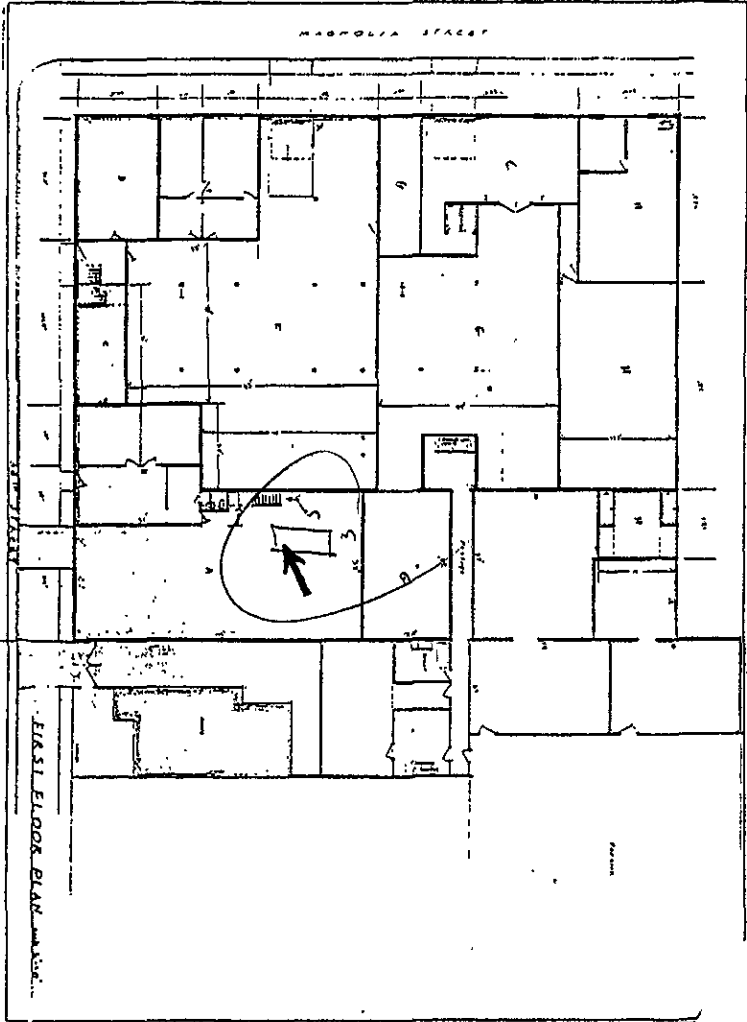
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



ADELINE STREET

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S E M C O
3623 ADELINE STREET
EMERYVILLE

PERSONNEL

5.0 PERSONNEL

SEMCO Employees

- 5.1 Project Manager
- Manages field operations.
 - Ensures the Work Plan is completed on schedule.
 - Briefs the field teams on their specific assignments.
 - Participates in the preparation of the Site Safety Plan.
 - Serves as a liaison with public officials.
- 5.2 Site Safety Officer
- Implements and enforces the Site Safety Plan.
 - Assures that all on-site personnel have received a copy of the Site Safety Plan, have read it and understand it.
 - Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the Site Safety Plan is adequate and being followed.
 - Conducts daily "tailgate" meetings to explain the plan of work for the day and to mention potential hazards of the site.
 - Ensures that protective clothing and equipment are properly stored and maintained.
 - Knows emergency procedures, excavation route, and notifies local emergency services when necessary.
 - Notifies the Health and Safety Manager of all accidents and injuries that occur on site.
- 5.3 On-Site Personnel
- Are required to document their full understanding of the Site Safety Plan before starting work by signing that they have read the Site Safety Plan and understand it.
 - Complies with the Site Safety Plan.
 - Notifies the Site Safety Officer of unsafe conditions.
 - On-Site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
Steel Toe Shoes
Hard Hats
Uniform shirt/pants

LEVEL C: Safety Glasses or Goggles w/side shields
Hard Hats
Steel Toe Safety Shoes
Half or Full Face Respirator with Organic Vapor Cartridge
Tyvek or Ploy-Coated Tyvek

EMERGENCY SERVICES

6.0 Emergency Services

6.1 Persons to contact in case of emergency:

- a. PROJECT MANAGER
Name: Chuck Kiper
Phone: (415) 572-8033
(415) 860-8221 Mobile
(415) 377-8660 Pager
- b. CLIENT CONTACT
Name: Scott Barde
Phone: (510) 935-3840
- c. SITE CONTACT
Name: Chuck Kiper
Phone: (415) 572-8033
- d. SITE SAFETY OFFICER
Name: Chuck Kiper or _____
Phone: (415) 572-8033
- e. HEALTH & SAFETY COORDINATOR
Name: Richard Downs
Phone: (209) 524-9653

