

# 2026

# HAZMAT

# Response

# Documentation

# Kit

***National Response Center***  
***800.424.8802***

**Location/Area:** \_\_\_\_\_

**Wind From the:** \_\_\_\_\_

**Evacuation Location:** \_\_\_\_\_

# Hazmat Team assignments

## Safety Factor – Exit Area Immediately if Concentration is ¼ of LEL

Ammonia Only – 3.75% (37,500 ppm)    Ammonia w/Oil – 2% (20,000 PPM)

Other Chemical \_\_\_\_\_

### PPE

- 0 – 25 ppm: No Protection
- 25 – 250-300 ppm: Full Face APR
- 300+ SCBA + Level A Suit

### Flammability Limits

#### Ammonia only

- LEL: 15% (150,000 ppm)
- UEL: 28% (280,000 ppm)

#### Ammonia with oil

- LEL: 8% (80,000 ppm)

Other Chemical \_\_\_\_\_

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 Response Documentation

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

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

Description of Practice: \_\_\_\_\_

## Response Team:

<u>Name</u>	<u>Team positions</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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 and Emergency Action and Response Plans

### Conduct Entry Briefing

### Execute the plan

### Decontaminate/cleanup

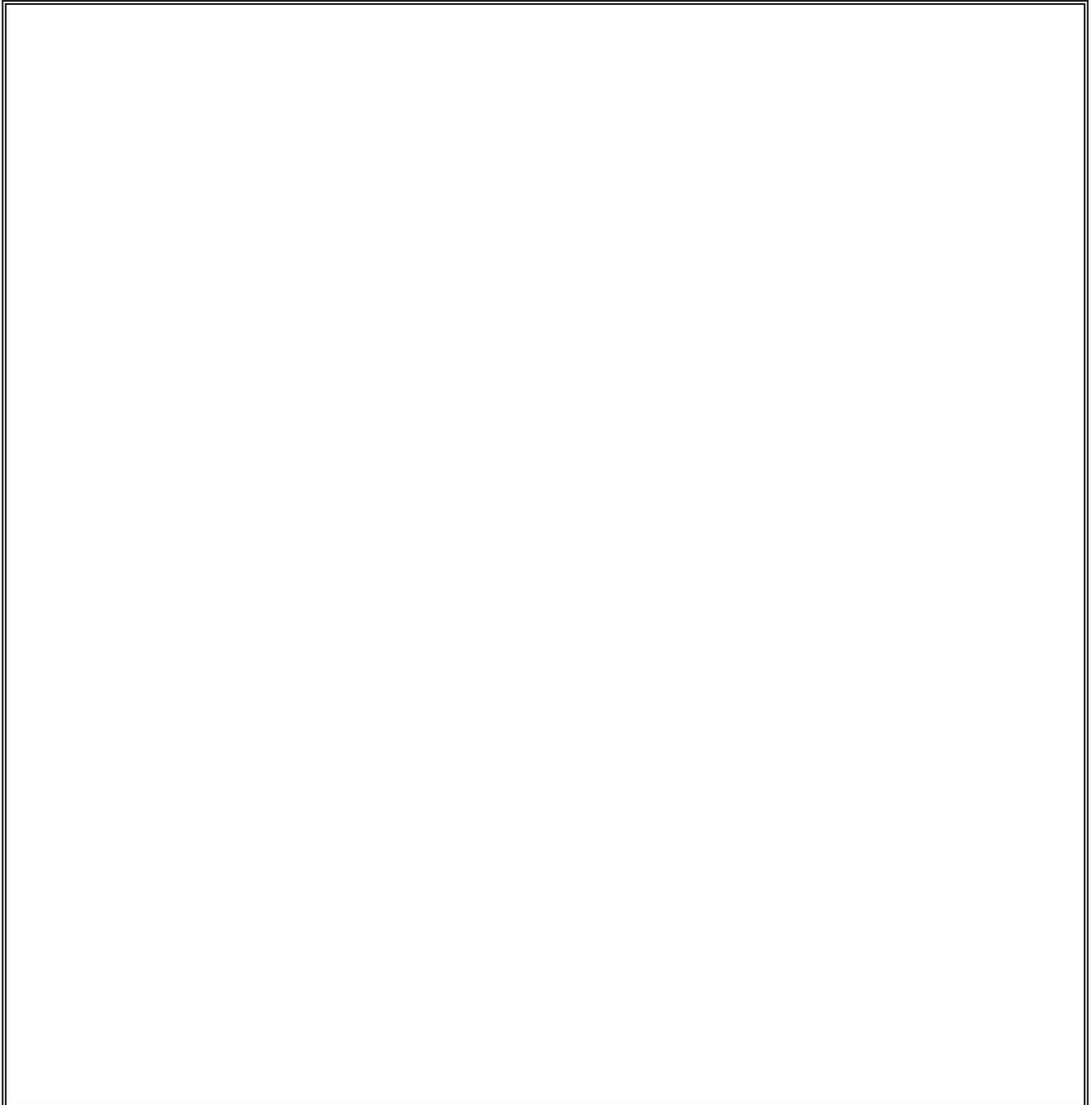
- Victims
- Responders
- Contaminated area

