

**NC DIVISION OF EMERGENCY MANAGEMENT  
HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAMS  
STANDARD OPERATING GUIDELINES**

<b>SUBJECT:</b> Incident Documentation	<b>Number:</b> T-015
<b>OBJECTIVE:</b> Establishes format and guidelines for reports that are necessary to document response operations and cost recovery information for Hazardous Materials incidents.	<b>Approved:</b>  <b>Adoption Date:</b>  <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 Team Leader is responsible for verifying that accurate incident documentation is completed and submitted to the Division of Emergency Management.

A State RRT Incident number must be obtained from the Duty Officer on the date of the hazmat incident. The RRT incident number will consist of a ten-digit number that will provide the following information: (a) the date of response; (b) the Regional Response Team number; (c) the number of response incidents for the particular team for the calendar year.

Team Leader will provide the following information on the date of the incident: 1) Team number; 2) Date of response; 3) County of response; 4) Location of response; and 5) Type of response.

The following information shall be provided by the team leader within 72 hours of the incident: 1) Responsible party; and 2) Estimated team costs.

**III. PROCEDURE**

**A. Incident Documentation**

The Regional Response Team (RRT) must provide complete incident documentation when requesting reimbursement for response costs. Incomplete or insufficient incident documentation shall be returned to the RRT. Reimbursement to the RRT shall not be made until complete incident documentation has been provided. Incident documentation shall be reviewed for comprehensiveness by the Hazmat Program Manager. Teams shall provide

photo documentation of the incident emphasizing the location of substances suspected or confirmed. Teams shall use either the digital still or video cameras assigned to the teams or a single use camera to photograph the area leading to and the areas surrounding the containers, piping, substance residue or pools. If the teams use the digital camera, the teams shall copy and label the diskette(s) and mail diskette(s) with incident documentation. If the team uses the video camera, the teams shall make a copy locally and mail with incident documentation. If the team uses a single use camera, the teams shall process the film locally requesting duplicates and mail one set of photos with incident documentation.

B. Regional Response Team’s **“Operations Packet for Handling Hazardous Materials Incidents.”** (This is the multiple page, color coded form).

This packet is designed to be used by the Hazmat Team Leader and other hazmat unit leaders during the mitigation of a hazmat incident. The Hazmat Team Leader shall submit the completed Operations Packet for Handling Hazardous Materials Incidents for each incident within thirty (30) days following the incident.

The separate sections of the packet are to be completed by the individual unit leaders and forwarded to the Team Leader.

\*Note: If a specific responsibility is not assigned, the Team Leader is responsible for seeing that functions and documentation are facilitated.

	<u>Sections</u>	<u>Packet Color</u>
1.	Team Leader Worksheet	White
	Incident Briefing Worksheet	White
	Team Action Plan Worksheet	White
	Team Leader Log	White
	Incident Termination Worksheet	White
	Incident Debriefing Worksheet	White
	Post-Incident Critique	White
2.	HM Resource Worksheet	Goldenrod
	Hazmat Team Call Down Checklist	Goldenrod
	Incident Status Summary	Goldenrod
	Responsible Party Information	Goldenrod
	Resource Log	Goldenrod
3.	HM Safety Officer Worksheet	Green
	Safety Log	Green
4.	Medical Worksheet	Pink
	Site Safety and Health Plan Worksheet	Pink
	Exposure Record Worksheet	Pink
	Medical Log	Pink

- |    |                                      |                  |
|----|--------------------------------------|------------------|
| 5. | Entry Worksheet<br>Site Diagram/Plan | Canary<br>Canary |
| 6. | Decon Worksheet                      | Tan              |
| 7. | Liaison Worksheet                    | Blue             |
- C. North Carolina “Hazardous Materials Regional Response Incident Report”.
- D. Instructions for completing the Invoice (Cover Letter) and Incident Expenditure Report (See Attachment 1)

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

1. **Invoice (Cover letter) on department letterhead**

**The “Cover letter” or “Invoice” from you to us is your request for reimbursement for RRT State costs only. This is used to obtain approval to pay you. The invoice must only list your RRT State costs. It must also be printed on letterhead of the local department.**

2. Incident Expenditure Report

The “Incident Expenditure Report” is merely a worksheet to ensure that all RRT State costs for the incident will be billed to the responsible party. This is the documentation that supports your invoice to us, as well as supporting the state’s billing to the responsible party. The Report should include all original receipts for materials, supplies, meals, etc. that were requested and used by the team during the authorized hazmat incident. The RRT may be reimbursed for meals during an authorized hazmat incident in accordance with the team’s city or county meal allowance criteria, rules or procedures.