6.2 Hospital In Area: Kaiser Hospital - Oakland
(510) 428-7000 280 W. MacArthur Blvd
Oakland

6.3 Emergency Routes
See Hospital Route Map, Page 10

6.4 Ambulance Service: 911

6.5 Fire Prevention:
Emeryville Fire Department
(510) 596-3750

6.6 Fire Department:
SAME

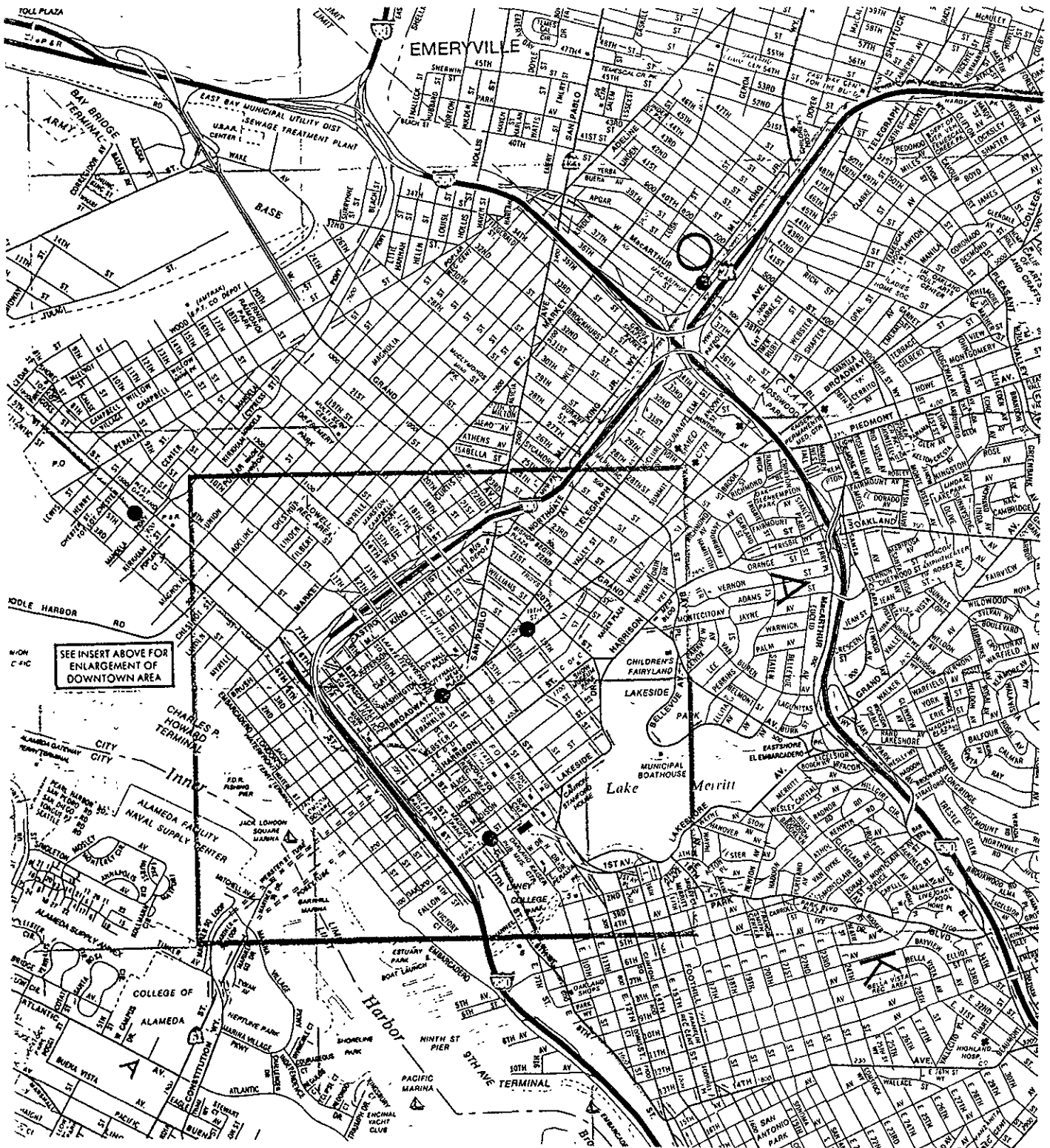
6.7 A First Aid Kit will be on site.

