

**OFFICE OF STATE FIRE MARSHAL  
HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAMS  
STANDARD OPERATING GUIDELINE**

<b>SUBJECT:</b>	Incident Documentation/Cost Recovery	<b>Number: T-017</b>
<b>OBJECTIVE:</b>	Establishes format and guidelines for reports that document response operations and cost recovery information for Hazardous Materials incidents.	<b>OSFM Approved:</b> <u>Signature on file at OSFM</u>  <u>Robert T. Panuccio</u> <u>State Fire Marshal</u> <b>Adoption Date:</b> March 31, 2006 <b>Revision Dates:</b>

**I. SCOPE**

This guideline is to provide teams with a uniform method of providing accurate and complete reporting of hazardous materials emergency response activities for the purposes of incident documentation and cost recovery.

**II. GENERAL**

The Group Supervisor is responsible for verifying that accurate incident documentation is completed and submitted to the State Fire Marshal's Office.

A State Regional Team Incident number must be obtained from the OSFM the next business day. Information will need to be provided at that time, including 1) Team number; 2) Date of response; 3) County of Response; 4) Location of response; 5) Responsible party; 6) Type of response and 7) Estimated team costs.

**III. PROCEDURE**

A. Incident Documentation

1. State Fire Marshal's Office "Operation Packet For Handling Hazardous Materials Incidents." (This is the multiple page color coded form.)

This packet is designed to be used by the Hazmat Group Supervisor (Team Leader) and other hazmat unit leaders during the mitigation of a hazmat incident.

The separate sections of the packet are to be completed by the individual unit leaders and turned into the Group Supervisor.

Note: If a specific responsibility is not assigned, the Group Supervisor is responsible for seeing that functions and documentation is carried out.

<u>Sections</u>	<u>Packet Color</u>
a. Group Supervisor Position Responsibility Worksheet Incident Briefing Worksheet Team Action Plan Worksheet Site Diagram Incident Termination Worksheet Incident Debriefing Worksheet Post-Incident Critique Unit Log	White
b. Hazmat Resource Position Responsibility Worksheet Product Information Worksheet Call down Check Sheet Responsible Party Information List of equipment/supplies by Resource Unit Log	Goldenrod
c. Hazmat Safety Officer Position Responsibility check sheet List of equipment/supplies used by Safety Unit Log	Green
d. Hazmat Medical Position Responsibility check sheet Site Safety and Health Plan Exposure Record Worksheets List of equipment/supplies used by Medical Unit Log	Pink
. Entry Position Responsibility check sheet List of equipment/supplies used by Entry Description of Hot Zone Activities	Canary

- f. Decon Tan  
Position Responsibility check sheet  
List of equipment/supplies used by Decon
  
- g. Liaison Blue  
Worksheet  
Unit Log

2. Oregon State Fire Marshal "Hazardous Materials Emergency Incident Report" (OSFM Goldenrod form # 814-440-170).

This form provides information for the Hazardous Substance Information System. Form should be completed for all levels of regional team response. The incident number assigned by the Teams Program Coordinator is placed in the box in the upper left hand corner of the form. In the box in the right hand corner place team number and indicate whether it is a state authorized response, or a local response. This form is to be forwarded to OSFM within 10 days to insure inclusion in statewide quarterly reporting.

3. Instructions for completing the Invoice (Cover letter), Billing Status Form, and Incident Expenditure Report"  
(See Attachment 1)

Regional Hazardous Materials Emergency Response team billings must include the following:

- a. Invoice (Cover letter) on department letterhead.

The "Cover letter" or "Invoice" from your agency to OSFM is your request for reimbursement for your local costs only. This is used to obtain approval to pay you. The invoice must only list your local costs, and not include any state costs. It must also be printed on letterhead of the local department to whom payment will be made.

b. Billing Status Form

The Office of State Fire Marshal bills for the use of state owned equipment anytime it is used for hazmat response. A Billing Status Form must be completed for every response. The form identifies whether the response is state authorized, or a local response. Any request to waive billing of the responsible party must be included on this form.

c. Incident Expenditure Report

The "Incident Expenditure Report" is a worksheet to ensure that all costs for the incident will be billed to the responsible party. List all costs for the response in the appropriate sections, regardless of whether they are local, or state expenses. The two separate columns on the worksheet ("State" and "Team") allow for separation of local costs from state costs. This documentation supports your invoice to OSFM, as well as supporting the state's billing to the responsible party. Attach original receipts for materials, supplies, meals, etc. that were purchased by the team during the response.

Provide costs for your local resources only, on the worksheet. You may then total the "team" columns, transfer the totals to the "Summary of Response Costs" page, for use in drafting your cover letter to us. The "state" column and incident "totals" columns will be completed by the State Fire Marshal's Office.