### 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
<b>Ammonia</b> <i>(Liquid, suction, hot gas)</i>		
<b>Other Chemicals:</b>		

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

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

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

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

<b>Third Back-up Utility Cut Offs(from a safe area)</b>		
<b>Description</b>	<b>Location</b>	<b>Identification</b>
<b>Utilities</b> <i>(gas, water, steam, etc.)</i>		

<b>Ignition Sources</b>	
<b>Type</b>	<b>Location</b>

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

<b>Special Equipment: Drain covers, door keys, pillows, socks, etc.</b>
Location:

<b>Other Hazardous Chemicals in the area</b>			
Chemical	Location	Container Type	Chemical Quantity

<b>Entry &amp; Operational Hazards (spills, trips, hang-ups, limited access, etc.)</b>	
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

<b>Security Locations (Identify then mark map on page )</b>	
Cold Zone:	
Warm Zone:	
Hot Zone:	
Facility:	

<b>Media Meeting Location</b>

<b>Outside Agencies Meeting Location</b>
Police/Fire: etc.
Local:

<b>Contaminant Pathway Concerns</b>
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?

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

<b>Equipment that needs to be shutdown/turned on:</b>

<b>Doors (open/close):</b>

<b>Fan placement (sealing doors, etc):</b>

<b>Air Make-up Units (on/off):</b>

<b>Damming , Diking and Sealing:</b>
Domestic Sewers/Drains/Storm Water:

<b>Other Considerations and/or Special Equipment:</b>

## Suggested Emergency Response Equipment List

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

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

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

<b><u>Decontamination</u></b>	<b><u>Recommended</u></b>	<b><u>Actual OnHand</u></b>
<b>"Level B" Station: PPE</b>		
"Level B" Splash type suits (appropriate sizes)	4	
Self Contained Breathing Apparatuses (SCBAs)	3	
<b>"Level C" Station: PPE</b>		
"Level C" Splash type suits (appropriate sizes)	4	
Air purifying respirators	3	
Spare canisters or pairs of cartridges	3	
<b>"Levels B and C": General</b>		
chemical boots (steel toed, steel shanked, sized appropriately)	4 Sets	
cool vests	2	
"Cool Ban" type neck coolers	4	
Decontamination station or two rinse pools		
Spray wands		
Five-gallon buckets (2 for soap solution and 2 for decontamination of tools)	4	
Liquid Soap		
Brushes		
Water hoses		

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

<b><u>Equipment</u></b>	<b><u>Recommended</u></b>	<b><u>Actual OnHand</u></b>
Set of orange safety type vests	1	
Positive pressure fans	2	
Rolls each of barrier tape (hazardous materials) hot, warm, cold zone	2 each	
Barrier tape stands	4	
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		

