

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

**FOREWORD**

This document is the Standard Operating Guidelines (SOG) for the Area 3 Regional Weapons of Mass Destruction and Hazardous Materials Response Team, Incorporated (TASK FORCE 3)

**TASKFORCE 3 will conduct all response operations using the National Incident Management System (NIMS).**

This SOG requires fair and equal treatment to all regardless of race, creed, color, national origin, sex, age or handicap.

First priority will always be to save lives, second is protection of the environment and third is mitigation of damage to property.

APPROVAL

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President, A3/RWMD/HMRT, Inc.

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Date

Adopted 12/2009

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

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AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-A1

RESPONSE BILLING

**PURPOSE**

These guidelines establish the procedure by which incident response cost recovery will be processed.

**DIRECTION AND CONTROL**

Authorities

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

Responsibilities

The Administrator/Treasurer is primarily responsible for implementation of these procedures. The Administrator, and Team Leaders, in the order listed, will be thoroughly familiar with the established procedures. Responsibility for implementation of these procedures shall fall to the next in line should the primary be unavailable.

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procedures shall be effective upon approval of the Board of Directors and shall remain in effect until revised or rescinded.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

TASK FORCE 3 Incident Team Leader is responsible for documenting all expenses incurred during a response. The Team Leader may delegate this task to another TASK FORCE 3 member on scene (Finance Officer).

Only the Team Leader is authorized to accept any billings from other emergency response agencies in support of the TASK FORCE 3 during an incident response. Billings received after the incident will be sent to the Administrator/Treasurer.

All authorized expenses incurred by TASK FORCE 3 (i.e. gas, food, etc.) must be incident related and documented by obtaining a receipt. All receipts will be turned in to the Team Leader (or on scene Finance Officer) as soon as possible but no later than two days following the response.

- A. Once the Team Leader has received all receipts, and documented all equipment used during the incident on the TASK FORCE 3 Incident Report and Site Log. The report along with TASK FORCE 3 Form A1, Expense Claim, with all receipts and documents supporting equipment used will be turned over to the A3/RWMD/HMRT, Inc. Administrator. The Administrator will ensure that all necessary documentation is received and that all expenditures were justified. All paperwork supporting the incident

response will be turned over to the TASK FORCE 3 Administrator/Treasurer for billing.

- B. The Administrator/Treasurer will prepare a bill to be sent to the political subdivision through which the response was requested.
- C. In those cases where this procedure cannot be accomplished the Administrator/Treasurer shall bill the responsible party separately. Billings will be mailed to the responsible party within ten (10) days following the close of the incident. It is imperative that responsible party information be included on the TASK FORCE 3 Incident Report and Site Log.
- D. The Administrator/Treasurer will include the name of the responsible party and the total amount billed in the Administrator/Treasurer's Report at the next Board of Director's meeting. The Administrator/Treasurer shall also advise the Board of Directors when the payment is received.
- E. Replacement cost for non-recoverable equipment will be based on the current replacement costs.
- F. For incident response, personnel and vehicle costs, in addition to the equipment replacement costs, will be billed based upon the following:
  - G. Vehicles:
    - a. Unit 1 Daviess County \$200.00 per hour
    - b. Unit 2 Hancock County \$200.00 per hour
    - c. Unit 3 Henderson County \$200.00 per hour
    - d. Unit 4 McLean County \$200.00 per hour
    - e. Unit 5 Ohio County \$200.00 per hour
    - f. Unit 6 Union County \$200.00 per hour
    - g. Unit 7 Webster County \$200.00 per hour
    - h. Unit 8 EastResponse Unit \$500.00 per hour
    - i. Unit 9 West Response Unit \$500.00 per hour
    - j. Personnel Technician Level \$90.00 per hour
    - k. Personnel Operations Level \$65.00 per hour
    - l. Support Personnel \$50.00 per hour
- H. All funds received shall be deposited into the A3/RWMD/HMRT, Inc. bank account and shall be used to replace equipment and supplies only.

**ATTACHMENTS**

- 1. TASK FORCE 3 Form A1, Expense Claim

**APPROVAL**

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.  
Adopted 12/2009

\_\_\_\_\_  
Date

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-A2

EXPENDITURE OF FUNDS AND BILL PAYMENT

PURPOSE

To authorize the corporation's Administrator/Treasurer to pay all normal operating expenses upon receipt of billing; to establish procedures for emergency purchases; and to establish categories of expenses considered as normal operating expenses.

DIRECTION AND CONTROL

Authority

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

Responsibilities

The Administrator/Treasurer is 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 Board of Directors has authorized the corporation's Administrator/Treasurer to pay all normal operating expenses upon receipt. Emergency purchases must have the prior approval of the Board of Directors. The Administrator/Treasurer has been instructed to hold any billing not having prior approval until the next board meeting.

The following categories of expenses are considered normal operating expenses and are to be listed on Form A-1 Expense Claim Form:

- Billings resulting from an incident response.
- Administrative supplies (pens, paper, computer disks, etc.)
- Fuel and oil

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-A3

MEMBERSHIP

PURPOSE

To establish the procedure by which membership application to TASK FORCE 3 is made and processed.

DIRECTION AND CONTROL

Authorities

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.

Responsibilities

The Administrator, Membership Committee, Training Committee, and Training Officer of TASK FORCE 3 are 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

Individuals desiring to become a volunteer member of the TASK FORCE 3 must complete the membership application and submit such application with copies of hazardous materials training certificates and workers compensation form to the A3/RWMD/HMRT Administrator.

Upon receipt of an application the Membership Committee shall review the application for completeness. The applicant shall also read the organization's Standard Operating Guidelines and sign a statement that he/she understands and agrees to comply with the procedures.

