

HAZMAT Response Documentation Kit *2019*

Location/Area: _____

Wind From the: _____

Evacuation Location: _____

Hazmat Team Assignments

Incident Commander: _____

Safety Officer: _____

Operations Officer: _____

Primary Responder: _____

Primary Responder: _____

Primary Responder: _____

Primary Responder: _____

Back-up Responder: _____

Back-up Responder: _____

Back-up Responder: _____

Back-up Responder: _____

Decon Officer: _____

Decontamination: _____

Decontamination: _____

Decontamination: _____

Decontamination: _____

Staging/Equipment Officer: _____

Equipment: _____

Equipment: _____

Equipment: _____

Equipment: _____

Logger: _____

Communications: _____

First Aid: _____

First Aid: _____

First Aid: _____

Security: _____

Security: _____

Security: _____

Security: _____

Agency Liaison: _____

Press Liaison: _____

HAZMAT Jump Start Plan™

Evacuate

- Check wind direction and determine safe places of refuge
- Evacuate affected people
- Account for people (employees, contractors, visitors, truck drivers, etc)

Isolate

- Control the flow - stop the flow as close to the leak as possible without risking exposure (refer to specific pre-planning information)
- Secure the area - set up security (plant and spill area)

Evaluate

- Determine extent of the hazard (fire, exposure, injury, property, product)
- Assess the risks vs. the benefits
- Refer to specific area pre-planning information:
 - Set command post
 - Set decontamination
 - Set hot, warm and cold zones

Notification

- Response team
- Management
- Federal - National Response Center - 1-800-424-8802
- State
- Local - LEPC, Fire, Police/Sheriff, Municipal water treatment

Assign the Roles

Review the Pre-Entry Checklists

Conduct entry briefing

Execute plan

Decontaminate/cleanup

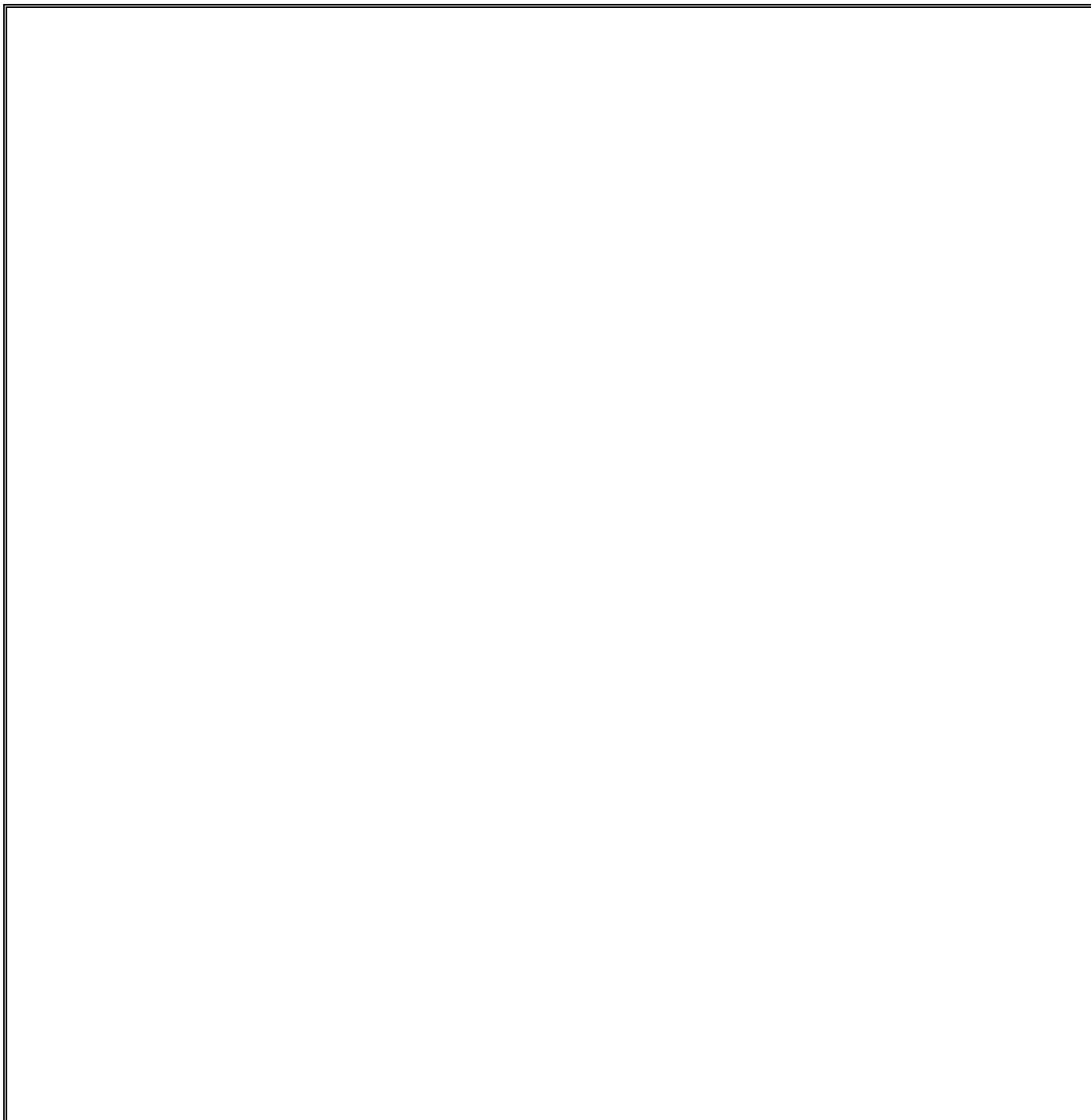
- Victims
- Responders
- Contaminated area

