

# State of North Carolina



## Hazardous Materials Regional Response Teams

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# Operations Packet For Handling Hazardous Materials Incident

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This packet contains the positions checklists, worksheets and information sheets designed to guide and coordinate the teams operational functions at a hazardous materials incident.

The forms are color coded by position as follows:

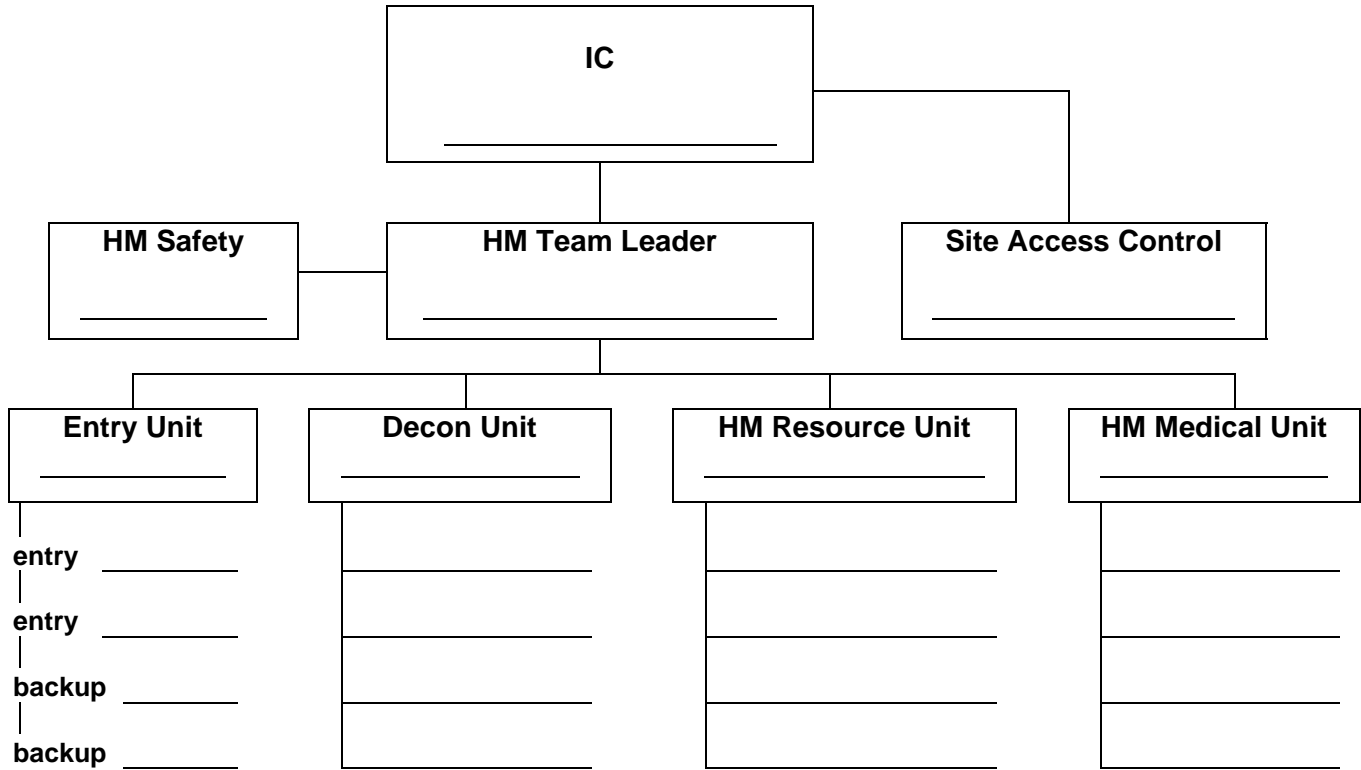
Team Leader .....	White
Resources .....	Goldenrod
Safety .....	Green
Medical .....	Pink
Entry .....	Canary
Decon .....	Tan
Liaison .....	Blue

Single copies of the following forms are also included in this packet, and extra copies are provided in padded format as well (also color-coded to correspond with the positions as listed above):