The Membership Committee shall review the application specifically noting the following:

1. Training Level and training certificates
2. Availability for response
3. Residence (must live or work within the TASK FORCE 3 normal operating area)
4. Employer's statement of availability
5. Applicant's statement that they have read and understand all A3/RWMD/HMRT's procedures

A. The Membership Committee shall make a preliminary recommendation for membership and return the application and all supporting documentation to the Administrator. The Team Leader will coordinate with the applicant in scheduling a physical examination or providing documentation thereof, where applicable.

- B. Once documentation of the medical examination is received the Team Leader shall maintain a copy and forward a copy to the Administrator. If, in the opinion of the examining physician, the applicant is fit for duty to include the ability to wear any required personal protective equipment under conditions (i.e., temperature extremes) that may be expected at the work site, the Membership Committee shall make a final recommendation to the Board of Directors for action.
  
- C. The board of directors has final approval/disapproval on all applications. The administrator will be advised to contact the applicant regarding the board's actions. If approved the administrator will establish a new file for the applicant.

**ATTACHMENTS**

- 1. TASK FORCE 3 Form A3A, Active Membership Roster
- 2. Applicant's Statement of Understanding
- 3. Employer's statement of availability
- 4. HIPPA form

**APPROVAL**

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-A4

LOCAL GOVERNMENT SUPPORT AND AUTHORITY

PURPOSE

To establish the procedures for the development of affiliation of agreements between counties in the TASK FORCE 3 operating area.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Secretary is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Administrator should the primary be unavailable.

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 A3/RWMD/HMRT, Incorporated Regional Hazardous Materials Response (TASK FORCE 3) Team shall, in accordance with KRS 39, et sequentia, be formally affiliated as a volunteer regional hazardous materials response team with the Emergency Management organizations of the seven (7) county *operating area*. A3/RWMD/HMRT will, when responding to a hazardous materials incident within the jurisdiction of such EMA organizations, function as an operational unit thereof. The statement of affiliation shall be automatically renewed annually and be effective unless terminated by the Board of Directors or either party with a minimum of thirty (30) days notice given in writing.

- A. The agreements shall be signed by the President and sent to the emergency management directors in each county. It shall be the responsibility of the emergency management director or Administrator to obtain the necessary signature(s) on the agreements.
- B. The personnel of the TASK FORCE 3 will continue under the command and control of their regular officers, but the operational unit(s) thereof shall be under the direction of the Local Emergency Management Agency (EMA) for mission-type assignment.
- C. In addition, memorandum of agreements will be developed between TASK FORCE 3 and all local industry supporting TASK FORCE 3 within the normal operating area.

The President of A3/RWMD/HMRT, Inc. and the designated representative of the industry involved shall sign these agreements.

ATTACHMENT

1. Sample county affiliation agreement (Note: Sample Attached)
2. Sample affiliation agreement with industry (Note: Need to create)
3. U. S. Department of Labor Ruling
4. KRS Workers Compensation (Pertaining to Regional Teams)

APPROVAL

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President, A3/RWMD/HMRT, Inc.

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Date

Adopted 12/2009

U.S. Department of Labor Ruling

Employment Standards Administration  
Wage and Hour Division  
Washington, D.C. 20210

June 5, 2002

Charles W. Thompson, Jr.  
County Attorney  
Montgomery County  
101 Monroe Street, 3rd Floor  
Rockville, Maryland 20850

Dear Mr. Thompson:

I am writing in response to your letters of December 21, 2001, and January 14, 2002, in which you requested an opinion regarding whether a career firefighter/paramedic employee could volunteer to provide similar services to the local volunteer fire departments, which are part of the Montgomery County integrated fire service, without having the volunteer time count as compensable hours worked under the Fair Labor Standards Act (FLSA). We previously had addressed this issue in a November 27, 2002, opinion letter to Chief Baker of the Burtonsville Volunteer Fire Department. However, you were concerned that we did not have all the relevant facts available to us when we first considered this question. Therefore, you included in your letters information describing the integrated nature of the career and volunteer branches of the fire and rescue service in Montgomery County. You also provided us with the Montgomery County Integrated Emergency Command Structure Regulation adopted in 2001 and the code of Ethics and On-Duty Personal Conduct Regulation adopted in 2002.

We also received a letter on the same issue from Thomas A. Woodley, counsel to the Montgomery county Career Fire Fighters Association, which included a lengthy description of the delivery of fire and rescue services in Montgomery County. That letter included additional materials, including a copy of the County Code of Ordinances pertinent to the Fire and Rescue Service, and you August 12, 1999, legal memorandum to the Fire Administrator concluding that the Montgomery County situation differed from that which the court addressed in *Benshoff v. Virginia Beach*, 180 F. 3d 136 (4th Cir. 1999). We also received a joint letter date February 25, 2002 from Harold A. Schaitberger, President of the International Association of Fire Fighters, and John M. Buckman, President of the International Association of Fire Chiefs, addressing this issue.

In addition to receiving these written materials, we had a meeting with you and a number of other individuals on April 23, 2002. You brought with you a number of officials from the Fire and Rescue Service, as well as two representatives from the Rockville Volunteer Fire Department and a career firefighter from the union. WE appreciate the time that all of those individuals spent with is to ensure that we had a thorough understanding of hoe the Montgomery County Fire and Rescue Service is organized, and how it provides services in an integrated fashion involving both career and volunteer firefighters/paramedic. After that meeting, we received additional information in follow-up letters from you dated May 2, 2002, from the Montgomery County Career Fire Fighters Association, Inc., IAFF Local 1664, dated May 15, 2002, and from the General Counsel for the Rockville Volunteer Fire Department dated May 22, 2002.