6.8 Barricades:
Job site will be barricaded off and construction tape will be used around working area, when work area is left unattended.

6.9 Fire Extinguishers will be present on site.

HOSPITAL ROUTE MAP

7.0 Hospital Route Map



CONTINGENCY PLAN**8.0 Contingency Plan:**

If an injury occurs, the following action will be taken:

- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, SEMCO's occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Director and corporate personnel office within 24 hours.
- The Site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES--see Hospital Route Map, Page 10.

SAFETY EQUIPMENT

9.0 Safety Equipment

9.1 As a minimum, the following equipment will be on site:

LEL Meter - Gastech 1314

O/M Meter

OSHA - Approved First Aid Kit

40BC Fire Extinguisher

Half Face Respirator with Organic Vapor Cartridges

SAFETY TRAINING

10.0 Safety Training

SEMCO's field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

MEDICAL MONITORING

11.0 Medical Monitoring

SEMCO requires all Class I truck drivers to have a mandatory physical once a year. SEMCO supplies health insurance to all employees and administers random and mandatory drug and alcohol testing.

12.0 Signatures & Acknowledgments:

I acknowledge having read and understand the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

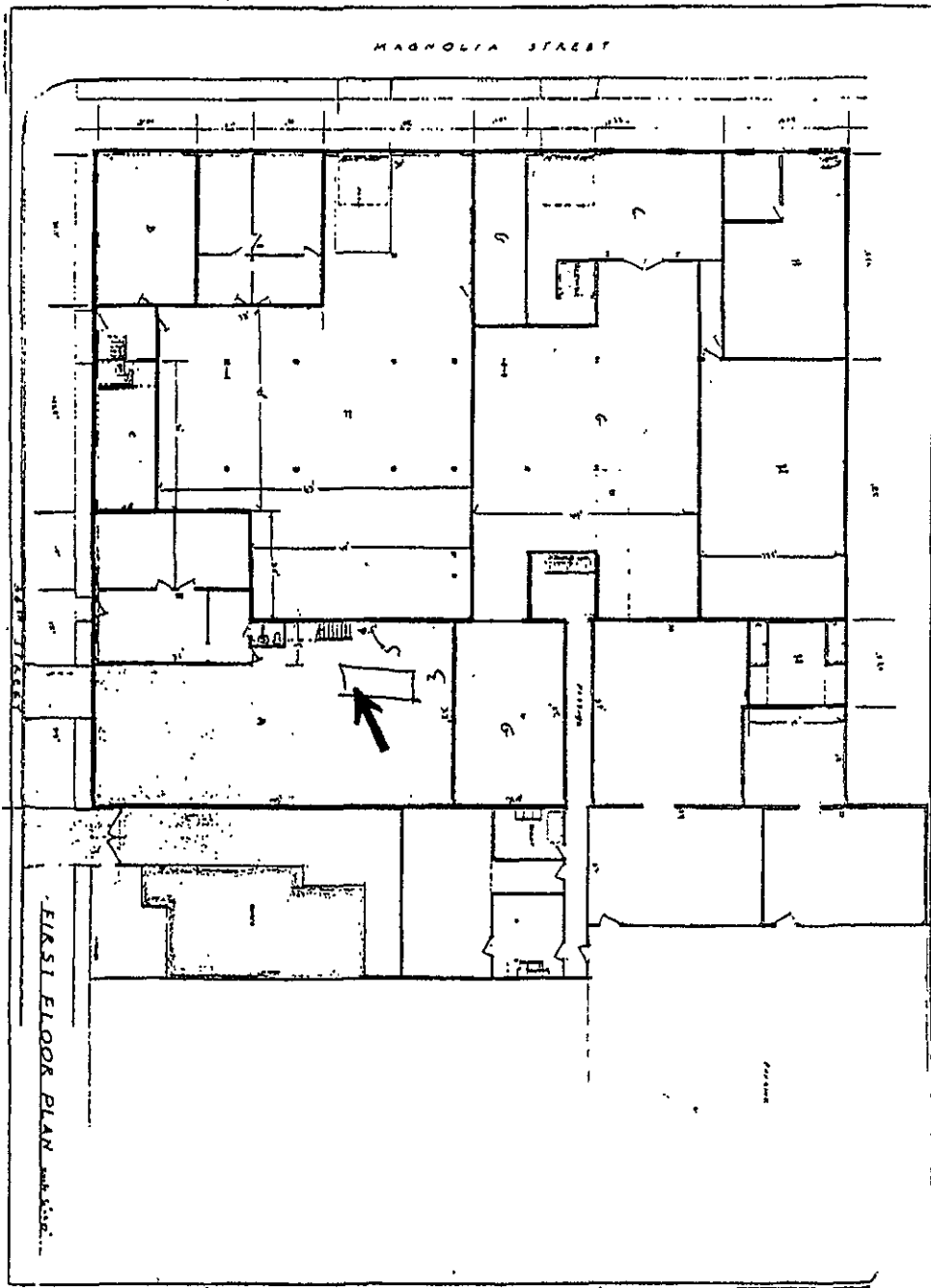
Signature Date

Signature Date

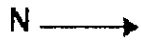
Signature Date

Signature Date

Signature Date



ADLINE STREET



NOT TO SCALE

S E M C O

**3623 ADELIN STREET
EMERYVILLE**

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
04/14/95

PRODUCER
Insurance Center of Merced
2908 North G Street
P. O. Box 2268
Merced, CA 95344

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 Golden Eagle Ins. Co

COMPANY
B

COMPANY
C

COMPANY
D

INSURED
Semco, Inc.
1217 South 7th Street
Modesto, CA 95351

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT \$ 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 \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	NWC30190001	04/05/95	04/05/96	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
TEN DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.
All California Operations

CERTIFICATE HOLDER
County of Alameda
80 Swan Way, Room 200
Oakland, CA 94621

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
Wayne Mighale

POST IN A
CONSPICUOUS
PLACE

BUSINESS TAX CERTIFICATE

CITY OF OAKLAND