# ATTACHMENT 1

## SAMPLE COVER LETTER

(DATE)

Susan Otjen  
Teams Program Manager  
Office of State Fire Marshal  
4760 Portland Road N.E.  
Salem, Oregon 97305

Subject: INVOICE  
Incident No. HM##-###-##

The following is a Statement of charges for the HazMat incident on (Date) located at (Location) in or near (City, State, Zip).

1. Personnel Costs	\$	.00
2. Callback Personnel Costs		.00
3. Vehicles/Apparatus Costs		.00
4. Equipment Costs		.00
5. Materials Costs		.00
6. Communications Costs		.00
7. Other Costs		<u>.00</u>
Sub-total	\$	.00
8. Administrative Costs		<u>.00</u>
Total Costs	\$	<u><u>.00</u></u>

Please make payment to:

(Name of Department to whom payment will be made)  
(Street or Mailing Address)  
(City, State and Zip)



Reviewed By: \_\_\_\_\_ Approved Y Denied Y

**OFFICE OF STATE FIRE MARSHAL  
REGIONAL & LIMITED HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAM  
INCIDENT EXPENDITURE REPORT**

<b>TEAM:</b> _____	<b>TEAM #</b> _____	<b>OSFM INC # HM</b> _____
<b>COMPLETED BY:</b> _____		<b>INCIDENT DATE</b> _____

<b>TEAM LEADER:</b> _____		
<b>INCIDENT ADDRESS:</b> _____		
_____		
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____
<b>COUNTY:</b> _____		

<b>RESPONSIBLE PARTY:</b> <u>  </u> <b>KNOWN</b> <u>  </u> <b>UNKNOWN</b>
---

<b>PRIMARY RESPONSIBLE PARTY</b> _____		
CONTACT NAME _____		
TITLE _____		
MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____	MSG # (____) _____	
<b>INSURANCE COMPANY</b> _____		
INSURANCE AGENT _____		
INSURANCE ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____	MSG # (____) _____	
COMMENTS _____		
_____		
_____		

<b>SECONDARY RESPONSIBLE PARTY</b> _____		
CONTACT NAME _____		
TITLE _____		
MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____	MSG # (____) _____	
<b>INSURANCE COMPANY</b> _____		
INSURANCE AGENT _____		
INSURANCE ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____	MSG # (____) _____	
COMMENTS _____		
_____		
_____		

## INCIDENT RESPONSE COSTS

### 1. TEAM PERSONNEL COSTS

Name / Title	Hrs	Rate	State Cost	Team Cost	Total
			XXXXXXXX		
<b>1. TOTALS</b>			XXXX XXX		

### 2. LOCAL CALLBACK PERSONNEL COSTS

Name / Title	Hrs	Rate	State Cost	Team Cost	Total
			XXXXXXXX		
<b>2. TOTALS</b>			XXXX XXX		

**3. VEHICLE & APPARATUS COSTS**

Vehicle / Apparatus Type	Hrs	Rate	State Cost	Team Cost	Total
STATE HAZMAT VEHICLE				XXXXXX	
<b>3. TOTALS</b>					

**4. EQUIPMENT COSTS**

Item	Qty	or Hrs	Rate	State	Team	Total
<b>4. TOTALS</b>						





**SUMMARY OF RESPONSE COSTS  
(OSFM USE ONLY)**

OSFM INCIDENT # HM  
 VENDOR NUMBER \_\_\_\_\_  
 (Assigned by Exec Accounting)

	<u>TEAM COSTS</u>	<u>STATE COSTS</u>	<u>TOTAL COSTS</u>
1. TEAM PERSONNEL COSTS	\$ _____	(none)	\$ _____
2. CALLBACK PERSONNEL COSTS	_____	(none)	_____
3. VEHICLES/APPARATUS COSTS	_____	\$ _____	_____
4. EQUIPMENT COSTS	_____	_____	_____
5. MATERIALS COSTS	_____	_____	_____
6. COMMUNICATIONS COSTS	_____	_____	_____
7. OTHER COSTS	_____	_____	_____
SUBTOTALS (Totals of 1-7 above)	\$ _____	\$ _____	\$ _____
8. ADMINISTRATIVE COSTS	_____	_____	_____
9. TEAM REQUESTED BACKUP	_____	_____	_____
TOTAL RESPONSE COSTS	\$ _____ (Team)	\$ _____ (State)	\$ _____ (Total)

**Oregon State Fire Marshal**  
**Operations Packet**  
**For**  
**Handling Hazardous Materials Incidents**

This packet contains the position check sheets, worksheets, and information sheet designed to guide and coordinate the teams operational functions at a Hazardous Materials Incident.