As we stated in our November 27, 2001, opinion letter, the decision of the court in *Benshoff* is binding in Montgomery County. As that court recognized, under the FLSA, a public agency employee may not volunteer to provide "services for a public agency" that are "the same type of services which the individual is employed to perform for such public agency." 29 U.S.C. § 203(e)(4)(A). WE set out in greater detail in our November 2001 letter the facts pertinent to that court's analysis of whether career firefighters were performing volunteer services for the City of Virginia Beach when they volunteered as paramedics to the private rescue squads located in the City. In summary, the Virginia Beach Department of Emergency Medical Service (DEMS) coordinated responses by the fire department and the volunteer rescue squad to emergencies; the DEMS established all the medical policies for patient care, medical training standards, and medical procedures and protocols that governed both career firefighters and volunteer rescue squad members; the City certified the squads' emergency medical technicians to practice within the City, ensuring that they met required training and service requirements, and the City could revoke their certificates; the City did centralized scheduling of rescue squad members, based upon shifts the volunteers were willing to work; the City selected volunteer squad Managers to operate as liaisons between the squads and the DEMS and to establish a hierarchy for control during emergency responses; the City provided financial assistance to the rescue squads; and the City provided the volunteers with workers' compensation and death benefits. *Id.* At 141-44.

The *Benshoff* court then evaluated whether the city's control and supervision over the provision of services by the rescue squads "is sufficient to render plaintiffs 'volunteer services employment' which is 'controlled or required' by the City for purposes of the FLSA" 180 F. 3d at 142. The court concluded that the fact that the squads and their members were subject to general regulation and licensing and certification requirements did not "change the fact that the rescue squads are private organizations, governed by their own by-laws and policies." *Id.* At 143. The squads had independent authority to accept or reject candidates for membership in the squad. The squads could impose minimum duty requirements on members that exceeded the minimum requirement imposed by DEMS for licensure, and they could impose additional training requirements. The squads could require the members' attendance at mandatory squad meetings or at fundraising events in order for them to maintain continued membership in the squad. Moreover, the squads could impose disciplinary action upon members, including dismissal from the squads, whether or not DEMS had taken any such action. *Id.* At 143-45.

The court in *Benshoff* recognized that the City's involvement with the provision of emergency medical services was not insubstantial. However, based upon all the facts and circumstances, the court held that the creation of DEMS did not result in "either the evisceration of the independent nature of the rescue squads, some of which have existed since the 1940s, or in a de facto employer-employee relationship between the City and those individuals who choose to volunteer with rescue squads." 180 F.3d at 142. The court thus concluded that when a Virginia Beach firefighter provided volunteer services to an independent non-profit rescue squad, there was no employment relationship with the City with regard to that activity. The court left open the possibility that the answer might differ in another context, particularly if there were "a sham" private volunteer corporation placed between an employee and his employer to avoid the compensation provisions of the Act." *Id.* At 149.

In our November 2001 letter, we applied the *Benshoff* analysis to Montgomery County. We noted that there are a number of factual differences between the *Benshoff* case and the situation in Montgomery County, the most significant being

that in Montgomery County the volunteers provide exactly the same services (both fire and emergency medical services) as do the career employees. In contrast, in Benshoff the City was not licensed by the State to provide the advanced life support services provided by the rescue squads, and the rescue squad volunteers did no firefighting.

However, we concluded that the primary facts that led the court in Benshoff to conclude that the FLSA did not require compensation for volunteer time were similar in Montgomery County. The non-profit volunteer fire and rescue corporations have a long history of independently providing services in Montgomery County. Each is separately incorporated under state law, with its own bylaws and boards of directors. The volunteer corporations determine how a person becomes a volunteer firefighter, and their service is governed by the corporation's bylaws, which can and do impose requirements not imposed by the County. The volunteer corporations control how members are selected for promotion within the volunteer ranks. At the scene of an emergency, to ensure the safe and efficient provision of services, the highest ranking officer (whether career or volunteer) directs the operations of all units that respond. However, at all other times, the chain of command is separate, and a career officer supervises only career firefighters who are present, while a volunteer officer directs the volunteers.

Based on your request and the other requests we received, we reconsidered our 2001 opinion. We had already taken account of most, but not all, of the material that we now have available. Considering all the facts and circumstances brought to our attention, we continue to believe that the Montgomery County volunteer firefighters' situation is similar to that of the volunteer rescue squad members in Benshoff. There is no evidence that the current structure for providing fire, rescue and emergency medical services in Montgomery County has eviscerated the independent nature of the long-standing, separately incorporated, private fire and rescue departments. Those separate corporations exercise day-to-day control over what positions volunteers hold, what they do, and when they do it. Although the public agency has some control over the volunteers, that control primarily is exercised by setting minimum certification standards and by establishing the broad guidelines and procedures under which services are provided. The court in Benshoff did not view the imposition of such standards and protocols as sufficient evidence of control so as to render the volunteers employees of the public agency when performing their rescue squad services.

Therefore, in light of the Benshoff decision, we conclude that the FLSA does not require Montgomery County to pay its career firefighters if they volunteer, freely and without coercion, to provide services to the non-profit fire and rescue corporations in the County. This is true whether they are providing services as a firefighters or as an emergency medical technician.

This opinion is based exclusively upon information provided to us. The existence of other factual information not contained in your description might require a different conclusion than the one expressed herein. To the extent appropriate, this letter may be used to establish a defense to liability under the Portal-to-Portal Act, 29 U.S.C. 259.

Sincerely,

Tammy D. McCutchen  
Administrator

## **TASK FORCE 3 EQUIPMENT AGREEMENT**

Agreement between Task Force 3 and Daviess County (the host county for Task Force 3) and \_\_\_\_\_ County, concerning the equipment therein supplied to the county by Task Force 3, to be stored, responded and utilized per Task Force 3's By-laws and Standard Operating Guidelines (SOG's). A detailed list of the equipment will be made available. It is hereby agreed that the county will accept this equipment with the understanding that it shall be maintained and insured by the county. The aforementioned equipment shall be housed by an emergency services agency within the county that has the facilities and resources to adequately inventory, maintain and respond said equipment upon an official request for activation from Task Force 3.

