

# **AREA 3 WMD/HMRRT**

## **TEAM NAME: TASK FORCE 3**

### **FORMS:**

**INCIDENT LOG**

**INCIDENT ACTION PLAN**

**INCIDENT SITE PLAN**

**SITE SAFETY PLAN**

**GENERAL INFORMATION**

INCIDENT #:		TIME REPORTED:	
DATE:		TIME OCCURRED:	
COUNTY:		COMMUNITY:	
INCIDENT LOCATION:			
TIME NOTIFIED:			
REPORTED BY:		AGENCY:	
		PHONE:	

**SITUATION REPORT**

# INJURIES:		# DEATHS:		EVACUATIONS:	
# SHELTER:		LOCATIONS:			
STREAMS AFFECTED:					
PROPERTY DAMAGE:					
ROADWAYS CLOSED/DETOURS (MM):		EXPECTED OPEN:			
EXPECTED ALL-CLEAR TIME:					

**WEATHER**

TEMP		DEW POINT		WIND SPEED/DIRECTION		PRECIPITATION (RAIN, SNOW, ETC.)	
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**TYPE OF INCIDENT**

HAZMAT	NATURAL HAZARD	TRANSPORTATION	OTHER EVENT	SEARCH/RESCUE
<input type="checkbox"/> SPILL	<input type="checkbox"/> THUNDERSTORM	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> TERRORISM	<input type="checkbox"/> LOST PERSON
<input type="checkbox"/> AIR RELEASE	<input type="checkbox"/> TORNADO	<input type="checkbox"/> HIGHWAY	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DROWNING
<input type="checkbox"/> FIRE	<input type="checkbox"/> FLOOD	<input type="checkbox"/> AVIATION	<input type="checkbox"/> CIVIL DISORDER	<input type="checkbox"/> USAR
<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> WINTER STORM	<input type="checkbox"/> PIPELINE	<input type="checkbox"/> EVACUATION/ SHELTER	<input type="checkbox"/> MISSING AIRCRAFT
<input type="checkbox"/> CSEPP	<input type="checkbox"/> EARTHQUAKE	<input type="checkbox"/> MARINE	<input type="checkbox"/> UTILITY/WATER	<input type="checkbox"/> HIGH ANGLE
<input type="checkbox"/> RADIOLOGICAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> CAVE

**INITIAL INCIDENT INFORMATION**


(USE INCIDENT JOURNAL, PAGE 10, FOR CONTINUATION)

EM DIRECTOR (WHO):		INCIDENT COMMANDER (WHO):	
INCIDENT ACTION PLAN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE/TIME:
SITE SAFETY PLAN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE/TIME:
COMMAND POST LOCATION:			

**HAZARD INFORMATION**

CHEMICAL NAME	AMOUNT RELEASED/ SPILLED	UN #	GUIDE #	CAS # PLACARD	TOTAL AMOUNT	CHARACTERISTICS		
						PA	LEL	UEL

EHS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RQ (AMT)		CERCLA:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RQ (AMT)	
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**STATE**

<input type="checkbox"/> SOLID	<input type="checkbox"/> LIQUID	<input type="checkbox"/> GAS	<input type="checkbox"/> LIQUID COMPRESSED GAS	<input type="checkbox"/> PURE	<input type="checkbox"/> MIX	<input type="checkbox"/> WASTE	<input type="checkbox"/> OTHER
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**HAZARDS**

<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> ACTIVE TOXICITY	<input type="checkbox"/> DELAYED	<input type="checkbox"/> TOXICITY	<input type="checkbox"/> FIRE	<input type="checkbox"/> REACTIVE	<input type="checkbox"/> SUDDEN RELEASE	<input type="checkbox"/> RADIO-ACTIVE
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**RESPONSIBLE PARTY INFORMATION**

COMPANY:	
CONTACT PERSON:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
E-MAIL:	
FAX:	

**CLEAN-UP CONTRACTOR**

CLEAN-UP CONTRACTOR:	
CONTACT PERSON:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
FAX:	
ETA:	

**INCIDENT ACTION AND SAFETY PLANS**

INCIDENT ACTION PLAN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE/TIME:	
SITE SAFETY PLAN:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE/TIME:	