<b><u>Clean-up /Neutralization supplies</u></b>	<b><u>Recommended</u></b>	<b><u>Actual OnHand</u></b>
Chemical shovels		
Absorbent materials		
vinegar for neutralization	2 gallons	
pH paper or pH meter		
Buckets, barrels, etc., for disposal		

<b><u>Other optional equipment</u></b>	<b><u>Recommended</u></b>	<b><u>Actual OnHand</u></b>
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		

**EQUIPMENT**

Item	Company	Qty	Agency	Qty
<b>SCBAs</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Level A Suits</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Spare Air Tanks</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Positive Pressure Fans</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Decontamination Suits</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Chemical Resistant Outer Gloves</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Air Purifying Masks</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Air Purifying Cartridges</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Chemical Boots (Steel Toed, Steel Shank)</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Decontamination Station</b>	<input type="checkbox"/>		<input type="checkbox"/>	
Containment Pools	<input type="checkbox"/>		<input type="checkbox"/>	
Water Hoses	<input type="checkbox"/>		<input type="checkbox"/>	
Scrub Brushes	<input type="checkbox"/>		<input type="checkbox"/>	
Dry Soap or Dawn	<input type="checkbox"/>		<input type="checkbox"/>	
5 Gallon Buckets	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Security Tape</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Flashlights</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Electronic Sampler</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Manual Sampler</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Pull Tubes</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Radios</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Ear Mikes/Push to Talks</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Tools (pipe wrenches, etc)</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Tool Bag</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Repair Parts</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>First Aid</b>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Cell Phone</b>	<input type="checkbox"/>		<input type="checkbox"/>	

**OTHER**

	Company	Qty	Agency	Qty
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

**SERVICES**

<b>Item</b>	<b>Company</b>	<b>Agency</b>
<b>Incident Command</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Technical Support</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Security</b>		
Spill Area	<input type="checkbox"/>	<input type="checkbox"/>
Plant	<input type="checkbox"/>	<input type="checkbox"/>
Local Access Roads	<input type="checkbox"/>	<input type="checkbox"/>
Highways	<input type="checkbox"/>	<input type="checkbox"/>
Railroads	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact/Notification</b>		
National Response Center(NRC) 800-424-8802	<input type="checkbox"/>	<input type="checkbox"/>
Local Emergency Planning Commission (LEPC)	<input type="checkbox"/>	<input type="checkbox"/>
State Emergency Response Commission (SERC)	<input type="checkbox"/>	<input type="checkbox"/>
Hazmat	<input type="checkbox"/>	<input type="checkbox"/>
Waste Water Plant	<input type="checkbox"/>	<input type="checkbox"/>
Airport Authority	<input type="checkbox"/>	<input type="checkbox"/>
Neighboring Businesses	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Corp. of Engineers	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Homes	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evacuation/Accountability</b>		
Plant	<input type="checkbox"/>	<input type="checkbox"/>
Neighboring businesses	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Homes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personnel Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Shelter</b>		
Plant	<input type="checkbox"/>	<input type="checkbox"/>
Non-Plant	<input type="checkbox"/>	<input type="checkbox"/>
<b>Response Team Vitals</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Transportation</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



<b>Maximum Allowable Heart Rate</b>				
Max Heart Rate = (220-age) X .7 ( <i>Hazardous Materials Response Handbook</i> )				
<b>Age</b>	<b>Max Heart Rate</b>		<b>Age</b>	<b>Max Heart Rate</b>
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			

1. **Heart Rate:** The calculation for the maximum allowable heart (pulse) rate:
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** (*NFPA 1584*)
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 <b><u>before</u></b> and <b><u>during</u></b> 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 <b><u>pre-entry</u></b> and <b><u>post-entry</u></b> , 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	
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**

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**Actions items/Comments**

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