Task Force 3 retains the right to inspect and/or request an inventory of the equipment therein as deemed necessary by Task Force 3. If for reasons the Board of Directors of Task Force 3 feels the county is not fulfilling the revisions of this agreement, then Task Force 3 shall have the authority to repossess said equipment. For all general purposes the equipment shall become the property of the county, and be used for Task Force 3 activities.

Further, the equipment may be utilized by any official agency within the county, for non-Task Force 3 activities, subject to the conditions of this agreement and pre-designated approval of the county Emergency Management director. However, Task Force 3 would require all supplies used by such agency utilizing the equipment, for any non-Task Force 3 official activity, to replace such supplies, at their expense, and return the equipment to its previous state of readiness.

Any official activation of the county's equipment by Task Force 3 shall activate the cost recovery resources of Task Force 3 and Task Force 3 would replace supplies used for said activities. I also understand that Task Force 3 will respond to any legitimate request for assistance from the county that falls within the scope and purpose of Task Force 3, as outlined in the by-laws and SOG's of Task Force 3 regardless of whether the county accepts or declines this equipment.

I, \_\_\_\_\_ Judge Executive of \_\_\_\_\_ County, do hereby agree to accept this equipment from Task Force 3 and agree to maintain it as described within this document.

### **39C.110 Workers' compensation coverage -- Limitations.**

Local emergency management agencies, including local directors or their deputies, and other local emergency management agency staff personnel and workers, and local emergency management agency-supervised operating units or personnel officially affiliated with the local disaster and emergency services organizations pursuant to KRS 39B.070, paid or volunteer, for the purposes of receiving workers' compensation benefits paid by the division, shall be covered by those benefits when performing emergency assessment, mitigation, preparedness, response, or recovery functions, with the following limitations:

(1) The local emergency management agencies, including local directors or staff personnel and workers, and local emergency management agency-supervised operating units or personnel, shall not be covered when performing fundraising functions, unless all proceeds of the function are to be dedicated to the administration or operation of the local emergency management agency or operating unit.

(2) No person shall be covered when performing hazardous materials emergency response operations defined in 29 C.F.R. 1910.120 which are above the first-responder operations level, on-scene incident commander level excluded, except as provided in subsection (3) of this section.

(3) A volunteer hazardous materials response team as defined in 29 C.F.R. 1910.120 which meets all provisions of 29 C.F.R. 1910.120(q), operates on a regional basis, and is supervised by a local emergency management agency may, by action of the director pursuant to administrative regulations, be provided Kentucky emergency management workers' compensation coverage. Such hazardous materials response teams shall take no actions involving environmental clean-up, removal, or transportation of hazardous substances or materials except as may be essential for initial emergency control or initial emergency stabilization when there is a clear and evident risk of harm to people.

(4) No person shall be covered unless enrolled on a workers' compensation enrollment form that is filed with the area manager of the division, except when the magnitude of an emergency, or a preparedness exercise activity, is so great that a local director must solicit additional workers. At these times, the local director may develop and maintain a list of workers, to include names, Social Security account numbers, missions assigned, and dates covered, and submit a copy of the list to the area manager within twenty-four (24) hours of the conclusion of the emergency, or the preparedness exercise activity.

**Effective:** July 15, 1998

**History:** Created 1998 Ky. Acts ch. 226, sec. 50, effective July 15, 1998.

## STANDARD OPERATING GUIDELINES

### TASK FORCE 3-SOG-A5

### EQUIPMENT INVENTORY

#### PURPOSE

To establish the requirement to maintain an equipment inventory, maintain equipment in a state of readiness, and to establish a schedule by which the annual inventory will be conducted.

#### 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 changes to the Board of Directors for approval.

##### Responsibility

The Administrator is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary should the primary be unavailable. It shall be the responsibility of each county EM director that inventories are completed.

##### 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

Annually, a complete inventory of all items (administrative equipment, vehicles (prime movers and trailers), and response equipment) owned or leased by the corporation shall be conducted by the Team Leaders and forwarded to the Administrator. All equipment, to include "loaned" equipment, and except for expendable equipment, shall be assigned and marked with a property number.

Any equipment issued to TASK FORCE 3 members will also be inventoried.

A complete list of all equipment owned or leased by the corporation will be maintained. The list will include serial numbers; number of items and general condition will be noted on the inventory list.

The board will review the results of the annual inventory.

#### APPROVAL

---

President, A3/RWMD/HMRT, Inc.  
Adopted 12/2009

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Date

## STANDARD OPERATING GUIDELINES

### TASK FORCE 3-SOG-A6 MEMBERSHIP COMMITTEE PROCEDURES

#### PURPOSE

To establish procedures by which the membership committee will evaluate membership applications.

#### 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 Emergency Management Director is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Administrator should the primary not be available.

##### 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 Membership Committee consists minimally of the county Emergency Management Director and the Team Leader.

The committee shall review each application for the following:

- Training level and training certification
- Availability for response.
- Residence.
- Member's statement of availability. (Availability for response during working hours will have no impact on the recommendation.)
- Statement that applicant agrees to read all Standard Operating Guidelines procedures of A3/RWMD/HMRT, Inc. to abide by these procedures.

After review of the application package the committee will vote on the following for each applicant.

Recommend approval/disapproval.

If approval is recommended:

- Member Classification (support personnel, operations, technician, specialist, Incident Management Team).
- Primary response area (Daviss Co., Hancock Co., Henderson Co., McLean

Co., Ohio Co., Union Co. and Webster Co.)