**Positions:**

<u>Group Supervisor</u>	<u>White</u>
<u>Resource</u>	<u>Goldenrod</u>
<u>Safety</u>	<u>Green</u>
<u>Medical</u>	<u>Pink</u>
<u>Entry</u>	<u>Canary</u>
<u>Decon</u>	<u>Tan</u>
<u>Liaison</u>	<u>Blue</u>

**Other Related Forms: (padded)**

<b>Product Information Worksheet</b>	<b>Goldenrod</b>
<b>Exposure Record Worksheet</b>	<b>Pink</b>
<b>HazMat Team Log</b>	<b>Varies</b>

**Reports:**

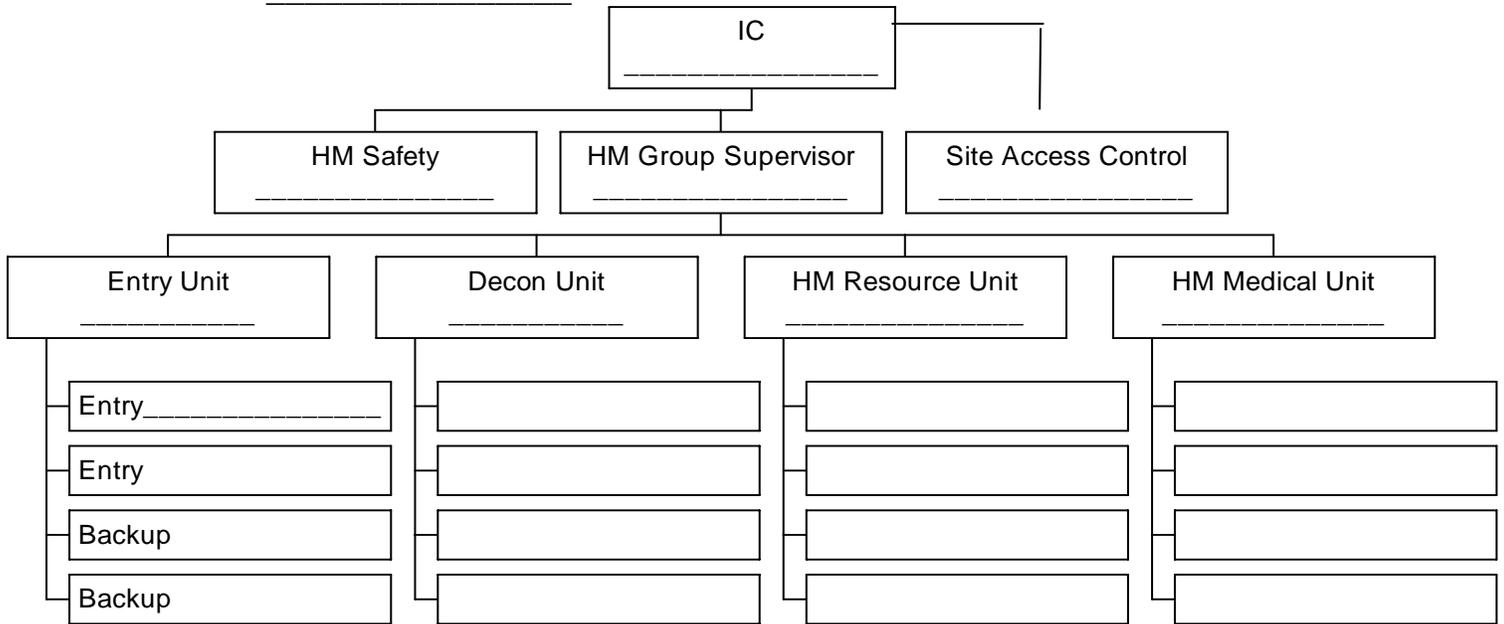
Incident Exposure Report (RICF0017)  
SFMO HazMat Emergency Incident Report (814-440-170)  
Incident Invoice

# Group Supervisor

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

Location: \_\_\_\_\_

Incident: \_\_\_\_\_



Times or Check	Position Responsibilities	Notes
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<p style="text-align: center;"><b>Contact IC for approach direction</b></p> Report to IC. Identify all known information Don Group Supervisor Vest Secure radio and frequency Staff team positions Initial team assignments Off-site recon Leader meeting (Team Action Plan Wksht.) _____ Synchronize watches Collect/Analyze new information Discuss Team Action Plan Worksheet Team Briefing	

_____	_____ Present team Action Plan Wksht.	
_____	_____ Answer any questions	
_____	Initiate Action Plan	
_____	Coordinates/disseminate new information	
_____	Monitor all communications, direct, modify operations	
_____	Incident termination worksheet	
_____	Incident debriefing worksheet	
_____	Reports	

**Group Supervisor**

## Incident Briefing Worksheet

Incident: \_\_\_\_\_

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

**Initial Approach:** (upwind, uphill)

**Incident Type:**

**Product Type:**

**% Concentration:**

**Form of Material:** (solid, liquid, gas)

**Type of Release:**

**Quantity of Product:** (size of container)

**Rate of Release:**

**Available Papers:** (MSDS, shipping, preplan, etc.) Yes  No

**Person experienced with product, equipment, and/or facility available:**

Yes  No  Tech Advisor, Chemist, Industry Response Teams, Medical, etc.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Actions taken by First Responders:** (zones, evacuations, control, notifications, units on scene, etc.)

