

Accutite Environmental Engineering

35 So. Linden Avenue, South San Francisco, CA 94080-6407

Tel: (415) 952-5551

Fax: (415) 952-7631

Tank Testico (4-15) 952-032

March 18, 1996

Site Specific Safety and Health Plan and Workplan The Edward Pike Company Precision Trucking School 444 Hegenberger Loop Oakland, CA 94612

**Background** 

Accutite Environmental Engineering has been contracted by Northwest Envirocom Inc. to excavate, remove, and dispose of one (1) 1,000 gallon underground steel waste oil tank, and one (1) 250 gallon underground concrete oil/water separator. Accutite will backfill up to ground level, and compact.

#### Tasks:

Permitting Alameda & Oakland

Permits will be obtained from the following agencies: Underground Services Alert (USA) (notification only) Alameda County Health Department (permit) City of Oakland Fire Department (permit)

#### Prior to Excavation

Underground Service Alert (USA) has been notified.

Accutite will make arrangements with Alameda County Environmental Health to be present at the tank removal.

Safety Measures

The area around the excavation site will be secured to keep on lookers a safe distance away. No Smoking Signs will be placed within the fenced area.

The emergency pump disconnect switch will be pressed, and also the power to the tank removal site will be switched off at the panel and taped in the off position.

All concrete/asphalt ground cover will be disposed of. If utilities are encountered, hand excavation will proceed until utility is properly marked and power excavation can proceed safely.

### Backfill

Excavation will be backfilled after completion of the job.

ACCUTITE PERSONI Project Manager: Foreman: Laborer/s: Equipment Operator: Engineer/s:	NEL:  Willie Green (designated Health & Safety Coordinator(HSC)
*Accutite personnel ha Response Class, as re	equired by OSHA 29 CFR 1910.120.
Safety Plan. The Hea	Coordinator will be on site during all work to verify adherence with the Site lth and Safety Coordinator will also coordinate all work with Local and ty Representative as needed.
Should any emergency	y arise, work shall be halted:
(1) The	City of Oakland Fire Prevention Bureau (510) 238-3851.
	fornia Regional Water Quality Control Board San Francisco Region (510) -1036.
	eda County Health Services Agency Department of Environmental Health ) 271-4320
Personnel required to chemical goggles, pro	work in the area of gasoline pooling will wear neoprene rubber gloves, tective clothing, chemical resistant safety boots and a cartridge respirator.
In the event of emerge	ency, personnel will be taken to the nearest hospital, in this case:
FAIRMONT HOSPITA 15400 FOOTHILL BL SAN LEANDRO, CA #(510) 667-7800 Dial 911 when injure	
Note: Information will	be listed on site.
If any of the following	exist, please list:
Physical Hazards:	
Chemical Hazards:Po	ssible exposure to the following chemicals: TPH-G with BTE&X, TPH-D. letals (Cd. Cr. Pb. Zn. Ni)



Level of Protection (A to D):	
Nearest Phone and Emergency Numbers: Fairmont Hospital 510-667-7	7800. 911



		SUGGESTIONS/RECOMMEND/	ATIONOTIEMANN	····	
BSITE FOREMA	AN/SUGGESTIO	NS/RECOMMENDATIONS/RE	MARKS:		
		<del></del>			



## OLYMPIAN/ACCUTITE ENVIRONMENTAL ENGINEERING INSPECTION CHECKLIST AND CORRECTION FORM

MONTHLY:	
WEEKLY:	
GENERAL AREA OR JOB SAFETY CLASS: TANK INSTALLATIONS, REMOVALS, OVER EXCAVATIONS & DRILLING	
DATE PREPARED PREPARED BY:	
on a trainit of the trainit into trade	HECKED NITIAL)
1. CAL/OSHA PERMIT ON SITE (IF REQUIRED)	
2. U.G. UTILITIES MARKED BY U.S.A.	
3. Excavation Barricaded	
4. Spoils piles 2 feet or more from edge	
5. EMPLOYEES WEARING PROPER PROTECTION	
5a. Hard Hats	
5B. SAFETY SHOES	<u> </u>
5c. Respirators available	
6. FIRE EXTINGUISHERS WITHIN 75 FEET OF EXCAVATION	
7. FIRST AID KITS ON SITE	
8. ALL VEHICLES, EQUIPMENT, AND POWER TOOLS IN SAFE OPERATING ORDER	
9. POTABLE WATER AVAILABLE	
10. EMERGENCY MEDICAL SERVICES AVAILABLE	<u>  —</u>
CORRECTIVE ACTION NEEDED/TAKEN:	
	·
Is Equipment Locked Out due to imminent hazard?	
13 EGGIPMENT LOCKED GOT DOE TO IMMINENT PAZARDT	
Person responsible for correction:	·
COPY PROVIDED:	
(DATE) (TIME)	
CORRECTED:	
REVIEWED BY: DATE:	<u>-</u>