The following minimum criteria must be met before a recommendation approval can be granted:

Support personnel must be trained to the Hazardous Materials First Responder Awareness Level at minimum.

The applicant must be trained to the Hazardous Materials First Responder Operations Level at a minimum.

The applicant must live and work within TASK FORCE 3 normal operating area and must be available for response.

The applicant must agree to read and abide by the Standard Operating Guidelines of the corporation.

If recommended for membership the applicant's package will be forwarded to the TASK FORCE 3 -Training Officer.

If not recommended for membership package with statement will be sent directly to the Board of Directors for final action.

#### ATTACHMENT

##### 1. ARRT/3 MEMBERSHIP COMMITTEE RECOMMENDATION

#### APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

ARRT/3 MEMBERSHIP COMMITTEE RECOMMENDATION

1. Name of Applicant: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

**SECTION 1**

1. Committee's Recommendation (circle one): Approved / Disapproved

2. Membership classification (circle all applicable):

- Awareness
- Operations
- Technician
- Specialists
- Incident Management Team
- Support

3. Baseline physical (circle one): Yes / No

4. Equipment Issue Recommendation: Yes / No

\_\_\_\_\_  
Membership Committee

\_\_\_\_\_  
Date

**SECTION 2**

Applicant has met all initial requirements for membership with the ARRT/3, Inc. RHMRT and is recommended for membership with the aforementioned membership classification(s).

\_\_\_\_\_  
Membership Committee

\_\_\_\_\_  
Date

## STANDARD OPERATING GUIDELINES

### TASK FORCE 3-SOG-A7

#### Annual Report

#### PURPOSE

To establish the content of the annual report; report content, schedule for development of the report; and approval procedures.

#### DIRECTION AND CONTROL

##### Authority

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

##### Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. The Treasurer and Training Officer shall assist in the development of the annual report. Responsibility for implementation shall fall to the Treasurer should the primary be unavailable.

##### 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

Each year, no later than February 28 of each year the Administrator/Treasurer will complete a A3/RWMD/HMRT Annual Report. The annual report shall include the following as a minimum:

Brief financial statement (to be prepared by the Treasurer)

##### Response Capability

Updated equipment inventory

Updated membership list (by county)

Training provided to TASK FORCE 3 members during the year (to be provided by

the Training Officer)  
Incident responses (by county) to include hazardous materials involved

- A. The Annual Report will be submitted to the Board of Directors in draft form for final approval. The Annual Report will be submitted with an affiliation agreement to all counties no later than March 15 of each year.

ATTACHMENTS – None

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-A8

MEMBERS FILES

PURPOSE

To establish guidance for the creation and maintenance of team member files.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is 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

- A. The Administrator/Treasurer shall maintain a file on each member of the TASK FORCE 3.
- B. Each file will contain the following information, as a minimum:
  - Membership Application
  - Applicant's Statement of Understanding,
  - A3/RWMD/HMRT Form A
  - Verification of Baseline Physical
  - Membership Committee Recommendations
  - Board of Directors Approval
  - Record of Certification and Refresher Training
  - Record of Task Force 3 Responses
  - Applicable Health Records
  - Disciplinary Records
  - Equipment issuance records
- C. Only the team member and Administrator/Treasurer shall have access to a team members files. The Administrator/Treasurer may, as needed, grant access to a team member's files to team officers or the Board of Directors. This access will be granted for official business only.

D. Outside agencies requiring access to a team member's files must submit a written request to the Board of Directors.

The request must include a valid reason for access and how the information will be used.

The President of A3/RWMD/HMRT, Inc., will provide the Administrator/Treasurer written approval for access to a team member's file and will identify the documents that will be made available to the requestor.

Team member will be advised of the request and must provide written approval for the release of documents.

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-A9

INCIDENT FILES

PURPOSE

To establish guidance for the creation and maintenance of incident files.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary, should the primary not be available.

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

A. The Administrator/Treasurer shall maintain a file on each TASK FORCE 3 response.

B. Each file will contain the following information, as a minimum:

1. Incident Action Plan
2. Site Safety Plan
3. TASK FORCE 3 members responding to incident.
4. Incident Critique
5. Billings
6. Injury Reports
7. Equipment Used
8. Equipment Lost
9. Equipment Damaged

APPROVAL

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President, A3/RWMD/HMRT, Inc.  
Adopted 12/2009

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Date

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-M1

MEDICAL SURVEILLANCE PROGRAM

PURPOSE

To establish procedures by which the Medical Surveillance Program will be conducted.

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 Administrator is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary should the primary not be available.

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

- A. A3/RWMD/HMRT, Inc., has instituted and will maintain a medical surveillance program for all TASK FORCE 3 team members in accordance with 29 CFR 1910.120 (f).
- B. If funding is available, TASK FORCE 3 will provide required medical surveillance. Otherwise, individuals will be responsible for providing Task Force 3 with documentation of the required medical surveillance, obtained at their own expense or at the expense of another entity or employer.
- C. The medical surveillance program shall, at minimum, include the following:  
An initial baseline physical examination including;
  - a. Physical Exam: Respiratory Clearance
  - b. Pulmonary Function Test
  - c. Lab and/or Blood work
  - d. Respiratory fit test
  - e. Respirator Medical Questionnaire per OSHA 1910.134
  - f. Team Evaluation form to be completed by each member

A medical evaluation:

- a. Upon development of signs and symptoms following an emergency response.
  - b. At additional times, if the examining physician determines that follow-up examinations or consultations are medically necessary;
  - c. At additional times as determined by the board of director when the physical fitness for duty including the ability to wear personal protective equipment under condition that may be expected at the work sight is in question;
  - d. At least once every 12 months;
- D. The Administrator shall retain an accurate record of the medical surveillance of each TASK FORCE 3 member during membership with A3/RWMD/HMRT. If either A3/RWMD/HMRT or the member terminates membership the medical record shall be given to the individual. A copy of the records shall be maintained in the members file.
- E. Medical records are CONFIDENTIAL and under the control of the Medical Officer. Release of medical records to anyone other than the member/applicant, requires written authorization by the member/applicant and the President.
- F. For TASK FORCE 3 members working for an industry or other entity that has a medical surveillance program, the A3/RWMD/HMRT member may provide a copy of the most current baseline examination in lieu of obtaining an additional examination (or documentation of successful completion of the prescribed physical). The member must also agree to provide copies of annual exams in accordance with paragraph III D.
- G. ANY MEMBER WHO DOES NOT COMPLY WITH THIS GUIDELINE MAY ONLY OPERATE IN AREAS APPROPRIATE TO THEIR LEVEL OF TRAINING, EXPERIENCE, AND MEDICAL CLEARANCE.

ATTACHMENTS:

- 1. TASKFORCE 3 MEDICAL FORM

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

**TASKFORCE 3 MEDICAL FORM:**

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**OSHA Medical Evaluation Questionnaire**  
(Mandatory)

**To the employer:**

Answers to questions in Section 1 and Section 2 - questions 1-9 in Part A, **do not** require a medical examination.

**To the employee:** Can you read (circle one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

**Part A. Section 1. (Mandatory)**

The following information must be provided by every employee who has been selected to use any type of respirator (**please print**).

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Age (to nearest year): \_\_\_\_\_ yrs. Sex (circle one): Male Female

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Your weight: \_\_\_\_\_ lbs

Job title: \_\_\_\_\_

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

The best time to phone you at this number: \_\_\_\_\_ AM / PM

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No

Check the type of respirator you will use (you can check more than one category):

- \_\_\_\_\_ a. N, R, or P disposable respirator (filter-mask, non-cartridge type only).
- \_\_\_\_\_ b. Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you worn a respirator (circle one): Yes No

If "yes," what

type(s): \_\_\_\_\_

## Part A. Section 2. (Mandatory)

*Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").*

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?      Yes      No

2. Have you ever had any of the following conditions?	Yes	No
Seizures (fits):		
Diabetes (sugar disease):		
Allergic reactions that interfere with your breathing:		
Claustrophobia (fear of closed-in places):		
Trouble smelling orders:		

3. Have you ever had any of the following pulmonary or lung problems?	Yes	No
Asbestosis:		
Asthma:		
Chronic bronchitis:		
Emphysema:		
Pneumonia:		
Tuberculosis:		
Silicosis:		
Pneumothorax (collapsed lung):		
Lung cancer:		
Broken ribs:		
Any chest injuries or surgeries:		
Any other lung problem that you've been told about:		

4. Do you currently have any of the following symptoms of pulmonary or lung illness?	Yes	No
Shortness of breath:		
Shortness of breath when walking fast on level ground or walking up a slight hill or incline:		
Shortness of breath when walking with other people at an ordinary pace on level ground:		
Have to stop for breath when walking at your own pace on level ground:		
Shortness of breath when washing or dressing yourself:		
Shortness of breath that interferes with your job:		
Coughing that produces phlegm (thick sputum):		
Coughing that wakes you early in the morning:		
Coughing that occurs mostly when you are lying down:		
Coughing up blood in the last month:		
<b>Question 4 Continued:</b>	Yes	No
Wheezing:		
Wheezing that interferes with your job:		
Chest pain when you breathe deeply:		
Any other symptoms that you think may be related to lung problems:		

5. Have you ever had any of the following cardiovascular or heart problems?	Yes	No
Heart attack:		
Stroke:		
Angina:		
Heart failure:		
Swelling in your legs or feet (not caused by walking):		
Heart arrhythmia (heart beating irregularly):		
High blood pressure:		
Any other heart problem that you've been told about:		

6. Have you ever had any of the following cardiovascular or heart symptoms?	Yes	No

Frequent pain or tightness in your chest:		
Pain or tightness in your chest during physical activity:		
Pain or tightness in your chest that interferes with your job:		
In the past two years, have you noticed your heart skipping or missing a beat:		
Heartburn or indigestion that is not related to eating:		
Any other symptoms that you think may be related to heart or circulation problems:		

7. Do you currently take medication for any of the following problems?	Yes	No
a. Breathing or lung problems:		
b. Heart trouble:		
c. Blood pressure:		
d. Seizures (fits):		

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the space and skip to question 9:)	Yes	No
a. Eye irritation:		
b. Skin allergies or rashes:		
c. Anxiety:		
d. General weakness or fatigue:		
e. Any other problem that interferes with your use of a respirator:		

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	Yes	No
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10. Have you ever lost vision in either eye (temporarily or permanently)?	Yes	No
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11. Do you currently have any of the following vision problems?	Yes	No
a. Wear contacts:		
b. Wear glass lenses:		
c. Color blind:		
d. Any other eye or vision problem:		

12. Have you ever had an injury to your ears, including a broken ear drum?	Yes	No
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13. Do you currently have any of the following hearing problems?	Yes	No
a. Difficulty hearing:		
b. Wear a hearing aid:		
c. Any other hearing or ear problem:		

14. Have you ever had a back injury?	Yes	No
--------------------------------------	-----	----

15. Do you currently have any of the following musculoskeletal problems?	Yes	No
a. Weakness in any of your arms, hands, legs, or feet:		
b. Back pain:		
c. Difficulty fully moving your arms and legs:		
d. Pain or stiffness when you lean forward or backward at the waist:		
f. Difficulty fully moving your head side to side or moving your head up or down:		
g. Difficulty bending at your knees:		
h. Difficulty squatting to the ground:		
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs:		
j. Any other muscle or skeletal problem that interferes with using a respirator:		

## Part B.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?	Yes	No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?		