Exposure Record Worksheet.....	Pink
Hazmat Team Log Sheets.....	<i>colors vary per position</i>

## Team Leader Worksheet

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



Enter time or check off	Position Responsibilities	Notes
	Contact IC for approach direction	
	Report to IC; identify all known information	
	Don Team Leader Vest	
	Secure radio and frequency	
	Staff team positions	
	Initial team assignments	
	Off-site recon	
	Leader meeting (Team Action Plan Worksheet)	
	▪ Synchronize watches	
	▪ Collect/analyze new information	
	▪ Discuss Team Action Plan Worksheet	
	Team briefing	
	▪ Present Team Action Plan Worksheet	
	▪ Answer any questions	
	Initiate Action Plan	
	Coordinate/disseminate new information	
	Monitor all communications, direct, modify operations	
	Incident Termination Worksheet	
	Incident Debriefing Worksheet	
	Reports	

## Incident Briefing Worksheet

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

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

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

Incident Type:

Product Type:

% Concentration:

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

Type of Release:

Quantity of Product (*i.e., size of container*):

Rate of Release:

Available Papers (*MSDS, shipping, preplan, etc.*):

Yes

No

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

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.*):

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## Team Action Plan Worksheet

**Site Access Control** (*maintain evacuation lines*): \_\_\_\_\_

Hot Zone: \_\_\_\_\_ *distance*      Cold Zone: \_\_\_\_\_ *distance*      Evacuation: \_\_\_\_\_ *distance*

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

Decon Corridor Design: \_\_\_\_\_

Number of Entry Personnel: \_\_\_\_\_      Number of Backup Personnel: \_\_\_\_\_

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

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

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

If no action taken, what are the consequences?

Mitigation Objectives: <i>(recon, rescue, evacuation, containments, control)</i>	Safety Objectives: <i>(buddy system, lighting, trip/fall, strains, temp, allowable time in hot zone)</i>
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
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User	System	Channel/Frequency
Incident Commander		
HM Team Leader		
Fire		
Police		
EMS		



**Incident Termination Worksheet**

<b>Insert Time or Check Off</b>	<b>Positions Responsibilities</b>	<b>Notes</b>
	Verify units have completed functions/ assignments	
	Coordinate with DENR 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 deconned	
	Develop plan to identify agencies' continued responsibilities	
	<ul style="list-style-type: none"> <li>- Verify which agency will maintain control after HMRT departs</li> </ul>	
	<ul style="list-style-type: none"> <li>- Site Access control</li> </ul>	
	<ul style="list-style-type: none"> <li>- Disposal disposition and clean-up</li> </ul>	
	<ul style="list-style-type: none"> <li>- Spill Release Form</li> </ul>	
	<ul style="list-style-type: none"> <li>- Traffic Control</li> </ul>	
	<ul style="list-style-type: none"> <li>- Contact Persons</li> </ul>	
	<ul style="list-style-type: none"> <li>- Other</li> </ul>	
	Return apparatus and equipment to response status	
	Units turn in reports to HM Team Leader	

**Incident Debriefing Worksheet**

**Name:**

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

**Equipment status:**

**To be disposed of:**

**Need further decon:**

**Needs re-testing:**



## HM Resource Worksheet

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

Insert Time or Check Off	Positions Responsibilities	Notes
	Receive initial assignment	Radio Frequency: Group Sup. _____
	Distribute Position Checklists	
	– vests	Weather Information:  _____ Weather Forecast _____ Temperature _____ Wind Direction _____ Wind Speed _____ Humidity
	– radios and frequency	
	– set weather pack	
	Don vest	
	With HM Team Leader, ID all known information	
	Leader Meeting	
	Most probable level of PPE	
	– entry and back-up	Present weather conditions: _____ <i>(fair, rain, fog, snow, ice, other)</i>
	– decon	
	Research product (complete Product ID Worksheet)	Projected weather changes: _____ _____
	Call down Checklist	
	– Resources/Notifications <i>(see Call Down Checklist)</i>	Special Instructions issued:    Special instructions received:
	Team Briefing	
	– Research findings	
	– Verify PPE	
	– Entry and back-up	
	– Decon	
	Critical information to medical	Resources needed:
	Research all new information	
	Incident Status Report to NCEM	
	– Use Incident Status Form	List equipment/supplies used:
	Document times and functions per radio communications.	
	Instructions from DENR for Decon waste water	
	Gather responsible party information (Cost Recovery)	
	Debriefing/Reports	

