

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

SUBJECT:	Incident Documentation/Cost Recovery	Number: T-017
OBJECTIVE:	Establishes format and guidelines for reports that document response operations and cost recovery information for Hazardous Materials incidents.	OSFM Approved: <u>Signature on file at OSFM</u> <u>Robert T. Panuccio</u> <u>State Fire Marshal</u> Adoption Date: November 30, 2016 Revision Dates:

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)

Jamie Kometz
HazMat Teams Program Coordinator
Office of State Fire Marshal
3565 Trelstad Ave SE
Salem, Oregon 97317

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>
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)

**STATE OF OREGON
REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE**

BILLING STATUS

Incident Number: _____
Incident Date: _____
Incident Location: _____
Responsible Party: _____

Check one of the following:

State Response **Y**

Local Response

Bill for state owned equipment use only **Y**

Bill for equipment/personnel costs **Y**
(Personnel cost reimbursed if collected
from responsible party)

Option for Waiver of Charges

Public agency within jurisdiction **Y**

Other **Y**

If requesting a waiver of charges, please provide written justification below. Requests for waiver are subject to review and approval by the State Fire Marshal.

Submitted By: _____ Phone: _____

Reviewed By: _____ Approved **Y** Denied **Y**

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

TEAM: _____	TEAM # _____	OSFM INC # HM _____
COMPLETED BY: _____		INCIDENT DATE _____

TEAM LEADER: _____		
INCIDENT ADDRESS: _____		

CITY _____	STATE _____	ZIP _____
COUNTY: _____		

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

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

SECONDARY RESPONSIBLE PARTY _____		
CONTACT NAME _____		
TITLE _____		
MAILING ADDRESS _____		
CITY _____	STATE _____	ZIP _____
TELEPHONE NUMBER (____) _____	MSG # (____) _____	
INSURANCE COMPANY _____		
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		
1. TOTALS			XXXX XXX		

2. LOCAL CALLBACK PERSONNEL COSTS

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

3. VEHICLE & APPARATUS COSTS

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

4. EQUIPMENT COSTS

Item	Qty or Hrs		Rate	State	Team	Total
4. TOTALS						

**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. 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)

Product Information Worksheet	Goldenrod
Exposure Record Worksheet	Pink
HazMat Team Log	Varies

Reports:

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

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)

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

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

- 1.
- 2.
- 3.
- 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
Incident		

HazMat Group Sup		
Fire		
Police		
EMS		

Team Action Plan Worksheet

Incident Termination Worksheet

Times or Check	Position Responsibilities	Notes
_____	Verify units have completed functions/assignments	
_____	Coordinate with DEQ proper handling/disposal of Decon waste water/solution	
_____	Coordinate with IC and Liaison Officer for agreement that incident has been mitigated	
_____	Ensure that contaminated tools, equipment, and disposables are properly over packed, bagged/segregated, marked, or adequately deconed	
_____	Develop plan to identify agencies' continued responsibilities	
_____	<p>Verify which agency will maintain control after HMRT departs</p>	
_____	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	

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) _____

Times or Check	Position Responsibilities	Notes
_____	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	Resources needed:
_____	Research all new information	
_____	Incident Status Report to SFMO	
	_____ Use Incident Status Form	
_____	Document times and functions per radio	List equipment/supplies used:

communications

_____ Instructions from DEQ for Decon waste water

_____ Gather responsible party information (Cost Recovery)

_____ Debriefing/Reports

Post Incident Critique

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
HM05	Linn/Benton	Kevin Kreitman	(541) 928-6911
HM06	Portland	Bill Henle	(503) 823-1905
HM07	Redmond	Karl Johannsen	(541) 548-5921
HM08	Southern Oregon	Duty Officer	(541) 776-7206
HM09	Tualatin Valley	Team Leader	(503) 531-0175
HM 10	Hermiston	Steve Frazier	(541) 567-5519
HM 11	Astoria	Lane Wintermute ...	(503) 325-4411
HM 12	LaGrande	Corky Gillies	(541) 963-1017
HM 14	Ontario	Terry Mairs	(541) 889-7266
HM 15	Coos Bay	Randy Carpenter	(541) 269-8911

