



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Safety Officer: _____

Don Vest:	_____	Back-Up Group Established:	_____
Report to IC:	_____	Suit Support Group Established:	_____
HazMat Branch Established:	_____	Briefing of Entry & Decon Groups:	_____
Resource Group Established:	_____	Recon Established:	_____
Evacuation Started:	_____	Product Identified:	_____
Evacuation Completed:	_____	Product Control - Confine / Contain:	_____
Security of Zones Established:	_____	Decontamination:	_____
Security of Site Established:	_____	Debriefing:	_____
Decon PPE Established:	_____	Disp/Decon of Contaminated Equip. Complete:	_____
Medical Eval. Established:	_____	Disp/Decon of Contaminated Clothes Complete:	_____
Entry Group Established:	_____	Post Incident Critique Established:	_____
Entry Group PPE Established:	_____	Records Received:	_____
Entry Group(s) Established:	_____	Termination:	_____

RECORDS

<u>Record</u>	<u>Received</u>	<u>From</u>	<u>Completed</u>	<u>By</u>
IC Records	_____	_____	_____	_____
HazMat Records	_____	_____	_____	_____
Entry Team Records	_____	_____	_____	_____
Decon Records	_____	_____	_____	_____
Medical Records	_____	_____	_____	_____
Resource Records	_____	_____	_____	_____



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

SCENE SAFETY PLAN

Assistance in preparing the safety plan can be obtained from the instructors.

Review

Incident Safety Officer: _____

Approvals

Incident Commander: _____

Operations Supervisor: _____

Science Supervisor: _____

Date & Time of Plan Preparation

Date: _____

Time: _____

Hazardous Substances

Known or suspected, contaminated media, or in storage container,
obvious leaks, spills or obvious breaches, physical damage.

Responding Agencies

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

All contractor and government personnel who are exposed to hazardous levels of chemicals or use respirators must be enrolled in a medical monitoring program.



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

General Safety Rules & Equipment:

1. There will be no eating, drinking or smoking in the exclusion zone or the Contamination Reduction Zone.
2. All personnel must pass through the Contamination Reduction Zone to enter or exit the exclusion or Hot Zone.
3. As a minimum, responders must be in one level of protection lower than that of the entry teams.
4. All decontamination equipment and systems must be in place before an entry can be made.
5. At the end of each entry, each entry group member will take a full body shower.
6. All breathing air shall be certified as Grade D or better.
7. Where practical, all tools shall be of the non-sparking type.
8. Fire equipment shall be on hand when the situation warrants such support. At a minimum, fire extinguishers shall be available.
9. Since incident evacuation may be necessary i an explosion, fire or other release occurs, an individual shall be assigned to sound an alert and notify the responsible command personnel and public officials if required. For example, the evacuation signal may be two long blasts on an air horn every 30 seconds until all personnel are known to be evacuated.
10. An adequately stocked first aid kit shall be on site at all times. In other instances, it may be necessary to have paramedics or other emergency medical personnel on hand.
11. The location and phone number of the nearest medical facility shall be posted and known by all personnel.

General Safety Briefing:

Before any incident actions are taken, a briefing from the Command Staff will be accomplished with all personnel present. Personnel shall sign a log sheet, attesting to being present at the pre-incident briefing. Topics discussed should include known and unknown hazards and the goals and objectives of the operation.

Emergency Action Conditions

Code Green

All Conditions are normal and incident work may continue.



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Code Red

All or specific work activities must cease at once due to the following:

1. Indications of emissions from the incident such as continuous CGI readings of 25 percent of greater, less than 19.5 percent or 1Mr/HR of ionizing radiation are present.
2. Current or projected meteorological data indicated that a probable impact on working conditions could occur.
3. If background readings obtained during cessation of activities worsen, reassessment of the findings should be confirmed. Actions to lower levels of contaminate or contingencies for further incident monitoring must take place.
4. If this condition exists, incident personnel will immediately notify federal, state and local responsible persons of the changes.

Officials making evacuation/public health decisions will address the need for a public health advisory to potentially affected areas, since incident control methods can or will not reduce the source of contamination or the threat to the general public.

If needed, a temporary relocation plan should be considered until levels of contamination are reduced or contained to levels deemed safe by all responsible authorities.

Conformation of these levels will be done by generally approved monitoring methods agreed to by the authorities in charge.

List of Authorized Personnel (Outside Agencies)

Specialized Task Assignments



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Levels of Protection Selected

Initial Site Survey: (A) (B) (C) (D)
Entry Team: (A) (B) (C) (D)
Back-Up Team: (A) (B) (C) (D)
Decon Team: (A) (B) (C) (D)

**** Attach Plot Plan to End of this Plan! ****

In the event of a potential fire or explosion:

In the event of a potential or actual ionizing radiation exposure:

In the event of the spread of contamination beyond the boundaries of the incident:



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Emergency Services

Emergency Medical Facility: _____

Ambulance Service: _____

Fire Department: _____

Police Department: _____

Poison Control Center: _____

Personnel Potentially Exposed to Hazardous Materials

Name	Position	Date & Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Decontamination Procedures

Contaminated personnel, surfaces, materials, instruments and other equipment.

Decontamination Solutions Used

Decontamination was: Dry Wet

Justification:

Disposal Procedures

Contaminated equipment, supplies, disposables, wastewater.



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Emergency Procedures (in the event of personnel exposure)

Emergency Procedures (in the event of personnel injury)

**** Hazard Assessment: Attach hazardous materials substance data sheet for chemicals involved. ****

Monitoring Procedures

Monitoring the incident for identity and concentration of contaminants in all media.
List the instruments to be used and what areas are to be monitored.

Hot Zone: _____

Warm Zone (CRZ): _____

Cold Zone (Support): _____

Medical Monitoring

What procedures will be used to monitor personnel for evidence of personal exposure.



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Safety Officer Form

Response Safety Check-Off Sheet

Before Response

Incident City & State: _____

Response Dates: _____

Type of Response

Highway Railway Residential Industrial
 Marine Other Specify: _____

Suspected Chemicals Involved

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Initial Level of Protection: (A) (B) (C) (D)

If level D, please justify: _____

Initial Medical Screening Completed: Yes No

If no, please justify: _____

Post Response

Level of Protection Used: (A) (B) (C) (D)

Justification: _____

Equipment Decontamination: (A) Clothing (B) Respirators (C) Monitoring

Disposed: _____ _____ _____ _____

Cleaned: _____ _____ _____ _____

No Action: _____ _____ _____ _____

Total Approximate Time in Hot Zone: _____ Days _____ Hours

Date Prepared: _____ Reviewer: _____