



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

MEDICAL MONITORING

ENTRY GROUP NO: _____

ENTRY PERSONNEL		PRE-ENTRY					POST-ENTRY				
Name	Temp	BP	Pulse	Resp	WT	Temp	BP	Pulse	Resp	WT	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

DECON GROUP NO: _____

ENTRY PERSONNEL		PRE-ENTRY					POST-ENTRY				
Name	Temp	BP	Pulse	Resp	WT	Temp	BP	Pulse	Resp	WT	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

No personnel are allowed to don chemical protective equipment if their vital signs are found to be above the following:

- Oral Temperature > 99.8
- Blood Pressure > 150/90
- Pulse > 110
- Respiration > 25



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

PRE-ENTRY GROUP DATA SHEET NO. _____

Duplicate sheet as needed. All sheets must be numbered.

Sheet _____ of _____

Entry shall be denied to any person with any of the following:

Oral Temperature > 100.6

Blood Pressure > 150/90

Pulse > 110

Respiration > 24

Medical Data

<p>Name: _____</p> <p>Dept: _____</p> <p>PRE-ASSIGNMENT</p> <p>Vitals: Temp BP Pulse Resp</p> <p> _____ _____ _____ _____</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____</p> <p>Reassigned: Staging _____ Other _____</p>	<p>Name: _____</p> <p>Dept: _____</p> <p>PRE-ASSIGNMENT</p> <p>Vitals: Temp BP Pulse Resp</p> <p> _____ _____ _____ _____</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____</p> <p>Reassigned: Staging _____ Other _____</p>
--	--

Medical Data

<p>Name: _____</p> <p>Dept: _____</p> <p>PRE-ASSIGNMENT</p> <p>Vitals: Temp BP Pulse Resp</p> <p> _____ _____ _____ _____</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____</p> <p>Reassigned: Staging _____ Other _____</p>	<p>Name: _____</p> <p>Dept: _____</p> <p>PRE-ASSIGNMENT</p> <p>Vitals: Temp BP Pulse Resp</p> <p> _____ _____ _____ _____</p> <p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____</p> <p>Reassigned: Staging _____ Other _____</p>
--	--



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

POST-ENTRY GROUP DATA SHEET NO. _____

Duplicate sheet as needed. All sheets must be numbered.

Sheet _____ of _____

Medical Data

Name: _____	Name: _____
Dept: _____	Dept: _____
POST-ASSIGNMENT	POST-ASSIGNMENT
Vitals: Temp BP Pulse Resp	Vitals: Temp BP Pulse Resp
_____	_____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____
Reassigned: Rehab _____ Other _____	Reassigned: Rehab _____ Other _____

Medical Data

Name: _____	Name: _____
Dept: _____	Dept: _____
POST-ASSIGNMENT	POST-ASSIGNMENT
Vitals: Temp BP Pulse Resp	Vitals: Temp BP Pulse Resp
_____	_____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Intials: _____
Reassigned: Rehab _____ Other _____	Reassigned: Rehab _____ Other _____



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

Entry Group Data

Name: _____	Name: _____
Level: _____ Suit No: _____	Level: _____ Suit No: _____
Suit Support (Name): _____	Suit Support (Name): _____
Suit Inspected Prior to Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suit Inspected Prior to Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time on Air: _____ PSI: _____	Time on Air: _____ PSI: _____
Time of Entry into Hot Zone: _____	Time of Entry into Hot Zone: _____
Time Left Hot Zone: _____	Time Left Hot Zone: _____
Notified Decon on Air: <input type="checkbox"/> Yes	Status Checks: 5 10 15 20 W

Entry Group Data

Name: _____	Name: _____
Level: _____ Suit No: _____	Level: _____ Suit No: _____
Suit Support (Name): _____	Suit Support (Name): _____
Suit Inspected Prior to Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suit Inspected Prior to Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Time on Air: _____ PSI: _____	Time on Air: _____ PSI: _____
Time of Entry into Hot Zone: _____	Time of Entry into Hot Zone: _____
Time Left Hot Zone: _____	Time Left Hot Zone: _____
Notified Decon on Air: <input type="checkbox"/> Yes	Status Checks: 5 10 15 20 W

** This form must be completed by the Entry Group Supervisor and then given to the Medical Branch. **



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

ENTRY / DECONTAMINATION GROUP DATA

Name: _____

Time in Suit/Entry: _____

Cylinder Pressure: _____

Time out of Hot Zone: _____

Cylinder Low Air Alarm: Yes No

Time Entered Decon: _____

Time out of Decon: _____

Full Decon: Yes No

Sent to Medical: Yes No

Name: _____

Time in Suit/Entry: _____

Cylinder Pressure: _____

Time out of Hot Zone: _____

Cylinder Low Air Alarm: Yes No

Time Entered Decon: _____

Time out of Decon: _____

Full Decon: Yes No

Sent to Medical: Yes No

* Move technician ahead if low alarm is sounding.

** If group re-enters the Hot Zone before complete decon, start a new form.

** This form must be completed by the Entry Group Supervisor and then given to the Medical Branch. **



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

REHABILITATION EVALUATION FORM

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Incident: _____ Group Commander: _____

	<u>Name</u>	<u>Department</u>	<u>Activity</u>	<u>Time In</u>	<u>Vitals</u>	<u>Time Out</u>	<u>Vitals</u>
1.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
2.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
3.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
4.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
5.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
6.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
7.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
8.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
9.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					
10.	_____	_____	_____	_____	_____	_____	_____
	Evaluation:	_____					

Comments:

** Attach additional sheets as necessary. **



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Medical Form

INCIDENT EXPOSURE RECORD

Name: _____ Department: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Fire Service Casualty: Yes No SRT HazMat Team Member: Yes No

Civilian Casualty: Yes No Spiller/Employee: Yes No

Work Performed By: _____

Observations/Reactions/Comments: _____

Current Symptomology

Pre-Exposure BP: _____ Pulse: _____ Resp: _____ Pupil Resp: _____ Lungs: _____

Post-Exposure: BP: _____ Pulse: _____ Resp: _____ Pupil Resp: _____ Lungs: _____

HazMat Involved Name: _____ DOT Placard No: _____

Exposure Time: _____ In: _____ Out: _____ Total Time: _____

Prot Equip Used (Type): _____

Decon/Routine/Emerg: _____

Disposition/Transport: _____

** This form is to be completed by the Medical Branch and must accompany exposure victim to the hospital. **