HM Team Call Down CheckList

Office of State Fire Marshal
Oregon Hazardous Materials Response System

Incident Status Summary

Initial

Update

Final

Incident Location: _____
Facility/Transportation Involved: _____
Date: _____ Time: _____ Incident Commander: _____
Regional Team: _____ Arrival Time: _____

Cause: _____
Substance Involved: _____ Amount: _____
Active Ingredient: _____ Trade Name: _____
Area Involved: _____
Action Taken: _____
Current Threat (Life, Prop, Evn): _____
Control Problems: _____
Expected Control Date: _____ Time: _____

Estimated Loss: _____ Injuries: _____ Deaths: _____
Closures/Evacuations: _____

Regional Team Resources:

Apparatus: _____ Personnel: _____

Remarks:

Reported By: _____

Fax this report to: OSFM at 373-1825

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 # _____

Insurance Company(ies) Name(s): _____

Address: _____ City: _____ State _____

Zip Code: _____ Phone: _____ or: _____

Agent's Name: _____

Agent's Phone: _____

Other Information:

R/P Info

HM Safety Officer (Name) _____

Times or Check	Position Responsibilities	Notes
_____	Receive initial assignment	Safety objectives: (Buddy System, lighting, trip/fall, strains, temp) 1. 2. 3. PPE limitations/Compatibility: Special instructions received: Special instructions issued: Resources needed: List equipment/supplies used:
_____	Don Safety Officer vest	
_____	Secure radio and frequency	
_____	Site access control	
_____	_____ Do other agencies activities or location need immediate adjustment?	
_____	Off site recon with entry team	
_____	Pre-entry vitals (may be delegated)	
_____	Leader meeting, assist with development of action plan	
_____	Team briefing	
_____	Inspect entry and backup PPE	
_____	_____ SCBA (PSI and operation)	
_____	_____ Radios (freq and operation)	
_____	_____ 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	

Medical (Name) _____

Times or Check	Position Responsibilities	Notes
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Receive initial assignment</p> <p>Don vest</p> <p>Secure radio and frequency</p> <p>Pre-entry vitals (complete Exposure Record) (may be delegated to paramedics, firefighters, ambulance or entry personnel themselves)</p>	<p>Special instructions received:</p>
<p>_____</p> <p>_____</p>	<p>_____ Decon</p> <p>_____ Backup</p> <p>_____ Entry</p> <p>Local/Others</p>	<p>Special instructions issued:</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Leader meeting</p> <p>Check for casualty and First Responder exposure</p> <p>Critical information from Research</p> <p>Develop Site Safety and Health Plan (coordinate with safety/complete worksheet)</p>	<p>Resources needed:</p>
<p>_____</p> <p>_____</p>	<p>Establish emergency decon needs with Safety and Decon</p> <p>Coordinate critical medical information with IC Medical Group</p>	<p>Resources needed:</p>
<p>_____</p> <p>_____</p>	<p>Identify area for potential triage</p> <p>Team briefing</p>	<p>Resources needed:</p>
<p>_____</p> <p>_____</p>	<p>Monitor communications</p> <p>Update Site Safety and Health Plan as necessary</p>	<p>List equipment/supplies used:</p>
<p>_____</p> <p>_____</p>	<p>Post vitals/Check for symptoms, document</p> <p>Debriefing</p>	<p>List equipment/supplies used:</p>
<p>_____</p>	<p>_____ Signs & Symptoms</p> <p>Primary Hazard: _____</p> <p>Secondary Hazard: _____</p>	<p>List equipment/supplies used:</p>
<p>_____</p>	<p>Reports</p>	<p>List equipment/supplies used:</p>

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 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
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
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
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: _____