The unit(s) of local government will bill the responsible party for your local costs separately. The “state totals” will be completed by the NC Division of Emergency Management.

**IV. ATTACHMENTS**

- A. Sample Cover Letter  
B. Hazardous Materials RRT Incident Expenditure Report

ATTACHMENT 1

SAMPLE COVER LETTER

(DATE)

Mr. \_\_\_\_\_, Director  
NC Division of Emergency Management  
4713 Mail Service Center  
Raleigh, NC 27699-4713

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
	a. Direct personnel costs – salary	\$	.00
	b. Indirect personnel costs (i.e. insurance, FICA, benefits)	\$	.00
2.	Callback Personnel Costs	\$	.00
	a. Direct personnel costs – salary	\$	.00
	b. Indirect personnel costs (i.e. insurance, FICA, benefits)	\$	.00
3.	Vehicles/Apparatus Costs	\$	.00
4.	Other Costs		<u>.00</u>
5.	Total Costs		.00

6.	Equipment	See Summary of Response Costs
7.	Materials	See Summary of Response Costs
8.	Communications	See Summary of Response Costs
9.	Administrative	See Summary of Response Costs

Please make payment to:

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

cc: Attorney for the Division of Emergency Management

**STATE OF NORTH CAROLINA  
HAZARDOUS MATERIALS REGIONAL RESPONSE TEAM  
INCIDENT EXPENDITURE REPORT**

<b>TEAM:</b> _____ <b>TEAM #:</b> _____ <b>RRT INC #:</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> _____ <b>KNOWN</b> _____ <b>UNKNOWN</b> _____
<b>PRIMARY RESPONSIBLE PARTY:</b> _____ <b>CONTACT NAME:</b> _____ <b>TITLE:</b> _____ <b>MAILING ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____ <b>TELEPHONE NUMBER</b> _____ <b>MSG #</b> ( ) _____ <b>INSURANCE COMPANY</b> _____ <b>INSURANCE AGENT</b> _____ <b>INSURANCE ADDRESS</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____ <b>TELEPHONE NUMBER</b> _____ <b>MSG #</b> ( ) _____ <b>COMMENTS:</b> _____ _____ _____
<b>SECONDARY RESPONSIBLE PARTY:</b> _____ <b>CONTACT NAME:</b> _____ <b>MAILING ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____ <b>TELEPHONE NUMBER:</b> _____ <b>MSG #</b> ( ) _____ <b>INSURANCE COMPANY</b> _____ <b>INSURANCE AGENT:</b> _____ <b>INSURANCE ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____ <b>TELEPHONE NUMBER:</b> _____ <b>MSG#</b> ( ) _____ <b>COMMENTS:</b> _____ _____



**#3 VEHICLE & APPARATUS COSTS**

Vehicle/Apparatus Type	Hrs	Rate	RRT Team Cost for State Response
STATE HAZMAT VEHICLE			
<b>3. TOTAL</b>			

