

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED
TEAM NAME: TASK FORCE 3

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-R13

INCIDENT FORMS

PURPOSE

To establish an approved list of forms to be used by and for TASK FORCE 3 during a response and for administrative functions of TASK FORCE 3 and Area 3 Regional Weapons of Mass Destruction and Hazardous Materials Response Team, Inc.

DIRECTION AND CONTROL

Authority

These guidelines have been developed and approved by the Board of Directors. The Administrator shall review these procedures as needed, but not less than annually, and submit any changes to the Board of Directors for approval.

Responsibility

The Team Leaders are primarily responsible for implementation of these procedures.

Maintenance

These procedures shall be effective upon approval of the Board of Directors and shall remain in effect until revised or rescinded.

CONCEPT OF OPERATIONS

The following A3/RWMD/HMRT forms will be completed for each incident response:

TASK FORCE 3 Form R13A - Organizational Assignment Sheet
TASK FORCE 3 - Incident Report
TASK FORCE 3 - Incident Log
TASK FORCE 3 - Incident Site Safety Plan
TASK FORCE 3 Form A1 - Expense Claim

The Team Leader is responsible for ensuring that all forms are completed. The Team Leader will transmit all forms to the Administrator within three (3) days following the termination of the response. The Administrator will maintain a file copy and transmit the originals to the Treasurer for billing. The Treasurer will maintain a file copy and invoice the response based on the data contained on those forms.

The above listed forms will be used for: (1) to document all incident actions taken by the TASK FORCE 3 at the incident scene; (2) to document all expenses and equipment to be replaced as a result of the incident; (3) to prepare billing; (4) to document information that will be used in preparing the A3/RWMD/HMRT Annual Report; (5) to track membership response; and (6) to maintain medical surveillance records on responding members.

ATTACHMENTS

1. TASK FORCE 3 Form R13A - Team Assignment Sheet
2. TASK FORCE 3 - Incident Report
3. TASK FORCE 3 - Incident Log
4. TASK FORCE 3 - Incident Site Safety Plan
5. TASK FORCE 3 Form A1 - Expense Claim

APPROVAL

President, A3/RWMD/HMRT, Inc.

Date

Adopted 12/2009

TASK FORCE 3

INCIDENT FORMS:

INCIDENT LOG

INCIDENT ACTION PLAN

INCIDENT SITE PLAN

SITE SAFETY PLAN

EXPENSE FORMS

MEMBERSHIP FORM

WORKERS COMPENSATION FORM

**STATEMENT OF UNDERSTANDING AND TEAM
APPOINTMENT**

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.)				
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:										
TASK FORCE 3			INCIDENT LOG				Page 2			

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)	
------	------------------------------	-----------------------------	----------	--	---------	------------------------------	-----------------------------	----------	--

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
--------------------------------	---------------------------------	------------------------------	--	-------------------------------	------------------------------	--------------------------------	--------------------------------

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
------------------------------------	---	----------------------------------	-----------------------------------	-------------------------------	-----------------------------------	--	---

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:	

--

INCIDENT PRIORITIES

1ST **LIFE SAFETY**

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

3RD **PROPERTY CONSERVATION**

WHAT IS THE PROBLEM?

STRATEGIC GOALS

TACTICAL OBJECTIVES

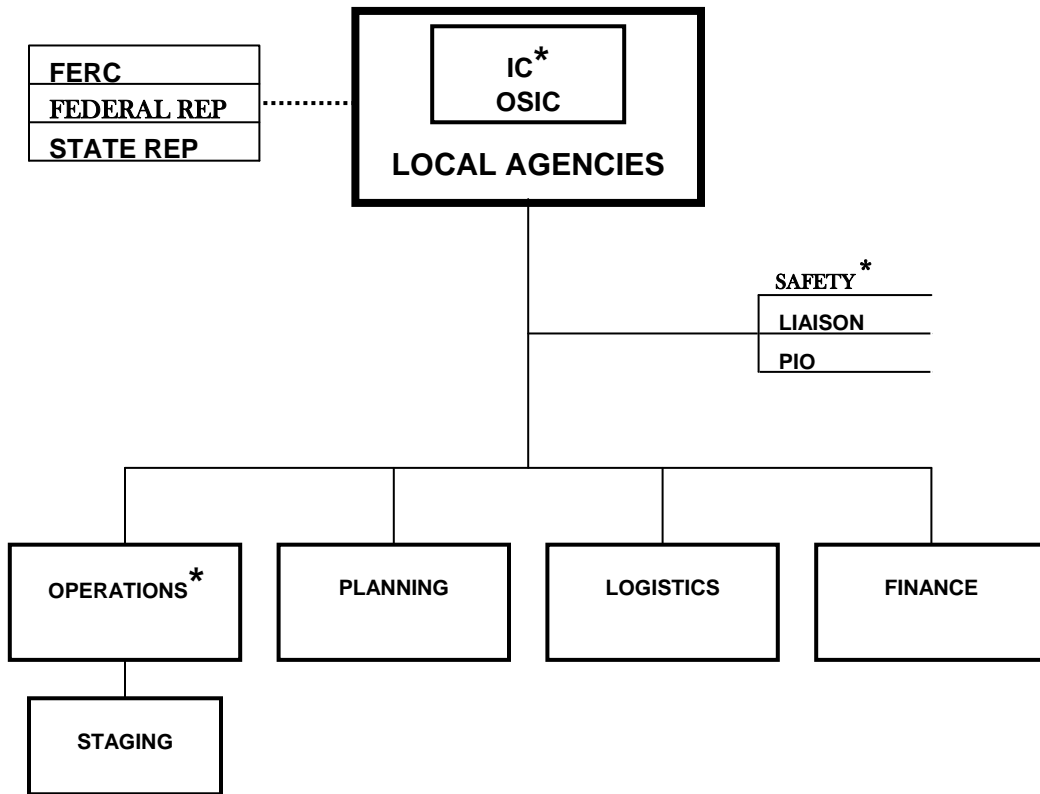
TACTICAL OBJECTIVES

RESOURCE ASSIGNMENT PER OBJECTIVE

PLAN SUMMARY

MITIGATION MEASURES

INCIDENT MANAGEMENT SYSTEM



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

PROTECTIVE ACTION ZONES (DESCRIBE)

INITIAL ISOLATION ZONE RADIUS:

SAFE REFUGE DISTANCE EMERGENCY WORKERS:

EXCLUSION ZONE (HOT):

CONTAMINATION REDUCTION ZONE (WARM):

SUPPORT ZONE (COLD):

DECONTAMINATION AND PPE

ZONE	LEVEL PPE	DECON LOCATION SITES
HOT		
WARM		
COLD		

EMERGENCY EVACUATION SIGNAL(S) AND ROUTES FOR WORKERS

SIGNAL	ROUTE

POPULATION PROTECTION ALERTING/WARNING

METHOD OF ALERT		SIGNAL	
BEGIN EVACUATION TIME	END EVACUATION TIME	IN-PLACE SHELTER/ BEGIN TIME	IN-PLACE SHELTER/ ALL CLEAR TIME

EVACUATION ROUTES

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