



ALAMEDA COUNTY PUBLIC WORKS AGENCY  
 Water Resources Section, Attn: James Yoo  
 399 Elmhurst Street, Hayward, CA 94544-1307  
 Phone: (510) 670-6633 Fax: (510) 782-1939  
 General Info: [www.acgov.org/pwa/wells](http://www.acgov.org/pwa/wells) or email at wells@acpwa.org

## SITE HAZARD INFORMATION

Please provide the following information for the site:

Owner's Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Consultant On Site: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Site Safety Officer: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**Anticipated Hazardous Substances – (Attach Additional Sheets if Necessary)**

(Please include concentrations below. Note if free product historically on site.)

Name	Expected Concentrations (ppm) (List medium – i.e., soil, water, air)	PEL (ppm)	Health Effects
<input type="checkbox"/> Gasoline	_____	_____	_____
<input type="checkbox"/> Diesel	_____	_____	_____
<input type="checkbox"/> Waste Oil	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**District Use Only**

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Checked Against Reported Contaminants

Permit No.: \_\_\_\_\_

Site Safety Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Level of Personal Protection Equipment**       A       B       C       D

**Personal Protective Equipment:**

R = Required    A = As Needed (with description of action concentrations)

- |  |                          |                     |                          |                          |                          |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |
|--|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------|--|
| <table style="width: 100%;"> <tr> <td style="width: 5%;">R</td> <td style="width: 5%;">A</td> <td style="width: 40%;">Hard Hat</td> <td style="width: 5%;">R</td> <td style="width: 5%;">A</td> <td style="width: 40%;">Clothing (Type): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Safety Shoes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Respirator (Type): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Orange Traffic Vest</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cartridge (Type): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hearing Protection</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gloves (Type): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Safety Eyewear</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> </table> | R                        | A                   | Hard Hat                 | R                        | A                        | Clothing (Type): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Safety Shoes | <input type="checkbox"/> | <input type="checkbox"/> | Respirator (Type): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Orange Traffic Vest | <input type="checkbox"/> | <input type="checkbox"/> | Cartridge (Type): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | Gloves (Type): _____ | <input type="checkbox"/> | <input type="checkbox"/> | Safety Eyewear | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |  |
| R  | A                        | Hard Hat            | R                        | A                        | Clothing (Type): _____   |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Safety Shoes        | <input type="checkbox"/> | <input type="checkbox"/> | Respirator (Type): _____ |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Orange Traffic Vest | <input type="checkbox"/> | <input type="checkbox"/> | Cartridge (Type): _____  |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Hearing Protection  | <input type="checkbox"/> | <input type="checkbox"/> | Gloves (Type): _____     |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Safety Eyewear      | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____             |                        |                          |                          |              |                          |                          |                          |                          |                          |                     |                          |                          |                         |                          |                          |                    |                          |                          |                      |                          |                          |                |                          |                          |              |  |

Site Hazard Information Provided By: \_\_\_\_\_ Print      Phone: \_\_\_\_\_

\_\_\_\_\_  
 Company Name & Title      Signature      Date: \_\_\_\_\_