**Incident Briefing Wksht**

Team Action Plan Worksheet  
(Site Safety/Mitigation Plan)

**Site Access Control: (Maintain Evacuation Lines)**

\_\_\_\_\_

Hot Zone: \_\_\_\_\_ Cold Zone: \_\_\_\_\_  
Evacuation: \_\_\_\_\_ Distance \_\_\_\_\_ Distance \_\_\_\_\_ Distance \_\_\_\_\_

Level of PPE, Entry and Backup: \_\_\_\_\_ Decon \_\_\_\_\_  
Decon Corridor Design \_\_\_\_\_

No. of Entry Personnel: \_\_\_\_\_ No of Backup Personnel: \_\_\_\_\_

People Concerns: \_\_\_\_\_

Environmental Concerns: \_\_\_\_\_

Property Concerns: \_\_\_\_\_

**If no action taken, what are the consequences?**

**Mitigation Objectives:** (Recon, Rescue, Evacuation, Containment, Control)

**Safety Objectives:** (Buddy System, lightning, trip/fall, strains, temp, allowable time in hot zone)

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

**Type and Frequency of Air Monitoring:**

**Resources Needed:** (Fire protection backup, foam, sand, personnel, etc.)

**Emergency Signals:**

**HazMat Radio Frequencies:**

Group Sup. \_\_\_\_\_ Safety \_\_\_\_\_ Entry \_\_\_\_\_ Decon \_\_\_\_\_

User	System	Channel/Frequency
<b>Incident</b>		
HazMat Group Sup		
Fire		
<b>Police</b>		
EMS		

**Team Action Plan Worksheet**

*Group Supervisor Log*

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

Page \_\_\_\_\_ of \_\_\_\_\_

Location: \_\_\_\_\_

Incident: \_\_\_\_\_

Time	Activity





- \_\_\_\_\_ Ensure that contaminated tools, equipment, and disposables are properly over packed, bagged/segregated, marked, or adequately deconed
- \_\_\_\_\_ Develop plan to identify agencies' continued responsibilities
- \_\_\_\_\_ **Verify which agency will maintain control after HMRT departs**
- \_\_\_\_\_ Site Access control
- \_\_\_\_\_ Disposal disposition and clean-up
- \_\_\_\_\_ Spill Release form
- \_\_\_\_\_ Traffic control
- \_\_\_\_\_ Contact Persons
- \_\_\_\_\_ Other
- \_\_\_\_\_ Return apparatus and equipment to response status
- \_\_\_\_\_ Units turn in reports to HM Group Supervisor

**Incident Termination Wksht**

*Hazardous Materials Spill Release Report*

**This report is printed on 3-part NCR (No Carbon Required) paper, and could not be inserted into this report packet. The spill release report is provided separately.**

OBTAIN 3-PART NCR FORM PROVIDED SEPARATE FROM THIS PACKET  
 COMPLETE REQUESTED INFORMATION  
 DISTRIBUTE COPIES AS FOLLOWS:

ORIGINAL - Distribute to the Responsible Party  
 COPY 1 - Include with this report to State Fire Marshal

COPY 2 - Retained by Team

## Incident Debriefing Worksheet (Name) \_\_\_\_\_

Times Or Check	Position Responsibilities	Notes
_____	Hazardous materials involved in the incident.	
_____	Were any personnel known to be exposed: (If yes, enter on personal Exposure Records Worksheet.)	
_____	What are the accompanying signs and symptoms of exposure to materials? (Is critical incident stress an issue with this incident?)	
_____	Clearly mark equipment and apparatus unfit for service.	Equipment status: To be disposed of:
_____	Damage equipment	
_____	Delegate responsibility for handling contaminated garments.	
_____	Unsafe conditions existing, which require immediate attention, isolation, and further evaluation?	Needs further decon:
_____	Responsible person to gather additional information for the post-incident analysis and critique?	Needs re-testing:
_____	Summarize the activities of each operational section, and identify any areas requiring follow-up.	
_____	Reinforce the positive aspects of the response and what went well.	