**#4 EQUIPMENT COSTS USED DURING RRT INCIDENT**

Item	Qty or Hrs	Rate	RRT Team Cost for State Response
<b>4. TOTAL</b>			

**#5 MATERIALS COSTS USED DURING RRT INCIDENT**

Item	Qty	Unit	
<b>5. TOTAL</b>			

**#6 COMMUNICATIONS EQUIPMENT USED DURING RRT INCIDENT**

Item		Rate	
<b>6. TOTAL</b>			



**SUMMARY OF RESPONSE COSTS**

NCEM INCIDENT #: HM

**RRT TEAM  
COSTS**

1. TEAM PERSONNEL COSTS \$ \_\_\_\_\_

2. CALLBACK PERSONNEL COSTS \_\_\_\_\_

3. VEHICLES/APPARATUS COSTS \_\_\_\_\_

4. EQUIPMENT COSTS \_\_\_\_\_

5. MATERIAL COSTS \_\_\_\_\_

6. COMMUNICATIONS COSTS \_\_\_\_\_

7. OTHER COSTS \_\_\_\_\_

**TOTAL RESPONSE COSTS**  
(Totals of 1-7 above)

\_\_\_\_\_

8. ADDITIONAL RRT REQUESTED      YES \_\_\_\_\_ NO \_\_\_\_\_

9. ADMINISTRATIVE COSTS \_\_\_\_\_

NORTH CAROLINA DEPARTMENT OF CRIME CONTROL AND PUBLIC SAFETY  
DIVISION OF EMERGENCY MANAGEMENT

HAZARDOUS MATERIALS INCIDENT REPORT

DATE OCCURRED: \_\_\_\_\_ DAY OCCURRED: \_\_\_\_\_ LOCAL INC# \_\_\_\_\_ EM INC# \_\_\_\_\_

RRT TEAM #: \_\_\_\_\_ INCIDENT LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ AREA: \_\_\_\_\_

RRT TEAM LEADER: \_\_\_\_\_ # OF RRT PERSONNEL ON SCENE: \_\_\_\_\_

INC. COMMANDER: \_\_\_\_\_ INC. COMMAND ORG: \_\_\_\_\_

COMMUNICATIONS OFFICER: \_\_\_\_\_

RRT REQUESTED BY: \_\_\_\_\_ TIME OF REQUEST: \_\_\_\_\_

TIME OF APPROVAL: \_\_\_\_\_ REQUEST APPROVED BY: \_\_\_\_\_

**RESPONSE TIMES: (Please use 24-hour clock)**

TIME PAGED: \_\_\_\_\_ TIME RESPONDED: \_\_\_\_\_ TIME ARRIVED: \_\_\_\_\_

TIME CLEARED: \_\_\_\_\_ TIME IN QTRS: \_\_\_\_\_ IN-SERVICE TIME: \_\_\_\_\_

TOTAL TIME: \_\_\_\_\_

**TYPE OF INCIDENT:**

TRANSPORTATION MODE: _____ TYPE: _____	FIXED PROPERTY USE: _____ OTHER: _____
LEVEL OF RESPONSE	

**\*HAZARDOUS MATERIALS INVOLVED:**

UN #	NAME OF MATERIAL	CLASS	FORM	AMOUNT

\*If additional hazardous materials involved, please attach additional sheets

TYPE OF RELEASE:      SOLID                      LIQUID                      GAS

DID PRODUCT ENTER WATERWAY? (i.e. CREEKS, PONDS, LAKES OR STORM DRAINS)  
 NO YES IF YES, PLEASE SPECIFY: \_\_\_\_\_

EVACUATION REQUIRED? NO YES IF YES, NUMBER OF EVACUEES? \_\_\_\_\_

**HAZMAT RELATED INJURIES:**

	INJURIES	DEATHS	EXPOSURES
CIVILIAN			
RRT MEMBERS			
EM PERSONNEL			
OTHER			
TOTAL			

**INVOLVED PARTIES**

SHIPPER/OWNER	NAME: _____ PHONE: _____
	ADDRESS: _____
	INSUR: _____ PHONE: _____
	ADDRESS: _____
CONSIGNEE	NAME: _____ PHONE: _____
	ADDRESS: _____
	INSUR: _____ PHONE: _____
	ADDRESS: _____
TRANSPORT	NAME: _____ PHONE: _____
	ADDRESS: _____
	INSUR: _____ PHONE: _____
	ADDRESS: _____
RESP PARTY	NAME: _____ PHONE: _____
	ADDRESS: _____
	INSUR: _____ PHONE: _____
	ADDRESS: _____

ATTACHMENTS TO FOLLOW BY MAIL: INVOICE \_\_\_\_\_ OPERATIONS PACKET: \_\_\_\_\_  
 FULL INCIDENT REPORT: \_\_\_\_\_

INDIVIDUAL COMPLETING REPORT: \_\_\_\_\_ DATE: \_\_\_\_\_

SUMMARY: (If necessary, attach additional sheets).

Site Diagram/Plan

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