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**INCIDENT PRIORITIES**

**1ST**    **LIFE SAFETY**

**2ND**    **INCIDENT STABILIZATION & PROTECTION OF THE ENVIRONMENT**

**3RD**    **PROPERTY CONSERVATION**

**WHAT IS THE PROBLEM?**

**STRATEGIC GOALS**

**TACTICAL OBJECTIVES**

**TACTICAL OBJECTIVES**

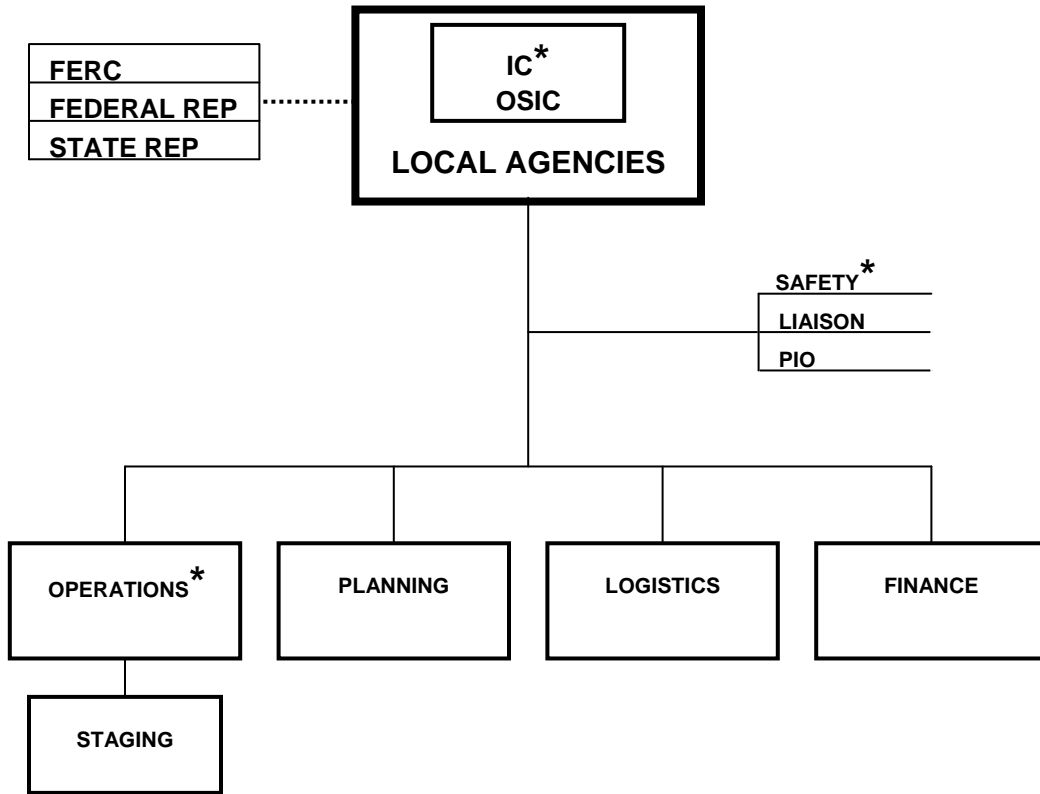
**RESOURCE ASSIGNMENT PER OBJECTIVE**

**PLAN SUMMARY**

**MITIGATION MEASURES**



# INCIDENT MANAGEMENT SYSTEM



**\* ALWAYS STAFFED OR INCIDENT COMMANDER WILL ASSUME THE POSITIONS**

**PROTECTIVE ACTION ZONES (DESCRIBE)**

<b>INITIAL ISOLATION ZONE RADIUS:</b>		<b>SAFE REFUGE DISTANCE EMERGENCY WORKERS:</b>	
<b>EXCLUSION ZONE (HOT):</b>			
<b>CONTAMINATION REDUCTION ZONE (WARM):</b>			
<b>SUPPORT ZONE (COLD):</b>			

**DECONTAMINATION AND PPE**

<b>ZONE</b>	<b>LEVEL PPE</b>	<b>DECON LOCATION SITES</b>
<b>HOT</b>		
<b>WARM</b>		
<b>COLD</b>		

