



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 | _____ | _____ | _____ | _____ |



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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.



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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.



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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



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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:



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Emergency Services

Emergency Medical Facility: _____

Ambulance Service: _____

Fire Department: _____

Police Department: _____

Poison Control Center: _____

Personnel Potentially Exposed to Hazardous Materials

Name

Position

Date & Time

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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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.



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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.



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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: _____