Terminate

- Restore Hazmat equipment to pre-incident condition
- Critique the response with ALL involved parties
- File necessary reports (Federal, State, Local)
- Complete incident investigation report

Release Drawing

Sketch of Spill Area (include Hot, Warm and Cold Zones, Command Post Location, Decontamination Location, First Aid Area, Security placement, etc.)



Primary Cut Offs(from a safe area)		
Description	Location	Identification
Ammonia <i>(Liquid, suction, hot gas)</i>		
Other Chemicals:		

Primary Utility Cut Offs(from a safe area)		
Description	Location	Identification
Utilities <i>(gas, water, steam, etc.)</i>		

Secondary Cut Offs(from a safe area)		
Description	Location	Identification
Ammonia <i>(Liquid, suction, hot gas)</i>		
Other Chemicals:		

Secondary Utility Cut Offs(from a safe area)		
Description	Location	Identification
Utilities <i>(gas, water, steam, etc.)</i>		

Third Back-up Cut Offs(from a safe area)		
Description	Location	Identification
Ammonia <i>(Liquid, suction, hot gas)</i>		
Other Chemicals:		
Third Back-up Utility Cut Offs(from a safe area)		
Description	Location	Identification
Utilities <i>(gas, water, steam, etc.)</i>		

Ignition Sources	
Type	Location

Confinement
Equipment that needs to be shutdown:
Doors (open/close):
Fan placement
Air Make-up Units (on/off):
Damming , Diking and Sealing:
Domestic Sewers/Drains: Storm Water
Other Considerations:

Special Equipment: Drain covers, door keys, pillows, socks, etc.
Location:

Other Hazardous Chemicals in the area			
Chemical	Location	Container Type	Chemical Quantity

Entry & Operational Hazards (spills, trips, hang-ups, limited access, etc)	
Type	Location

Setup

HAZMAT Team Assembly Location (Identify, then mark map on page _____)

Command Post Location:

Primary Hot Zone Entrance:

Primary Hot Zone Exit:

Alternate Hot Zone Exit:

Decontamination Location:

Decontamination Methods:

Responders:

Wettable Equipment:

Non-Wettable Equipment:

Victims - Normal:

Victims - Emergency:

Decontamination Water Source:

Decontamination Water Neutralization Method:

Decontamination Water Disposal Method

First-Aid Locations:

HAZMAT Team Vitals:

Victims:

Transportation(ambulance)

Concentration Monitoring Locations:

Facility

Hot Zone

Warm Zone

Cold Zone

Security Locations (Identify then mark map on page ____)	
Cold Zone:	
Warm Zone:	
Hot Zone:	
Facility:	

Media Meeting Location

Outside Agencies Meeting Location
Police/Fire: etc.
Local:

Contaminant Pathway Concerns
How will the chemical get offsite? Air: <input type="checkbox"/> Sewer: <input type="checkbox"/> Storm Water: <input type="checkbox"/> Other: <input type="checkbox"/>
Who will be affected?

Clean-up Methods	
Check appropriate method:	
Primary	
Water - Water source/delivery method:	
Ventilation - Ventilation fan placement:	
<input type="checkbox"/> Forced Draft / <input type="checkbox"/> Induced Draft	
Neutralization - Chemical source/delivery method:	
Back-up	
Water - Water source/delivery method:	
Ventilation - Ventilation fan placement:	
<input type="checkbox"/> Forced Draft / <input type="checkbox"/> Induced Draft	
Neutralization - Chemical source/delivery method	
Trace	
Water - Water source/delivery method:	
Ventilation - Ventilation fan placement:	
<input type="checkbox"/> Forced Draft / <input type="checkbox"/> Induced Draft	
Neutralization - Chemical source/delivery method	

Equipment that needs to be shutdown/turned on:

Doors (open/close):
Fan placement (sealing doors, etc):
Air Make-up Units (on/off):
Damming , Diking and Sealing:
Domestic Sewers/Drains/Storm Water:
Other Considerations and/or Special Equipment:

Suggested Emergency Response Equipment List

The following is a list of some of the major items recommended for an emergency response team:

Incident Commander/Safety/Operations

- Emergency Response Plan
- Drawings of the facility
- Piping and Instrument Diagrams (P&IDs)
- Report forms
- Checklists
- 3 clipboards
- 4 stopwatches (one for each responder)
- Lots of pens, pencils, pads of paper
- 2 Orange safety type vests
- 1 Planning Table
- 1 radio for IC (additional for Safety Officer if desired)
- Cell phone
- Keys or swipe card (Hazmat equipment, Engine room)

Responders

- 5 Self Contained Breathing Apparatuses (SCBAs)
- 5 to 10 spare air tanks
- 5 Totally encapsulated "Level A" suits (appropriate sizes)
- 5 Emergency escape knives
- 8 wipe cloths for inside of "Level A" suits
- 6 Sets of chemical boots (steel toed, steel shanked, sized appropriately)
- 6 Cool vests for responders and decontamination
- 6 "Cool Ban" type neck coolers
- 2 pair of cryogenic gloves (sized to go over responder suit gloves)
- 5 radios (with 5 sets of ear mikes and push to talk (PTT) interfaces)
- 5 Hearing protectors (ear muffs)
- Benches or stools for the responders
- 5 Training suits (appropriate sizes)
- 6 Pair of chemical resistant gloves
- 1 Chemical sampling device low range
- 1 Chemical sampling device high range
- 6 Flashlights
- 4 Hard Hats (optional) with chin straps

Decontamination

"Level B" Station: PPE

- 4 "Level B" Splash type suits (appropriate sizes)
- 3 Self Contained Breathing Apparatuses (SCBAs)

"Level C" Station: PPE

- 4 "Level C" Splash type suits (appropriate sizes)
- 3 Air purifying respirators
- 3 Spare canisters or pairs of cartridges

"Levels B and C": General

- 4 Sets of chemical boots (steel toed, steel shanked, sized appropriately)
- 2 cool vests
- 4 "Cool Ban" type neck coolers
- Decontamination station or two rinse pools
- Spray wands
- 4 Five-gallon buckets
 - 2 for a soap solution
 - 2 for decontamination of tools
- Liquid Soap
- Brushes
- Water hoses

First Aid

- 1 "Stokes" type stretcher
- 1 First aid kit
- 2 Thermometers (quick response)
- 2 Heart monitors with finger clips (optional)
- 1 Blood pressure measurement device (electronic or manual - optional)
- 1 Water cooler with cups
- 8 "Cool Ban" type neck coolers
- List of base vitals
- Cool packs or ice bags for cool vests (6 vests total)
- Emergency transportation
- SDS for chemicals

Equipment

- 1 Set of orange safety type vests
- 2 Positive pressure fans
- 2 Rolls each of barrier tape (hazardous materials) hot, warm, cold zone
- 4 Barrier tape stands
- Tarps or easy ups for shade for response team
- Tool bag
- Repair tools
- Plugging, patching and diking materials
- Plugs/covers for drains
- Ladders
- Suit pressure tester
- Extra chemical sampling pump pull tubes:
 - Portable chemical detection equipment
 - Low range tubes

Clean-up /Neutralization supplies

- Chemical shovels
- Absorbent materials
- 2 gallons of vinegar for neutralization
- pH paper or pH meter
- Buckets, barrels, etc., for disposal

Other optional equipment

- Emergency generator (quiet)
- Emergency lights (telescoping)
- Canopy tent
- Electric fans for cooling of personnel
- Electrical cords
- Blankets
- Sump pump for decontamination basin
- Drain covers/plugs
- Containment dikes
- Cart for transporting equipment

1. **Heart Rate:** The calculation for the maximum allowable heart (pulse) rate:

Maximum Allowable Heart Rate				
Max Heart Rate = (220-age) X .7 (<i>Hazardous Materials Response Handbook</i>)				
Age	Max Heart Rate		Age	Max Heart Rate
18	141		45	123
19	141		46	122
20	140		47	121
21	139		48	120
22	139		49	120
23	138		50	119
24	137		51	118
25	137		52	118
26	136		53	117
27	135		54	116
28	134		55	116
29	134		56	115
30	133		57	114
31	132		58	113
32	132		59	113
33	131		60	112
34	130		61	111
35	130		62	111
36	129		63	110
37	128		64	109
38	127		65	109
39	127		66	108
40	126		67	107
41	125		68	106
42	125		69	106
43	124		70	105
44	123			

