



MABAS DIVISIONS 4 & 5 SRT

Hazardous Materials Entry Group Form

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

ENTRY GROUP CHECKLIST

Report to HazMat Branch Director:	_____	Briefing:	_____
Identify Self:	_____	Radio Checks:	_____
Assign Entry Group (minimum 3):	_____	Air Supply Monitored:	_____
Assign Back-Up Entry Group (equal to Entry):	_____	Working Time Monitored:	_____
Entry Data Sheet Received:	_____	Status Checks:	_____
Assign Support Person per Member:	_____	Debrief Entry Upon Exiting:	_____
Determine PPE:	_____	Brief HazMat Branch Director:	_____
Decon Set-Up:	_____	Entry to Rehab:	_____



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ENTRY/PPE DATA SHEETS

ENTRY GROUP NO: _____

ENTRY PERSONNEL	PPE DATA			WORK/AIR TIMES				POST-ENTRY			
	Name	Suit	St Mtrl	Type	On Air	Entry	Out	Off Air	Med	Mon	Rehab
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

DECON PERSONNEL	PPE DATA			WORK/AIR TIMES				POST-ENTRY			
	Name	Suit	St Mtrl	Type	On Air	Entry	Out	Off Air	Med	Mon	Rehab
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

- PPE TYPES:**
- TO - Turn-Outs
 - TVS = Turn-Outs / Vapor-Splash
 - A = Level A
 - B = Level B
 - C = Level C
 - D = Level D
 - F = Flash



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LEVEL "A" AND ENCAPSULATING LEVEL "B" DONNING PROCEDURE CHECKLIST

- ___ 1. All components of the suit ensemble must be gathered and staged directly next to that member being dressed.
- ___ 2. All components of the suit ensemble must be inspected for defects, cuts, tears, abrasions, etc.
- ___ 3. Establish baseline vitals and register vitals on entry record.

IF ANY MEMBER HAS VITAL SIGNS ABOVE THE FOLLOWING, THE MEMBER SHALL NOT DON PROTECTIVE EQUIPMENT:

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

- ___ 4. Final briefing information from the Safety/Operations/Entry/Decon, final review of entry group game plan, final check of equipment required to execute the plan.
- ___ 5. Review and perform EMERGENCY HAND SIGNALS.
- ___ 6. Remove personal items.
- ___ 7. Remove member's shoes.
- ___ 8. Assist member in sitting (remind entrants to conserve energy). Place feet in suit, one at a time.
- ___ 9. Place feet in over boots, one at a time.
- ___ 10. Assist member in standing.
- ___ 11. Don SCBA harness/tank and register pressure on entry record.
- ___ 12. *Assist member with radio, throat mike and PTT button (throat mike to be placed on side of throat under ear).*
- ___ 13. Don SCBA face piece, perform positive and negative pressure check.
- ___ 14. *Insert radio ear piece.*
- ___ 15. *Place radio on "Fireground Black" unless advised otherwise by Entry Group Supervisor.*
- ___ 16. *Conduct radio test with team leader and Command Post if present.*



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- ___ 17. Don protective head gear and perform bend over test.
- ___ 18. Put on inner gloves.
- ___ 19. Place arms into suit, one at a time.
- ___ 20. Register suit time on entry record.
- ___ 21. [If appropriate] Put on outer gloves and banding.
- ___ 22. Member places himself on air. Register time on entry record.
- ___ 23. Encapsulate member.
- ___ 24. Dressers perform final visual check of suit and ensemble, checking for damage that may have been caused during dressing.
- ___ 25. Conduct final radio test with team leader and Command Post.

****Entry records shall now be passed to the Safety Officer to continue documentation in decontamination. ****

Ready To Enter Hazard Area

Notes:



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RECON INFORMATION - CONTAINER INFORMATION

Container No: _____

Container No: _____

Type of Container:

Type of Container:

Carboy: _____ Box/Bag: _____

Carboy: _____ Box/Bag: _____

Plastic Drum: _____ Steel Drum: _____

Plastic Drum: _____ Steel Drum: _____

Cylinder: _____ Hopper: _____

Cylinder: _____ Hopper: _____

Non-Pres Tank Car: _____ Pressure Tank Car: _____

Non-Pres Tank Car: _____ Pressure Tank Car: _____

Identification Markings:

Identification Markings:

Color: _____

Color: _____

Label Info: _____

Label Info: _____

Placard: _____

Placard: _____

Container Info: _____

Container Info: _____

Other Markings: _____

Other Markings: _____

Damage to Container:

Damage to Container:

Corroded: _____ Tear: _____

Corroded: _____ Tear: _____

Punctured: _____ Shear: _____

Punctured: _____ Shear: _____

Dent: _____ Gouge: _____

Dent: _____ Gouge: _____

Score: _____ Other: _____

Score: _____ Other: _____

Area of Damage:

Area of Damage:

Shell: _____ Valve(s): _____

Shell: _____ Valve(s): _____

Piping: _____ Other: _____

Piping: _____ Other: _____

Exposures:

Exposures:

Sewers: _____

Sewers: _____

Other Containers: _____

Other Containers: _____

Property: _____

Property: _____

Additional Comments: _____