ENBRIDGE ENERGY
SITE SAFETY PLAN

LEAK LOCATION _____ SITE # (if more than one) _____ DATE _____

SITE MAP

(Identify Incident Location and Evacuation Routes)

(Identify on Env. Sensitivity map or other)

(Check Requirements for Each) (Identify Hot, Warm, & Cold Zone Boundaries)

Hot Zone Requirements

- Min. 24 hrs training (I.D.) ☐
- Fire Retardant Clothing ☐
- Oil Resistant Clothing ☐
- Respiratory Protection;
  - S.C.B.A. ☐
  - Air Purifying Respirator ☐
- Proper PPE ☐

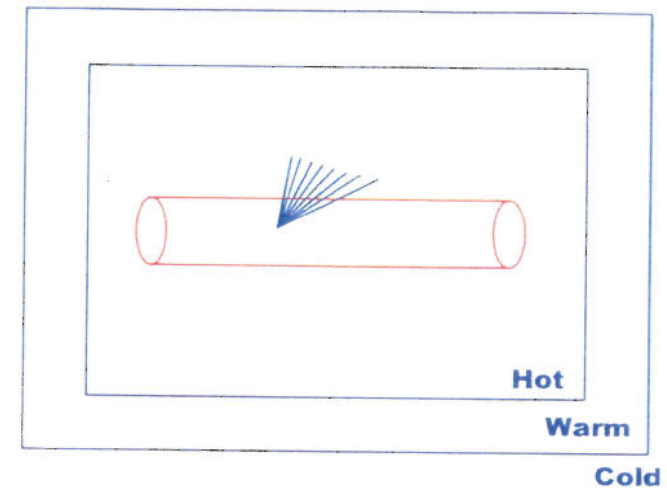
Other _____

Warm Zone Requirements

- Min. 8 hrs training (I.D.) ☐
- Fire Retardant Clothing ☐
- Oil Resistant Clothing ☐
- Respiratory Protection;
  - S.C.B.A. ☐
  - Air Purifying Respirator ☐
- Proper PPE ☐

Other _____

Insert distances, directions, or landmarks for each zone



Emergency Medical Facility

(Identify Route of Travel)

Phone#: _____

Address: _____

Contact Person(if any) _____

(Post City, County or Env Sensitivity map and show Route)

	Yes	No
Emergency Response Directory on Site?	☐	☐
(Review Notification of Government Agencies pages)		
(Review Notification Chart Page)		
(Review Reporting Procedures pages)		
(Review Safety Equipment/Leak List Procedures)		
Material Safety Data Sheets (MSDS) Available?	☐	☐
(Review Emergency Response Directory pages)		
(Locate Sheets from Suppliers)		
Emergency Evacuation Routes & Means of Communication Established?	☐	☐
Risk Assesment of Site Conducted?	☐	☐
Book 7 Emergency Response Plan on Site?	☐	☐
Environmental Sensitivity Maps Available?	☐	☐
Book 2 Safety on Site?	☐	☐
Book 3 Pipeline Facilities on Site?	☐	☐

Monitoring Log Checklist

(Circle one or Both)

A. Continuous B. Periodic

1. Date/Time/Temp/Location/Wind Direction
2. Name of person/s conducting test
3. Type of instrument/s used
4. Calibration dates, persons name
5. Types of hazards to be testing or sampling
6. Record conditions and/or instrument reading
7. Other conditions as appropriate

(Keep a copy of daily log)

NOTE: ENSURE WINDSOCK IS DEPLOYED

Date: _____ Time: _____

(Please write down name/s)

_____

Name of Incident Commander

_____

Name of Siote Supervisor

_____

Name of Site Safety Person/s

Name of Contractor/s at Site	Number of Employees at site	Initial Briefing Yes	Initial Briefing No

Update is required at shift or personnel changes

Revised sheets should be kept at Command Post for reference and retention

Revised 11-25-03