The issuing of a Business Tax Certificate is for revenue purposes only. It does not relieve the taxpayer from the responsibility of complying with the requirements of any other department of the City of Oakland and/or any other ordinance, law or regulation of the City of Oakland, State of California, or any other governmental agency.



EXPIRES
DECEMBER 31, 1995

PLEASE READ REVERSE SIDE

ACCOUNT NUMBER	788074
BUSINESS NAME	SEMCO
ADDRESS	1217 S 7TH STREET MODESTO CA 95351 - 0000
KIND OF BUSINESS	GENERAL BUILDING CONTRACTOR



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number: 449864 Corp

Business Name: JAMES C BATERAN PETROLEUM
SERVICES INC DBA SERCO

Classification: C61/D40 B A HAZ

Expiration Date: 12/31/95





Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: TERRY D. HAMILTON

License No.: 449864

Business Name: SEMCO * JAMES C. BATEMAN PETROLEUM SERVICES INC.

WITNESS my hand and official seal this
25 day of JULY, 1988

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

131-36 (1/88)

A1548

CONTRACTORS STATE LICENSE BOARD

Building Quality

ISSUED 12-15-83
CERTIFIED COPY

No. 449864

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Contractor's License

Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

SEMCO • JAMES C BATEMAN PETROLEUM SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

- C61 SERVICE STATION EQUIPMENT & MAINTENANCE
- B GENERAL BUILDING CONTRACTOR
- A GENERAL ENGINEERING CONTRACTOR

WITNESS my hand and sealed this
7TH day of AUGUST 1984.



J. K. Mabrey
Registrar of Contractors

Jerry Hamilton President
Signature of Licensee

Jerry Hamilton
Signature of person who qualified on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

KA KLEINFELDER

HEALTH SAFETY

To: <u>John Hugo</u>	From: <u>Curtis Payton</u>
Co./Dept: <u>ACDHS</u>	Co. <u>Kleinfelder</u>
Phone #: <u>567-6780</u>	Phone #: <u>484-1700</u>
Fax #: <u>337 9335</u>	Fax #: <u>484 5838</u>

Project Name: Owens - Well Installation; 3623 Adeline, Emeryville Project No.: 10-3002-39/001
 Project Manager: Curtis Payton Phone No. 510-484-1700 x208
 Site Safety Officer: Kristen Scheller - for mobile phone call: Phone No. 510-484-1700
 Prepared By: C. Payton *Curtis Payton* Date: 10/30/95 Reviewed By: G. Jett *G. Jett* Date: 10/31/95

Client Name: Owens Financial Group Contact: Scott Barde
 Client Address: 2221 Olympic Boulevard, Walnut Creek, CA 94596 Phone: 510-935-3840
 Job Location: 3623 Adeline Street, Emeryville, California

Site Contact: tenant: Jim Faas (under emergency circumstances only) Phone: 510-428-1500

Work Objectives

Install monitoring well/soil boring, development of well, collection of soil and groundwater samples.