**Post-Incident Critique** (Name) \_\_\_\_\_

<b>Times or Check</b>	<b>Position Responsibilities</b>	<b>Notes</b>
_____	What were the significant events that took place in this incident?	
_____	What could have been done differently to improve the overall response to this incident?	
_____	What changes in teamwork would have improved the overall response to this incident?	
_____	What changes in planning would have improved the overall response to this incident?	
_____	What changes in information sharing between agencies would have improved the overall response to this incident?	
_____	What changes in SOG's would have improved the overall response to this incident?	
_____	What additional training is required to improve response to this type of incident in the future?	

**Post Incident Critique**

**HM Resource (Name)** \_\_\_\_\_

Times or Check	Position Responsibilities	Notes
_____	Receive initial assignment	Radio Frequency: _____
_____	Distribute Position Checklists	Group Supv. _____
_____	_____Vests	Weather Information:
_____	_____Radios and frequency	_____ Weather Forecast
_____	_____Set weather pack	_____ Temperature
		_____ Wind direction
		_____ Wind speed
		_____ Humidity
_____	Don vest	Present weather conditions:
_____	With HM Group Supervisor, ID all known information	_____
		(fair, rain, fog, snow, ice, other)
_____	Leader meeting	Projected weather changes:
_____	Most probable level of PPE	_____
	_____Entry and Back-up	_____
	_____Decon	
_____	Research product (complete Product ID Worksheet)	Special instructions issued:
_____	Call Down Checklist	
	_____Resources/Notifications	
	(see Call Down Checklist)	
_____	Team Briefing	Special instructions received:
	_____Research findings	
	_____Verify PPE	
	_____Entry and Backup	
	_____Decon	
_____	Critical information to Medical	
_____	Research all new information	Resources needed:

- \_\_\_\_\_ Incident Status Report to SFMO
- \_\_\_\_\_ Use Incident Status Form
- \_\_\_\_\_ Document times and functions per radio communications
- \_\_\_\_\_ Instructions from DEQ for Decon waste water
- \_\_\_\_\_ Gather responsible party information (Cost Recovery)
- \_\_\_\_\_ Debriefing/Reports

List equipment/supplies used:

HazMat Team Call Down Checklist

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Incident: \_\_\_\_\_

**Call on All Responses:** (record time in space provided)

- \_\_\_\_\_ **OERS** ..... 1-800-452-0311
- Local ..... (503) 378-6311
- \_\_\_\_\_ **Poison Control** ..... 1-800-452-7165
- Local ..... (503) 494-8968

**Call as Needed:** (record time in space provided)

- \_\_\_\_\_ **State Duty Officer**
- Pager (initial contact) ..... (503) 370-1488
- Cellular** ..... (503) 931-5732
- \_\_\_\_\_ **CHEMTREC** ..... 1-800-424-9300
- \_\_\_\_\_ **National Response Center** ..... 1-800-424-8802
- \_\_\_\_\_ **Nationwide Pesticide Communications** ..... 1-800-858-7378
- \_\_\_\_\_ **Atochem** ..... (503) 228-7655
- \_\_\_\_\_ **Oregon Graduate Center** ..... (503) 690-1121
- \_\_\_\_\_ **Burlington Northern Santa Fe RR** ..... 1-800-832-5452
- \_\_\_\_\_ **Union Pacific RR** ..... 1-800-892-1283
- \_\_\_\_\_ **Oregon Department of Transportation (Business Hrs)** (503) 229-5002
- \_\_\_\_\_ **State HazMat Response Teams:**

<u>Team #</u>	<u>Team</u>	<u>Coordinator(s)</u>	<u>Dispatch</u>
HM01	Douglas/Coos	Greg Bullock .....	(541) 440-4471
HM02	Eugene	Duty Chief .....	(541) 687-5111
HM03	Gresham	Ed Hartin .....	(503) 823-1905
HM04	Klamath	Mick Mulvey .....	(541) 884-4876



Apparatus: \_\_\_\_\_ Personnel: \_\_\_\_\_

Remarks:

Reported By: \_\_\_\_\_

**Fax this report to: OSFM at 373-1825**

**Incident Status Summary**

*Responsible Party Information*

**Responsible Party:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ or: \_\_\_\_\_

**Shipping Company's Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ or: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

**Carrier Company's Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ or: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Lic # \_\_\_\_\_ DOB: \_\_\_\_\_

Vehicle Lic # \_\_\_\_\_ PUC/ICC #: \_\_\_\_\_

Trailer # \_\_\_\_\_







- \_\_\_\_\_ Suits (360 degrees)
- \_\_\_\_\_ Monitoring instruments
- \_\_\_\_\_ Discuss specifics with entry prior to on air times
- \_\_\_\_\_ Location of access
- \_\_\_\_\_ Location of decon
- \_\_\_\_\_ Evacuation routes
- \_\_\_\_\_ Understand objectives
- \_\_\_\_\_ Understand task assignment
- \_\_\_\_\_ Needed tools/supplies
- \_\_\_\_\_ Monitor communications and observe functions, (adjust/terminate as needed for safety)
- \_\_\_\_\_ Document/Communicate on-air time
- \_\_\_\_\_ Document/Air monitor readings
- \_\_\_\_\_ Ensure proper level of decon
- \_\_\_\_\_ Debriefing (Status of personnel/equip)
- \_\_\_\_\_ Reports