**Hazmat Team Call Down Checklist**

**Date:**

**Location:**

**Incident #:**

# 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, property, environment*): \_\_\_\_\_

Control Problems: \_\_\_\_\_

Expected Control Date: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Loss: \_\_\_\_\_ Injuries: \_\_\_\_\_ Deaths: \_\_\_\_\_

Closures/Evacuations: \_\_\_\_\_ Duration: \_\_\_\_\_

## Regional Team Resources:

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

\_\_\_\_\_

Remarks:

Reported by: \_\_\_\_\_

FAX this report to: NC Emergency Operations Center, (919) 733-7554

**Responsible Party Information**

**Responsible Party:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Shipping Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Carrier Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
**Owner/Manager Name:** \_\_\_\_\_  
**Driver Name:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Vehicle License #:** \_\_\_\_\_ **PUC/ICC #:** \_\_\_\_\_  
**Trailer #:** \_\_\_\_\_

**Insurance Company Name(s):** \_\_\_\_\_  
**Agent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Company Phone:** \_\_\_\_\_  
**Alternate Phone:** \_\_\_\_\_

**Other Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## HM Safety Officer Worksheet

*Name:*

Insert Time or Check Off	Position Responsibilities	Notes
	Receive initial assignment	<b>Safety Objectives:</b> ( <i>Buddy System, lighting, trip/fall, strains, temp</i> )
	Don Safety Officer vest	
	Site access control	
	<ul style="list-style-type: none"> <li>– Do other agencies activities or location need immediate adjustment?</li> </ul>	1. 2. 3.
	Off site recon with entry team	<b>PPE limitations/compatibility:</b>
	Pre-entry vitals ( <i>may be delegated</i> )	
	Leader meeting, assist with development of action plan	
	Team briefing	
	Inspect entry and backup PPE	<b>Special instructions received:</b>
	<ul style="list-style-type: none"> <li>– SCBA (PSI and operation)</li> </ul>	<b>Special instructions issued:</b>
	<ul style="list-style-type: none"> <li>– Radios (freq and operation)</li> </ul>	
	<ul style="list-style-type: none"> <li>– Suits (360 degrees)</li> </ul>	
	<ul style="list-style-type: none"> <li>– Monitoring instruments</li> </ul>	
	Monitor communications and observe functions ( <i>adjust/terminate as needed for safety</i> )	<b>Resources needed:</b>
	Document/communicate on-air time	<b>List equipment/supplies used:</b>
	Document air monitor readings	
	Ensure proper level of decon	
	Debriefing ( <i>status of personnel/equipment</i> )	
	Reports	



## Medical Worksheet

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

Insert Time or Check Off	Position Responsibilities	Notes
	Receive initial assignment	Special instructions received:
	Don vest	
	Secure radio and frequency	
	Pre-entry vitals ( <i>complete Exposure Record</i> ) (may be delegated to paramedics, firefighters, ambulances or entry personnel themselves)	
	– Decon	Special instructions issued:
	– Backup	
	– Entry	
	– Local/Others	
	Leader meeting	Resources needed:
	Check for casualty and First Responder exposure	
	Critical information from Research	
	Develop Site Safety and Health Plan ( <i>coordinate with Safety/complete worksheet</i> )	
	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	List equipment/supplies used:
	Debriefing	
	– Signs & symptoms Primary Hazard: _____ Secondary Hazard: _____	
	Reports	

## Site Safety and Health Plan Worksheet

### Emergency Medical Care Information

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

Signs and Symptoms:

Immediate First Aid:

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

Signs and Symptoms:

Immediate First Aid:

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

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:**

# Exposure Record Worksheet

Name \_\_\_\_\_

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

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

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

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

Humidity %: \_\_\_\_\_

Environmental – Temperature: \_\_\_\_\_

## INCIDENT TYPE

- Structure fire
- Vehicle fire
- Trash/dumpster fire
- Brush fire
- Explosion
- Spill/leak
- EMS/rescue
- Other (*please describe*)

\_\_\_\_\_  
\_\_\_\_\_

## LENGTH OF EXPOSURE

*Give the length of time you were exposed at each stage of the fire during which you were exposed*

\_\_\_\_\_ incipient  
\_\_\_\_\_ free burning  
\_\_\_\_\_ smoldering  
\_\_\_\_\_ non-fire incident

## ACTIVITY DURING EXPOSURE

*What were you doing during this time? Note the length of time you were engaged in each of the following activities (if at all) during the time you were exposed.*

\_\_\_\_\_ extinguishment \_\_\_\_\_ overhaul  
\_\_\_\_\_ ventilation \_\_\_\_\_ EMS  
\_\_\_\_\_ search/rescue \_\_\_\_\_ investigation

## FORM OF EXPOSURE

*List your possible exposures for this incident:*

- smoke conditions  
    \_\_\_ light  
    \_\_\_ heavy

- chemicals present  
    chemical name(s)

Form (*vapor, liquid, gas, etc.*)


*How were you exposed? Check all that apply*

- inhalation                       eye contact  
 ingestion                          other (*please describe*)  
 skin contact

\_\_\_\_\_

**Why were you exposed?** (*e.g., improper equipment, faulty equipment, wind change, etc.*)

Duration work with chemical:

Other comments:



## Entry Worksheet

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

Insert Time or Check Off	Position Responsibilities	Notes
	<b>Receive initial assignment</b>	Radio frequency: _____
	<b>Secure radio and frequency</b>	Special instructions received:
	<b>Off-site recon with Safety</b>	
	<b>Diagram site (see worksheet)</b>	
	<b>Leader meeting/assist with development of Action Plan</b>	
	<b>Vitals taken</b>	
	<b>Team briefing</b>	
	<ul style="list-style-type: none"> <li>- Receives info on Action Plan</li> <li>- Question/Answer</li> </ul>	List equipment/supplies used:
	<b>Don protective equipment</b>	
	<ul style="list-style-type: none"> <li>- Communication equipment/check</li> <li>- Breathing apparatus/check</li> <li>- Suit/check</li> </ul>	
	<b>Needed tools/equipment</b>	
	<ul style="list-style-type: none"> <li>- Monitors</li> <li>- Containment</li> <li>- Plug/patch</li> <li>- Other</li> </ul>	
	<b>Receive final safety check from Safety</b>	
	<b>Understand objectives</b>	
	<b>Enter Hot Zone (maintain buddy system)</b>	
	<ul style="list-style-type: none"> <li>- Carry out objectives</li> <li>- Communicate</li> <li>- Evaluate incident for changes</li> </ul>	
	<b>Decon</b>	
	<b>Post entry vitals</b>	
	<b>Debriefing/Reports</b>	

Description of Hot Zone activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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)

N

W

E

S

## Decon Worksheet

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

Insert Time or Check Off	Position Responsibilities	Notes					
	Receive initial assignment	Radio Frequency: _____  Special instructions received:					
	Don vest						
	Secure radio and frequency						
	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/identify corridor						
	Basic location information to Entry						
	Establish Entry Unit Decon priority needed with Safety						
	----- - Level I (no contact) -----						
	----- - Level II (PPI contact) -----						
	----- - Level III (skin contact) -----						
	Guide entry through steps						
	Decon the Deconners						
	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 deconned?							

## Liaison Worksheet

**Name:**

**On-scene contacts made:**

**Special instructions received/issued:**

**Resources needed/requested:**

**Communications summary:**

HazMat Radio Frequency:

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

User	System	Channel/Frequency
Incident Commander		
HM Team Leader		
Fire		
Police		
EMS		
Public Works		
Other:		
Other:		