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?	Yes	No
If "yes," name the chemicals if you know them:		
1.		
2.		
3.		

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?	Yes	No
a. Asbestos:		
b. Silica (e.g., in sandblasting):		
c. Tungsten/cobalt (e.g., grinding or welding this material):		
d. Beryllium:		
e. Aluminum:		
f. Coal (for example, mining):		
g. Iron:		
h. Tin:		
i. Dusty environments:		
j. Any other hazardous exposures:		
If "yes," describe these exposures:		
_____		
_____		

**4. List any second jobs or side businesses you have:**

\_\_\_\_\_

\_\_\_\_\_

**5. List your previous occupations:**

\_\_\_\_\_

\_\_\_\_\_

**6. List your current and previous hobbies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services?	Yes	No
If "yes," were you exposed to biological or chemical agents (either in training or combat): (Do you know what they were?)		
_____		

8. Have you ever worked on a HAZMAT team?	Yes	No
_____		

9. Other than medications for breathing and lung problems, heart trouble, blood pressure and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)? Please list:

Please list:		
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10. Will you be using any of the following items with your respirator(s)?	Yes	No
a. HEPA Filters:		
b. Canisters (for example, gas masks):		
c. Cartridges:		

11. How often are you expected to use the respirator(s) (indicate "yes" or "no" for all answers that apply to you):	Yes	No
a. Escape only (no rescue):		
b. Emergency rescue only:		
c. Less than 5 hours per week:		
d. Less than 2 hours per day:		
e. 2 to 4 hours per day:		
f. Over 4 hours per day:		

12. During the period you are using the respirator(s), is your work effort:	Yes	No
a. Light (less than 200 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.		
b. Moderate (200 to 350 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.		
c. Heavy (above 350 kcal per hour): If "yes," how long does this period last during the average shift: _____ hrs. _____ mins. Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock, shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).		

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?	Yes	No
If "yes," describe this protective clothing and/or equipment:		

14. Will you be working under hot conditions (temperatures exceeding 77EF)?	Yes	No
---	-----	----

15. Will you be working under humid conditions?	Yes	No
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16. Describe the work you'll be doing while you're using your respirator(s):		

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):		
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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of toxic substance	Estimate maximum exposure level/shift	Duration of exposure/shift

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

--

**Mark all of the above that you have been exposed or worked around in the last 3 years:**

Chemicals	yes	no	If yes when
<b>Aromatic Hydrocarbons</b>			
Benzene			
Ethyl Benzene			
Toluene			
Xylene			
Naphthalene			
<b>Asbestos</b>			
<b>Halogenated Aliphatic Hydrocarbons</b>			
Carbon tetrachloride			
Chloroform			
Ethyl Bromide			
Ethyl Chloride			
Ethylene dibromide			
Ethylene dichloride			
Methyl chloride			
Methyl Chloroform			
Methylene chloride			
Tetrachloroethylene (perchloroethylene)			
Trichloroethylene			
Vinyl chloride			
<b>Heavy Metals</b>			
Arsenic			
Beryllium			
Cadmium			
Chromium			
Lead			
Mercury			
<b>Herbicides</b>			
Chlorophenoxy compounds			



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-R1

MISSION

PURPOSE

To further define the mission of the organization and to establish actions to be taken when a request for assistance is outside the approved mission statement.

DIRECTION AND CONTROL

Authority

The mission of this organization has been established in the organization's by-law.

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the local county Emergency Management Directors should the primary not be available.

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

- A. A3/RWMD/HMRT, Inc., is a nonprofit domestic organization, organized under the laws of the Commonwealth of Kentucky to operate in the public interest within one (1) or more of the seven (7) Kentucky counties of Daviess, McLean, Hancock, Ohio, Henderson, Webster, and Union for the purpose of providing services related to hazardous materials emergency response as a "hazardous materials response (hazmat) team" as that term is defined by the provisions of Chapter 29, Part 1910.120 of the Code of Federal Regulations (29 CFR 1910.120), the standards of the U.S. Occupational Safety and Health Administration (OSHA) and the U.S. Environmental Protection Agency (EPA) relating to hazardous waste operations and emergency response (HAZWOPER) pursuant to the authority of Section 126 of Title I of the Superfund Amendments and Reauthorization Act (SARA) of 1986.
- B. For such purposes, it shall be the mission of the A3/RWMD/HMRT, Inc., Regional WMD/ Hazardous Materials Response Team to assist local government and emergency response agencies and organizations and other such agencies and organizations elsewhere upon request of competent local or state authority and when such assistance is specifically authorized by the Board of Directors of the A3/RWMD/HMRT, in responses to hazardous materials incidents for the purpose of taking actions as may be reasonably necessary and within the constraints of the training and equipment available to the A3/RWMD/HMRT to control actual or potential leaks or spills of hazardous substances requiring possible close approach

to the substance. The A3/RWMD/HMRT shall limit its responses to releases of hazardous materials at or greater than the reportable quantity as identified in TITLE III LIST OF LISTS for the purpose of control or stabilization of the incident as defined in KRS 39C.110(3). The A3/RWMD/HMRT may respond to releases less than the reportable quantity on a case-by-case basis in accordance with the standard operating guidelines and affiliation agreement. The A3/RWMD/HMRT members perform responses to releases or potential releases of hazardous materials for the purpose of control or stabilization of the incident, doing work that is over and beyond the scope of work permitted by state and federal regulations by first responders to hazardous materials incidents such as fire departments or other regular emergency response forces.