Special instructions issued:

Resources needed:

List equipment/supplies used:

HM Safety Officer

*Safety Log*

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

Location: \_\_\_\_\_

Incident: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Time	Activity





- \_\_\_\_\_ Decon
- \_\_\_\_\_ Backup
- \_\_\_\_\_ Entry
- \_\_\_\_\_ **Local/Others**
- \_\_\_\_\_ Leader meeting
- \_\_\_\_\_ Check for casualty and First Responder exposure
- \_\_\_\_\_ Critical information from Research
- \_\_\_\_\_ Develop Site Safety and Health Plan (coordinate with safety/complete worksheet)
- \_\_\_\_\_ Establish emergency decon needs with Safety and Decon
- \_\_\_\_\_ Coordinate critical medical information with IC Medical Group
- \_\_\_\_\_ Identify area for potential triage
- \_\_\_\_\_ Team briefing
- \_\_\_\_\_ Monitor communications
- \_\_\_\_\_ Update Site Safety and Health Plan as necessary
- \_\_\_\_\_ Post vitals/Check for symptoms, document
- \_\_\_\_\_ Debriefing
- \_\_\_\_\_ Signs & Symptoms
- \_\_\_\_\_ Primary Hazard: \_\_\_\_\_
- \_\_\_\_\_ Secondary Hazard: \_\_\_\_\_
- \_\_\_\_\_ Reports

Special instructions issued:

Resources needed:

List equipment/supplies used:

**Medical**

## Site Safety and Health Plan Worksheet

*Emergency Medical Care Information*

**Product:** \_\_\_\_\_

Signs and Symptoms:

Immediate First Aid:

**Product:** \_\_\_\_\_

Signs and Symptoms:

Immediate First Aid:

**Product:** \_\_\_\_\_

Signs and Symptoms:

Immediate First Aid:

**Rehab:** (location, evaluate need)

**Medical Triage Area:**

**On-scene ALS:**

**Transport by:**

**Medical Facility:** Capable of handling contaminated patient: Yes  No

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

**Coordination with IC Medical Group:**

Site Safety Health Plan Wksht.

### Exposure Record Worksheet

Date \_\_\_\_\_

Name: \_\_\_\_\_ Team Position \_\_\_\_\_

Incident #: \_\_\_\_\_ Location: \_\_\_\_\_

**Environmental:** Temperature: \_\_\_\_\_ Humidity %: \_\_\_\_\_

**Medical Information:**

Symptom	Pre	Post	Pre	Post	Symptom	Pre	Post	Pre	Post
---------	-----	------	-----	------	---------	-----	------	-----	------

	<b>Yes</b>	<b>Yes</b>	<b>No</b>	<b>No</b>		<b>Yes</b>	<b>Yes</b>	<b>No</b>	<b>No</b>
Nausea					Headache				
Muscle soreness					Skeletal soreness				
Clear vision					Skin abnormalities				
General feeling OK					Accessories removed (rings, watches, etc.)				

**Vitals:**

	<b>Time</b>	<b>Weight</b>	<b>Pulse</b>	<b>B/P</b>	<b>Temp</b>	<b>Resp</b>
<b>Pre-entry</b>						
<b>Post- entry</b>						

**Work Performed:** \_\_\_\_\_

PPE worn/used: \_\_\_\_\_ Suit ID#: \_\_\_\_\_

Chemical worked with: \_\_\_\_\_

Type of exposure (e.g., none, ingested, skin contact, etc.):

Why exposed (e.g., improper equipment, faulty equip., wind change, etc.):

Duration work with chemical: \_\_\_\_\_

Decontamination procedures used: \_\_\_\_\_

Medical aid given: Yes  No  (If yes, complete and attach Pre-hospital Care Report.)

Comments: \_\_\_\_\_

**Exposure Record Worksheet**

**Exposure Record Worksheet**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Team Position \_\_\_\_\_

Incident #: \_\_\_\_\_ Location: \_\_\_\_\_

**Environmental:** Temperature: \_\_\_\_\_ Humidity %: \_\_\_\_\_

**Medical Information:**

Symptom	Pre Yes	Post Yes	Pre No	Post No	Symptom	Pre Yes	Post Yes	Pre No	Post No
Nausea					Headache				
Muscle soreness					Skeletal soreness				
Clear vision					Skin abnormalities				
General feeling OK					Accessories removed (rings, watches, etc.)				

