



**SAN JOAQUIN COUNTY**  
**ENVIRONMENTAL HEALTH DEPARTMENT**  
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Preliminary Site Assessment Work Plan Checklist

<b>SITE LOCATION:</b>	<b>APN:</b>	<b>PR #:</b>
		<b>REPORT DATE:</b>

S = Sufficient  
 I = Insufficient

**California Health and Safety Code Section 25400.36**

- | <b>S</b>                 | <b>I</b>                 |  | <b>1.0 INTRODUCTION &amp; DESCRIPTION OF PROPERTY</b>  |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> |  | 1.1 Description of physical location of property, including parcel vicinity location map and site map showing location of all items on property (i.e., structures, drives, wells, septic systems, large trees, pastures, pools, natural drainage courses, ponds, waterways, etc.)  |
|                          |                          |  | <b>2.0 CHEMICALS AND METHODS USED SUMMARY</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.0 Summary of information obtained from law enforcement, the EHD, and other sources.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.1 Discussion of duration of lab operation and number/amount of batches cooked/processed.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.2 Description of hazardous chemicals known to have been used at the site. Comparison of chemicals on manifest to those used in the site cooking method to ID all potential chemicals.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.4 Description of the chemicals and equipment used and their locations on the property.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.5 Description of the location of the cooking areas and chemical storage areas.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.6 Description of the visual assessment of the severity of contamination (inside and outside structures).   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.7 Description of all areas suspected of contamination, including adjacent rooms, units, apartments, structures.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.8 Description of any disposal areas (dumping, burning, venting drain disposal, etc.) at or near the property.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 2.9 Determination if mercury or lead containing chemicals had been used at the site (lead acetate, mercuric chloride, mercuric nitrate, etc.).   |
|                          |                          |  | <b>3.0 SAMPLING AREAS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 3.1 Description of areas to be sampled, including the obvious primary sites and also secondary areas (migration/carry in from high traffic). A location map of sampling sites is recommended.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 3.2 Work plan addressed the following areas of potential concern: cooking areas; chemical storage areas; adjacent rooms; areas typically accessed for contact by occupants, particularly children; high traffic areas; ventilation systems and associated areas; hard/soft surfaces (walls, floors, ceilings, appliances); waste disposal areas (sinks, floor drains, bathtubs, showers, toilets; septic systems; soil staining areas; drainage areas. |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 3.3 Justification provided for areas to be sampled, including areas to be sampled after a proposed remediation.  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 3.4 Description and justification for areas not being sampled, including those areas proposed for complete removal.  |
|                          |                          |  | <b>4.0 SAMPLING PROTOCOLS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 4.1 Description of the sampling protocols to be used, including types and methods of sampling, equipment to be used, analytical methods and laboratory to be used.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 4.2 Description of the number of each sample type to be collected. All sampling methods must be consistent so the results are consistent and comparable.   |
|                          |                          |  | <b>5.0 REMEDIATION AREAS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 5.1 Description of areas to be remediated in lieu of sampling.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 5.2 Description of the specific remediation or removal method to be used for <b>each</b> area.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 5.3 Description of how removed materials will be handled, stored, hauled and disposed.   |
|                          |                          |  | <b>6.0 WORK PLAN SIGNATURE</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 6.1 Work plan included the notarized signatures of the authorized contractor and a certified industrial hygienist.   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 6.2 The remediation firm will utilize staff with the appropriate CCR Title 8 training for the performance of the work.   |

Reviewed By: \_\_\_\_\_, REHS

Reviewed Date: \_\_\_\_\_