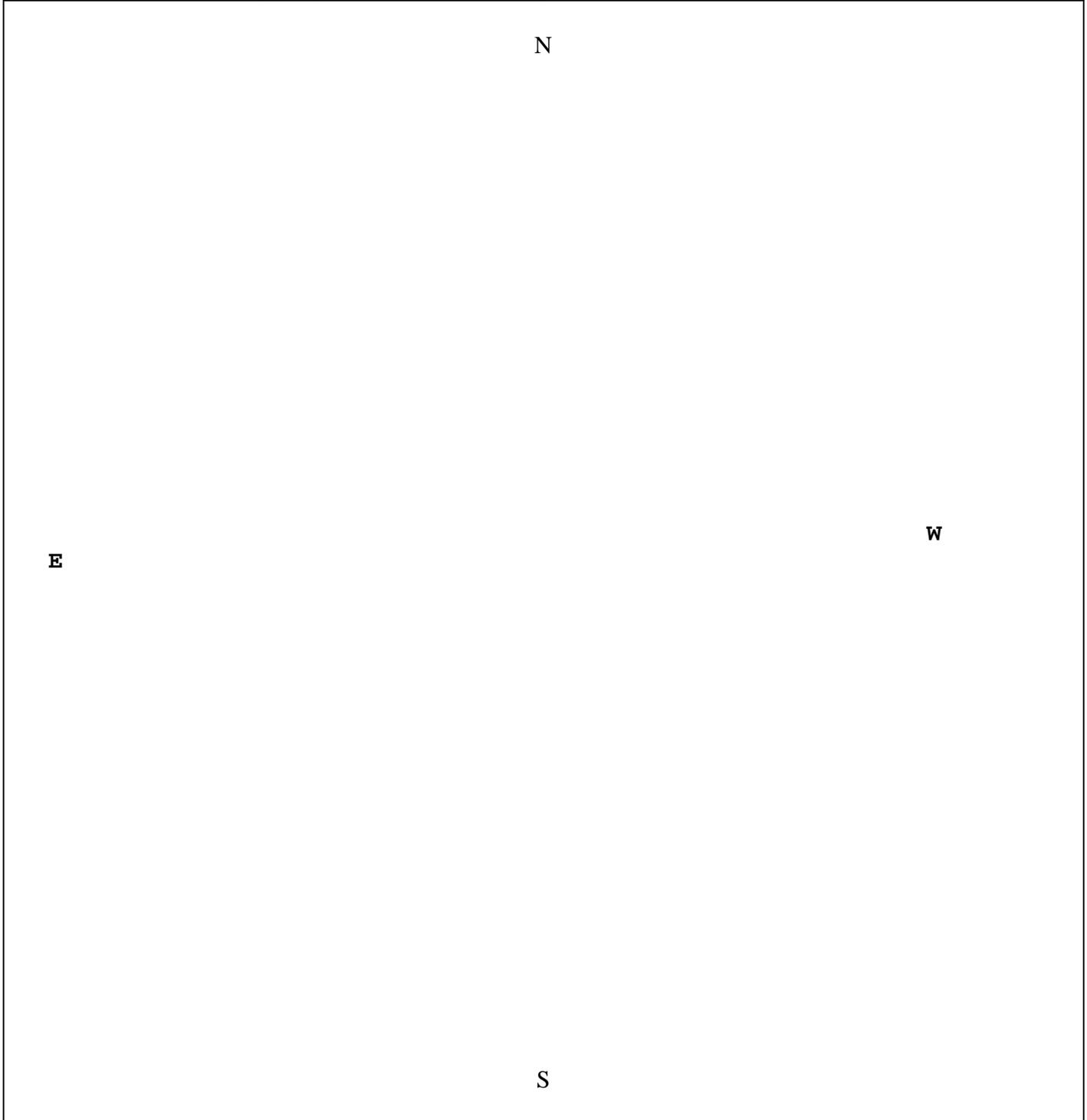
Decontamination procedures used: _____

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

Comments: _____

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)



Site Diagram Plan

Decon (Name) _____

Times or Check	Position Responsibilities	Notes
_____	Receive initial assignment	Radio frequency: _____ Special instructions received: List equipment/supplies used:
_____	Don vest	
_____	Secure radio and frequency	
_____	Identify corridor location with Safety	
_____	Leader meeting	
_____	_____ Corridor design	
_____	_____ Level of PPE	
_____	Team briefing	
_____	_____ Participates in Action Plan	
_____	_____ 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	

Decon Corridor Design	Number	Yes	No
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		

Liaison