2. **Temperature:** Maximum body temperature greater than **100.4 °F**.
(*OSHA Technical Manual Sec III, Ch. 4*)
3. **Blood Pressure:** the blood pressure has two components. They are the systolic (higher number) and diastolic (lower number) pressure. The limits for these, as used by several fire departments are:
Systolic-160 Diastolic-100 (*Please check with your local FD for your state limits*)
4. **Body Water Loss:** Measure the end users weight on a scale accurate to plus or minus 0.25 pounds prior to any response activity. Compare this weight with his/her normal body weight to determine if enough fluids have been consumed to prevent dehydration. Weights should be taken while the end user wears similar clothing. The body water loss should not exceed 1.5% of the total body weight loss from a response. (*OSHA Technical Manual Sec III, Ch. 4*)

Remember: If any of the above parameters are exceeded the responder, decontamination person or other person must not suit up for at least **8 hours!**

Logger- Entry Time Keeping Sheet

Names:

Responder #1 _____ Backup #1 _____ Decon #1 _____

Responder #2 _____ Backup #2 _____ Decon #2 _____

Responder #3 _____ Backup #3 _____ Decon #3 _____

Responder #4 _____ Backup #4 _____ Decon #4 _____

Members Cleared for Entry/decon by first aid (yes, no):

Responder #1 _____ Backup #1 _____ Decon #1 _____

Responder #2 _____ Backup #2 _____ Decon #2 _____

Responder #3 _____ Backup #3 _____ Decon #3 _____

Responder #4 _____ Backup #4 _____ Decon #4 _____

Time Going ON Air:

Responder #1 _____ Backup #1 _____

Responder #2 _____ Backup #2 _____

Responder #3 _____ Backup #3 _____

Responder #4 _____ Backup #4 _____

Alert the Incident Commander after the first Member has been on air for 5 minutes and then every 5 minutes afterward.

Time Going OFF Air:

Responder #1 _____ Backup #1 _____

Responder #2 _____ Backup #2 _____

Responder #3 _____ Backup #3 _____

Responder #4 _____ Backup #4 _____

Critique of Emergency Response Operations

Date: _____

Time: _____

Evacuation and Accountability

Topic		Comments/Changes
Were the plant personnel evacuated and accounted for per the emergency action plan?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was the wind direction determined before plant personnel were evacuated?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were the safe distances and places of refuge discussed during the evacuation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were the safe distances and places of refuge adequate?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

Notification

Topic		Comments/Changes
Were outside agencies required to be notified?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were the outside agencies contacted within the proper time limit?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was management notified?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were outside agency meeting locations designated?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

PRE-ENTRY MEETING:

Response Team

Topic		Comments/Changes
Were the following items discussed?		
Location of electrical cutoffs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Location of isolation valves?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Location of utility isolation valves?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Location of the Hot, Warm and Cold Zones?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Extent of the Hot Zone?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
How to keep the Hot Zone from spreading?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Location of the Command Post?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Location of first aid area?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Ventilation system?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Containment methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Communication methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Clean-up methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Selection of PPE?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Radio communication protocol?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

Responders

Topic		Comments/Changes
Were the following items discussed?		
Additional hazardous chemicals in area?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Physical hazards in area (spills, trips, hang-ups, etc.)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Concentration measurement methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Containment methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Maximum allowable concentration requiring exit from area?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Alternate exits from Hot Zone?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

Decontamination

Topic		Comments/Changes
Were the following items discussed?		
Warm Zone/Decontamination Location?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Decontamination methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Disposal methods and procedures?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Communication methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

Security

Topic		Comments/Changes
Were the following items discussed?		
Security of spill zone?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Security of hot, warm and cold zones?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Outside agency meeting locations/coordination?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Communication methods?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

EXECUTION / ENTRY

Topic		Comments/Changes
Prior to entry, were the following verified?		
Security was ready?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Decontamination was set up and ready?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Personnel had been medically checked and OK'd?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Primary responders were ready?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Backup responders had masks on and are ready?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Backup responders were in the warm zone?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Final radio check had been made?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

POST MEETING

Topic		Comments/Changes
Did site security perform as designed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was 1/4 of the LEL ever measured?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was emergency medical treatment and first aid available <u>before</u> and <u>during</u> the response?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was the PPE adequate for the emergency response operation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was the Command Post correctly located?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Did the Command Post have to be relocated for any reason?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was the Incident Command System implemented correctly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were <u>pre-entry</u> and <u>post-entry</u> , blood pressures, temperatures and pulse rates taken for each responder and decontamination personnel?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were blood pressures, temperatures and pulse rates for each responder and decontamination personnel compared against their <u>baseline</u> numbers?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Did communications function properly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Was the "buddy system" employed at all times?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Were air samples taken at pre-determined locations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	
Did the sampling device perform adequately?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y/ N/ NA	

Items to be replaced/purchased

Actions items/Comments