**Vitals:**

	Time	Weight	Pulse	B/P	Temp	Resp
<b>Pre-entry</b>						
<b>Post- entry</b>						

**Work Performed:** \_\_\_\_\_

PPE worn/used: \_\_\_\_\_ Suit ID#: \_\_\_\_\_

Chemical worked with: \_\_\_\_\_

Type of exposure (e.g., none, ingested, skin contact, etc.): \_\_\_\_\_

Why exposed (e.g., improper equipment, faulty equip., wind change, etc.): \_\_\_\_\_

Duration work with chemical: \_\_\_\_\_

Decontamination procedures used: \_\_\_\_\_

Medical aid given: Yes  No  (If yes, complete and attach Pre-hospital Care Report.)

Comments: \_\_\_\_\_

**Exposure Record Worksheet**

**Exposure Record Worksheet**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Team Position \_\_\_\_\_

Incident #: \_\_\_\_\_ Location: \_\_\_\_\_

**Environmental:** Temperature: \_\_\_\_\_ Humidity %: \_\_\_\_\_

**Medical Information:**

Symptom	Pre Yes	Post Yes	Pre No	Post No	Symptom	Pre Yes	Post Yes	Pre No	Post No
Nausea					Headache				
Muscle soreness					Skeletal soreness				
Clear vision					Skin abnormalities				
General feeling OK					Accessories removed (rings, watches, etc.)				

**Vitals:**

	Time	Weight	Pulse	B/P	Temp	Resp
Pre-entry						
Post- entry						

**Work Performed:** \_\_\_\_\_

PPE worn/used: \_\_\_\_\_ Suit ID#: \_\_\_\_\_

Chemical worked with: \_\_\_\_\_

Type of exposure (e.g., none, ingested, skin contact, etc.):

Why exposed (e.g., improper equipment, faulty equip., wind change, etc.):

Duration work with chemical: \_\_\_\_\_

Decontamination procedures used: \_\_\_\_\_

Medical aid given: Yes  No  (If yes, complete and attach Pre-hospital Care Report.)

Comments: \_\_\_\_\_

## Exposure Record Worksheet

Date \_\_\_\_\_

Name: \_\_\_\_\_ Team Position \_\_\_\_\_

Incident #: \_\_\_\_\_ Location: \_\_\_\_\_

**Environmental:** Temperature: \_\_\_\_\_ Humidity %: \_\_\_\_\_

**Medical Information:**

Symptom	Pre Yes	Post Yes	Pre No	Post No	Symptom	Pre Yes	Post Yes	Pre No	Post No
Nausea					Headache				
Muscle soreness					Skeletal soreness				
Clear vision					Skin abnormalities				
General feeling OK					Accessories removed (rings, watches, etc.)				

**Vitals:**

	Time	Weight	Pulse	B/P	Temp	Resp
<b>Pre-entry</b>						
<b>Post- entry</b>						

**Work Performed:** \_\_\_\_\_

PPE worn/used: \_\_\_\_\_ Suit ID#: \_\_\_\_\_

Chemical worked with: \_\_\_\_\_

Type of exposure (e.g., none, ingested, skin contact, etc.):

Why exposed (e.g., improper equipment, faulty equip., wind change, etc.):

Duration work with chemical: \_\_\_\_\_

Decontamination procedures used: \_\_\_\_\_

Medical aid given:    Yes     No     (If yes, complete and attach Pre-hospital Care Report.)