**EMERGENCY EVACUATION SIGNAL(S) AND ROUTES FOR WORKERS**

<b>SIGNAL</b>	<b>ROUTE</b>

**POPULATION PROTECTION ALERTING/WARNING**

<b>METHOD OF ALERT</b>		<b>SIGNAL</b>	
<b>BEGIN EVACUATION TIME</b>	<b>END EVACUATION TIME</b>	<b>IN-PLACE SHELTER/ BEGIN TIME</b>	<b>IN-PLACE SHELTER/ ALL CLEAR TIME</b>
<b>EVACUATION ROUTES</b>			

**MISCELLANEOUS**


SENIOR LOCAL AGENCY PERSONNEL ON SCENE			<input type="checkbox"/> SHIFT 1	<input type="checkbox"/> SHIFT 2
AGENCY	UNIT #	NAME	TIME ON SCENE	TIME RELIEVED
CO. EMERGENCY MGT.				
FIRE				
POLICE				
SHERIFF				
RESCUE				
EMS				
WATER/SEWER				
ROADS				
CO. JUDGE/EXECUTIVE				
MAYOR				
NEWS AGENCY				
OTHER				
SENIOR STATE AGENCY PERSONNEL PRESENT			<input type="checkbox"/> SHIFT 1	<input type="checkbox"/> SHIFT 2
AGENCY	UNIT #	NAME	TIME ON SCENE	TIME RELIEVED
STATE EMERGENCY MGT.				
FM				
NREPC/ERT				
KVE				
KSP				
DOT				
NREPC/WATER				
NREPC/AIR				
AG/PESTICIDES				
CHS/EMS				
PSC				
KyNG				

**PUBLIC SHELTER/EVACUATION INFORMATION**

RECEPTION CENTER:		PHONE:	
RECEPTION CENTER:		PHONE:	
SHELTER LOCATION:		# SHELTERED:	
SHELTER LOCATION:		# SHELTERED:	
SPECIAL FACILITIES AFFECTED:			

**COMMUNICATIONS PLAN**

AGENCY	FREQUENCY	PHONE	CELL PHONE	FAX
EMERGENCY PUBLIC INFORMATION ALERTING				

**AIRSPACE RESTRICTIONS CALL KyEM DUTY OFFICER 800-255-2587**

**LATITUDE AND LONGITUDE** N3\_\_\_\_.\_\_\_\_\_ W08\_\_\_\_.\_\_\_\_\_

**RECOVERY**

RE-ENTRY AND RECOVERY:	DATE/TIME BEGIN:		END:	
FOLLOW UP PROCEDURES/ACTIONS:	DATE/TIME BEGIN:		END:	
SCHEDULE CRITIQUE DATE/TIME:				
LOCATION OF CRITIQUE:				
REPORT FILED DATE/TIME:				

**NOTES**


**INCIDENT SITE PLAN**

**NORTH**





**(ARE ALL PERSONNEL TRAINED FOR LEVEL OR RESPONSE REQUIRED?)**

DESCRIBE HOT ZONE:

DESCRIBE WARM ZONE:

**EMS AND FIRST AID**

LOCATIONS:

RESPONSIBLE AGENCY:

ALS:

BLS:

**MEDICAL/HOSPITAL**

HOSPITAL NAME	PHONE	TIME	DECON CAPABILITY		ALTERNATE
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**SITE SECURITY AND CONTROL**

RESPONSIBLE	SECURITY CHIEF	CHECK POINTS

SECURITY PROCEDURES:

ID METHODS:

BADGE:

YES

NO

UNIFORM:

YES

NO

ID CARD:

YES

NO

**SITE COMMUNICATIONS PLAN**

AGENCY	FREQUENCY	PHONE	CELL PHONE	FAX

HAND SIGNALS ESTABLISHED AND BRIEFED?

YES

NO

DESCRIBE:

INTRINSICALLY SAFE COMMUNICATIONS EQUIPMENT REQUIRED?

YES

NO

DESCRIBE:

INCIDENT SITE DRAWING

NORTH





DECONTAMINATION LAYOUT

NORTH