Print Form

COMMUNITY CAPABILITY ASSESSMENT

PHASE 2 QUESTIONNAIRE

Date of Review:

Facilitator: **Phone Number:**

Mailing Address:

E-mail Address: **FAX Number:**

SUBMITTER INFORMATION

Contact Name & Title: Phone Number:

Organization Name:

Mailing Address:

Questionnaire Completed by:

HAZARDOUS MATERIAL RESPONSE TEAM

Note: To be completed by the Oregon State Regional Hazmat Team that would respond if requested by the community.

A. RESPONSE PLANNING

1. Has the team identified facilities within the agency's jurisdiction that have the potential for hazmat releases? (1) ☐Y ☐N ☐NA

Documented Where?

Discussion Notes:

2. Does the team have a hazardous materials contingency plan?: (2, 4) ☐Y ☐N ☐NA

   If yes, what is the title:

   If yes, does the plan include:

   a. Emergency contact names/titles and phone numbers? ☐Y ☐N ☐NA
   b. Procedures for activating resources at multiple levels? ☐Y ☐N ☐NA
   c. Emergency notification procedures for:

(1) Public? ☐Y ☐N ☐NA
(2) County Resources? ☐Y ☐N ☐NA
(3) State Resources? ☐Y ☐N ☐NA
(4) Adjoining Jurisdictions? ☐Y ☐N ☐NA

(5) Other (specify):

Documented where?

Discussion Notes:

3. Does the plan include a resource list(s) of emergency equipment available from other agencies or organizations? (6) ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

4. Has the plan been compared with other hazmat contingency plans? (2) ☐Y ☐N ☐NA
   a. If yes, are there any discrepancies that have not been addressed?: ☐Y ☐N ☐NA

   Specify:

Documented where?

Discussion Notes:

5. Has the team conducted hazmat exercises with any of the additional resources listed below? ☐Y ☐N ☐NA

   If yes specify: (8, 9)

   a. Hospitals (specify): ☐Y ☐N ☐NA
   b. State Hazmat Teams (specify): ☐Y ☐N ☐NA
   c. Federal Agencies (specify): ☐Y ☐N ☐NA
   d. State Agencies (specify): ☐Y ☐N ☐NA

e. Public Works (specify): ☐Y ☐N ☐NA

f. Emergency Medical (specify): ☐Y ☐N ☐NA

g. Rail Roads (specify): ☐Y ☐N ☐NA

h. Schools (specify): ☐Y ☐N ☐NA

i. Law Enforcement (specify): ☐Y ☐N ☐NA

j. Emergency Management (specify): ☐Y ☐N ☐NA

k. Industry (specify): ☐Y ☐N ☐NA

l. Emergency Dispatch (specify): ☐Y ☐N ☐NA

m. Fire Service (specify): ☐Y ☐N ☐NA

n. Elected Officials (specify): ☐Y ☐N ☐NA

o. Transportation (specify): ☐Y ☐N ☐NA

p. Utilities (specify): ☐Y ☐N ☐NA

q. Other (specify): ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

6. How many Hazardous Materials Technicians does the team have? (6, 8)

   a. Are there members trained to other levels on your team? ☐Y ☐N ☐NA

   b. If yes, to what level of training? ☐ Specialist ☐ Hazmat On-scene Incident Commander ☐ Other (specify):

Documented where?

7. Does the team train for hazmat emergencies with other organizations? ☐Y ☐N ☐NA (8, 9)

   a. If yes, specify:

Documented where?

Discussion Notes:

8. Has the team identified resources that are available upon request during a hazmat incident? (6) ☐Y ☐N ☐NA

a. If yes, has pre-planning been done with other jurisdictions or organizations that may be requesting resources from your agency? ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

B. COMMUNICATION AND DECISION MAKING

9. What communication devices are available during a hazmat incident? (6)

☐ Telephone ☐ Cell Phone ☐ VHF Radio ☐ UHF Radio ☐ Amateur Radio

☐ Computer ☐ FAX ☐ Other:

10. Has the team determined if communication devices are compatible with other responding organizations? (4, 6) ☐Y ☐N ☐NA

Documented where?

11. Is the team's Incident Command System compliant with current NIMS requirements? (8) ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

C. PROTECTIVE ACTIONS (EVACUATIONS / SHELTER IN PLACE / DECONTAMINATION)

12. Does the agency's plan include protocols, policies or procedures for responding to requests for evacuation? (2, 3, 4, 7) ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

D. MUTUAL AID, CONTRACTS, AND MEMORANDUM OF UNDERSTANDING

13. Does the team have mutual aid agreements with other agencies regarding hazmat incidents? (2, 3, 4, 6, 8, 9) ☐Y ☐N ☐NA

    a. Are mutual aid agreements current and signed by all responsible parties? ☐Y ☐N ☐NA

Documented where?

    b. Are written procedures in place for the activation of hazmat mutual aid agreements? ☐Y ☐N ☐NA

Documented where?

    c. Is there a list of resources available through hazmat mutual aid agreements? ☐Y ☐N ☐NA

Documented where?

    d. Do any parties to the hazmat mutual aid agreements train together? ☐Y ☐N ☐NA

    e. Do any parties to the hazmat mutual aid agreements exercise together? ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

14. Does the team have any contracts or memorandums of understanding with any other organizations to provide services during a response to a hazmat incident? (2, 4, 6, 8, 9) ☐Y ☐N ☐NA

    a. Are these agreements current and signed by all responsible parties? ☐Y ☐N ☐NA

Documented where?

    b. Are written procedures in place for the activation of these agreements? ☐Y ☐N ☐NA

Documented where?

    c. Is there a list of resources available through these contracts or MOU's? ☐Y ☐N ☐NA

Documented where?

    d. Do all parties to these agreements train together? ☐Y ☐N ☐NA

    e. Do all parties to these agreements exercise together? ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

E. ENVIRONMENTAL

15. Does the plan include list(s) of clean-up contractors with 24/7 contact phone numbers? (2, 4, 6) ☐Y ☐N ☐NA

Documented where?

Discussion Notes:

F. ADDITIONAL REQUIREMENTS

16. Does the team respond to, or assist with drug labs? (2) ☐Y ☐N ☐NA

    If yes, specify?

17. Does the team have specific expectations of other jurisdictions or organizations that have not been addressed in this document? ☐Y ☐N ☐NA

If yes, specify?