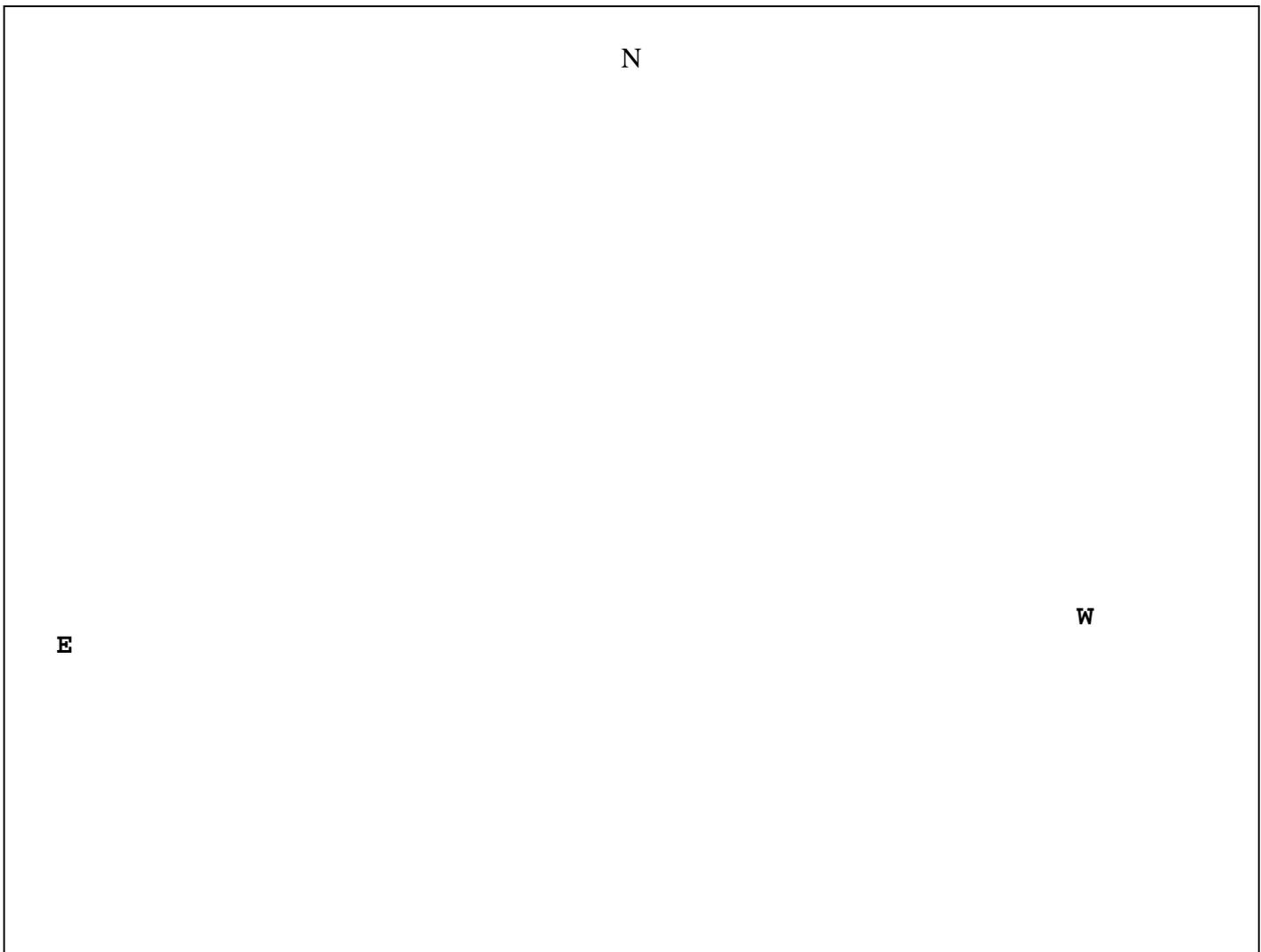


**Description of Hot Zone Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Entry**

*Site Diagram/Plan*

Elements: (object/product of concern, streets/roads, wind direction, structures, drains, curbs/gutters/waterways/wetlands, terrain/grades, overhead obstructions, zones, entry point, Decon corridor, emergency exits, medical triage, other)



S

**Site Diagram Plan**

**Decon (Name)** \_\_\_\_\_

<b>Times or Check</b>	<b>Position Responsibilities</b>	<b>Notes</b>
_____	Receive initial assignment	Radio frequency: _____
_____	Don vest	
_____	Secure radio and frequency	Special instructions received:
_____	Identify corridor location with Safety	
_____	Leader meeting	
_____	_____ Corridor design	
_____	_____ Level of PPE	
_____	Team briefing	
_____	_____ Participates in Action Plan	List equipment/supplies used:
_____	_____ Answer any questions	
_____	Set up corridor/Identify corridor	
_____	Basic location information to Entry	
_____	Establish Entry Unit Decon priority needed with Safety	
_____	_____ Level I (No contact)	
_____	_____ Level II (PPE contact)	
_____	_____ Level III (Skin contact)	
_____	Guide entry through steps	
_____	Decon the Deconers	
_____	Disposition of Decon waste water	
_____	Secure decon corridor area	

\_\_\_\_\_ Debriefing/Reports

<b>Decon Corridor Design</b>	<b>Number</b>	<b>Yes</b>	<b>No</b>
Water Supply Source			
Tool Drop			
Catch Runoff			
Gross Decon Shower			
Wash/Rinse Stations			
Attendants			
Overpack Drum for disposables			
Suit Removal Area			
What will be done with equipment, which cannot be safely deconed?			

**Decon**

*Liaison*

Name: \_\_\_\_\_

**On-scene Contacts Made:**

**Special Instructions Received/Issued:**

**Resources Needed/Requested:**

**Communication Summary:**

HazMat Radio Frequency:

Group Sup \_\_\_\_\_ Safety \_\_\_\_\_ Entry \_\_\_\_\_ Decon \_\_\_\_\_

User	System	Channel/Frequency
Incident Commander		
HazMat Group Supv		
Fire		
Police		
EMS		
Public Works		
Other		
Other		

**Liason**