## ACORD。 CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/28/1995

#### PRODUCER

Andreini & Company 220 W 20th Ave. San Mateo, CA 94403 (415) 573-1111

KSURED

ACCUTITE ENVIRONMENTAL

35 SO. LINDEN AVE. SOUTH SAN FRANCISCO, CA. 94080

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	AEEODDING	
CILIMPANICO	AFFURDING.	LIJVERALSE

CALIFORNIA INDEMNITY INS. CO. LETTER

COMPANY B LETTER

COMPANY C LETTER

COMPANY D LETTER

COMPANY E LETTER

### 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	POUCY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPRATION DATE (MM/00/YY)	LM	пъ
(	GENERAL LIABILITY				GENERAL AGGREGATE	\$
3	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OF AGG.	\$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY	\$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	S
					MED, EXPENSE (Any one perso	on) \$
A	UTOMOBILE LIABILITY				COMBINED SINGLE	\$
i	ANY AUTO ALL OWNED AUTOS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BOOILY INJURY (Per person)	s
	SCHEDULED AUTOS				trer persony	
	HIRED AUTOS				BOOLY NURY	1.5
	NON-OWNED AUTOS				(Per accident)	
ļ	GARAGE LIABILITY				PROPERTY DAMAGE	\$
E	EXCESS LIABILITY	-			EACH OCCUPIPENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION			1424-1441-14414-1441-14414-1441	X STATUTORY LIMITS	
A	AND	NJ11292	01/01/96	01/01/97	EACH ACCIDENT  DISEASE - POLICY LIMIT	s 1,000,000
	EMPLOYERS' LIABILITY		-, -, -, -, -		DISEASE - POLICY LIMIT	\$ 1,000,000
	ENISTONES, ENSISTIT				DISEASE - EACH EMPLOYEE	: 1,000,000
(	OTHER		<u></u>			
			-			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## 30 DAYS CANCELLATION EXCEPT WITH RESPECT TO NON-PAY, WHICH IS 10 DAYS

CERTIFICATE HOLDER

CANCELLATION

COUNTY OF ALAMEDA BLDG INSPECTION DEPT. 359 ELMHURST ST., ROOM 141 AUTHORIZED REPRESENTAT

ACORD 25-S (7/90)

HAYWARD CA 94544

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.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE

**OACORD CORPORATION 1990** 

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ISSUE DATE (MM/DD/YY)

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OU		

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### COMPANIES AFFORDING COVERAGE

COMPANY CALIFORNIA INDEMNITY INS. CO. LETTER

COMPANY B LETTER

COMPANY C LETTER

COMPANY D LETTER

COMPANY E LETTER

INSURED

ACCUTITE ENVIRONMENTAL

35 SO. LINDEN AVE. SOUTH SAN FRANCISCO, CA. 94080

#### COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MANDD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LMITS	
	GENERAL LIABRITY				GENERAL AGGREGATE	:\$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY	\$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
					FRE DAMAGE (Any one fire)	\$
		,++,- <del>-</del>			MED. EXPENSE (Any one perso	n) \$
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS				BOOILY INJURY	•
,	NON-OWNED AUTOS GARAGE LIABILITY				(Per accident)	
	•••••			<u></u>	PROPERTY DAMAGE	\$
1	EXCESS LIABILITY				EACH OCCURRENCE	\$
1	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM	************************				
	WORKER'S COMPENSATION	NJ11292		01/01/97	X STATUTORY LIMITS	
A	AND		01/01/96		EACH ACCIDENT	<b>\$ 1,000,000</b>
	EMPLOYERS' LIABILITY				DISEASE - POLICY LIMIT	1,000,000
				***************************************	DISEASE - EACH EMPLOYEE	\$ 1,000,000
	other			:		
			•			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

#### 30 DAYS CANCELLATION EXCEPT WITH RESPECT TO NON-PAY, WHICH IS 10 DAYS

CERTIFICATE HOLDER

ACORD 25-8 (7/90)

CANCELLATION

COUNTY OF ALAMEDA DEPT. OF ENVIRONMENTAL HEALTH 80 SWAN WAY, ROOM 22 ALTHORIZED REPRESENTATIV OAKLAND CA 94621

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.

**CACORD CORPORATION 1990** 

POST IN A CONSPICUOUS PLACE

# BUSINESS TAX CERTIFICATE



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. 1996

## PLEASE READ REVERSE SIDE

**ACCOUNT NUMBER** 

**BUSINESS NAME** 

434868 ACCUTITE ENVIRGINENTAL

**ADDRESS** 

35 SOUTH L'INDEN AVENUE

SO SAN FRANCISCO

KIND OF BUSINESS

GENERAL BUILDING CONTRACTOR