Hospital/Clinic: Kaiser Hospital Phone No. (510) 596-7070
 Hospital Address: 280 W. MacArthur Boulevard -- emergency entrance on Howe Street
 →→→→ Refer to Attached Plate for Map to Hospital/Clinic ←←←←
 Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans: Stop work and evaluate situation. Shut down heavy equipment and stabilize victim(s). Notify health & safety officer and/or project manager. Apply first aid and/or seek medical attention as needed. Move injured personnel only if injuries permit. Call 911 for transport to hospital/clinic. Health & Safety Officer to notify Client and appropriate Kleinfelder personnel of situation.

15-Minute Eyewash _____ Fire Extinguisher Req'd First Aid Kit Req'd

Site Control Measures: _____
Keep doors closed to restrict access by public and tenants

Decontamination Procedures: Skin that comes into contact with chemicals or soil/water with suspected contaminants shall be washed immediately with soap and water. Hands and face shall be thoroughly washed prior to eating, smoking, or other hand to mouth contact.

KA KLEINFELDER

HEALTH SAFETY PLAN

Project Name: Owens - Well Installation; 3623 Adeline, Emeryville Project No.: 10-3002-39/001

Chemical Hazards

Chemical Name	Expected Concentration	Health Hazards
benzene	< 1 ppmv in air	CNS depressant; eye, skin & respiratory system irritant; bone marrow damage
toluene	<100 ppmv in air	CNS depressant; eye, skin & respiratory system irritant
ethylbenzene	<100 ppmv in air	CNS depressant; eye, skin & respiratory system irritant
xylenes	<100 ppmv in air	CNS depressant; eye, skin & respiratory system irritant

Physical Hazards

<input checked="" type="checkbox"/> Heat	<input checked="" type="checkbox"/> Slip, Trip, Fall	<input type="checkbox"/> Excavations / Trenches
<input type="checkbox"/> Cold	<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Moving Equipment
<input checked="" type="checkbox"/> Rain	<input checked="" type="checkbox"/> Underground Hazards	<input type="checkbox"/> Confined Space
<input checked="" type="checkbox"/> Fog	<input checked="" type="checkbox"/> Overhead Hazards	<input type="checkbox"/>
Other _____		

Personal Protective Equipment

R = Required A = As Needed

<input checked="" type="checkbox"/> R Hard Hat	<input checked="" type="checkbox"/> R Safety Eyewear (Type) <u>Disposable</u>
<input checked="" type="checkbox"/> R Safety Boots	<input type="checkbox"/> Respirator (Type) _____
<input checked="" type="checkbox"/> R Orange Vest	<input type="checkbox"/> Filter (Type) _____
<input checked="" type="checkbox"/> R Hearing Protection	<input checked="" type="checkbox"/> A Gloves (Type) <u>Nitrile or Latex</u>
<input type="checkbox"/> Tyvek Coveralls	<input type="checkbox"/> Other _____
<input type="checkbox"/> 5 Minute Escape Respirator	
(Note: This is a modified Level	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D)

Monitoring Equipment on Site

<input type="checkbox"/> Organic Vapor Analyzer (FID)	<input checked="" type="checkbox"/> PID with lamp of <u>10.6 eV</u> (in parts per million)
<input type="checkbox"/> Oxygen Meter	<input type="checkbox"/> Draeger Tube _____
<input type="checkbox"/> Combustable Gas Meter	<input type="checkbox"/> Passive Dosimeter
<input type="checkbox"/> H ₂ S Meter	<input type="checkbox"/> Air Sampling Pump
<input type="checkbox"/> W.B.G.T.	<input type="checkbox"/> Filter Media _____
Other: _____	

KA KLEINFELDER

HEALTH SAFETY PLAN

Project Name: Owens - Well Installation; 3623 Adeline, Emeryville Project No.: 10-3002-39/001

ONSITE SAFETY MEETING ATTENDEES

I have reviewed and understand the contents of this Health and Safety Plan.

Name / Title or Co. (print)	Signature	Date
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____

PERSONAL AIR MONITORING

Sample No. _____	Required? <input type="checkbox"/> no <input type="checkbox"/> yes/no	Sample No. _____
Name: _____		Name: _____
Date: _____		Date: _____
Time On: _____	Time off: _____	Time On: _____
Laboratory performing analysis: _____		Time off: _____