- C. The TASK FORCE 3 team members, who are specially trained as hazardous materials technicians in accordance with 29 CFR 1910.120 (q), and are equipped to perform work related to control or stabilization of releases or potential releases of hazardous materials where such work requires possible close approach to or actual contact with the released materials, will respond to, and at the request of local emergency management authority, take the lead role in:
- a. Identification of unknown or suspected hazardous materials involved in an incident; determining and carrying out appropriate remedial actions to control or stabilize the incident.
  - b. Monitoring, sampling, decontamination, neutralization, “plug and patch” operations necessary to stop or curtail leaks or spills of hazardous materials, and similar activities normally and ordinarily performed by hazmat teams.
  - c. The removal of victims trapped in hazardous atmosphere to safe areas where local emergency medical service providers can accomplish appropriate medical treatment.
  - d. Coordinating with appropriate officials of the National Incident Management System (NIMS) with regard to A3/RWMD/HMRT operations; recommending appropriate public and response personnel protective measures; and similar recommendations relating to effective response to and stabilization of the incident.
  - e. Providing, upon request of appropriate local officials, training to first responders to hazardous materials incidents at the “awareness” and/or “operations” levels of training as prescribed by 29 CFR 1910.120, and providing advanced training to such first responders as may be necessary for effective support of A3/RWMD/HMRT operations.
  - f. Decontamination procedures for victims prior to transport to medical facilities.
- D. The A3/RWMD/HMRT will assist, **but not take the lead role**, in:
- a. Evacuation or other public protective actions necessitated by a hazardous materials incident.
  - b. Traffic control at the scene of an incident unless the use of hazardous materials technicians in chemical protective clothing and equipment is necessary, on a temporary basis only, to effectuate control of vehicular and pedestrian traffic at the scene of a hazardous materials incident.

- c. Rescue other than removal of victims to safe atmosphere otherwise inaccessible to emergency responders not protected by chemical protective clothing and equipment.
  - d. Permanent repair of leaking containers, tanks, pipes, vessels, valves, etc., unless such permanent repair is essential to control or stabilization of the incident of the continued release of hazardous materials.
  - e. Fire fighting operations not essential to control or stabilization of ongoing leaks or releases of hazardous materials.
  - f. First aid or administration of basic or advanced life support emergency medical treatment except as may be necessary for removal of victims to safe atmospheres.
  - g. Environmental cleanup and/or removal and/or transportation of hazardous wastes or other hazardous substances or materials from the scene of any regulated or unregulated site, except as may be essential to control or stabilization of an emergency at such site posing a clear and present threat of harm to nearby people, property, or the environment.
  - h. Law enforcement, fire fighting, rescue, search and rescue, emergency medical service, or other disaster and emergency response function normally and ordinarily provided by other emergency services agencies or organizations.
- E. Any request to respond to an incident outside of the approved mission of this organization must have the approval of a member of the Board of Directors or President or Vice President.
- F. If, upon arriving at the scene of an incident, it is confirmed that the response is outside of the approved mission of the organization, the Team Leader shall contact the President or Vice President for approval to continue operations. The local EM Director and KyEM Duty Officer shall also be notified.

#### APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R2

CALL OUT PROCEDURES

PURPOSE

To establish procedures by which the TASK FORCE 3 teams will be notified for a response and to establish the authority for activation.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator, County Emergency Management Directors, and Regional Manager 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

TASK FORCE 3 has two command vehicles equipped with the necessary equipment for Level A entry.

- Unit 8 Daviess County
- Unit 9 Henderson County

TASK FORCE 3 has seven response trailers equipped with the necessary equipment for Level B entry (located in the following Counties)

- Unit 1 - stationed in Daviess County
- Unit 2 - stationed in Hancock County
- Unit 3- stationed in Henderson County
- Unit 4- stationed in McLean County
- Unit 5- stationed in Ohio County
- Unit 6- stationed in Union County
- Unit 7- stationed in Webster County

Only the KyEM Regional Manager, Local County EM Directors, State EOC, or State Fire Marshal's Office have authority to direct the activation of the TASK FORCE 3. Jurisdictions requesting TASK FORCE 3 response to incidents should first contact their Emergency Management (EM) Director. If the EM Director cannot be contacted, call the KyEM Regional Manager. If neither the County EM Director nor Regional Manager can be contacted, the State EOC (State Duty Officer) should be contacted.

Each County EM Director, Team Leader, or their designee will be responsible for contacting the TASK FORCE 3 members in their county.

Provide the following information:

1. Location of the incident or response point.
2. Unit Number of person authorizing the activation.

**The individual making the activation shall notify the KyEM Duty Officer, 1-800-255-2587, of the A3/RWMD/HMRT activation and obtain the KyEM incident number for the response.**

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R3

ALERTING (CALL OUT)

PURPOSE

Establish authorized procedures for callout of TASK FORCE 3

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the local county Emergency Management Director should the primary not be available.

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

TASK FORCE 3 response team members will be alerted using the established paging system(s) for each county.

**Members shall not respond to a call out unless the message provides an incident location and the Name of the individual authorizing the activation of TASK FORCE 3.**

In the event the paging system is inoperative the individual authorizing activation of the response team shall call the Administrator/Treasurer who shall implement a MANUAL telephone callout.

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R4

RESPONDING TO DUTY STATIONS

PURPOSE

To establish team response points and response procedures to be followed by TASK FORCE 3 Members.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the local county Emergency Management Director should the primary not be available.

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 primary duty station for the TASK FORCE 3 members in each county shall be the host agency in each county unless officially notified otherwise.

Response team members shall respond to their primary duty stations to assemble into working groups and to car pool to the incident scene. Every effort should be made to reduce the number of privately owned vehicles at the incident scene. Assembly at a primary duty station also allows the response to be canceled if necessary. Only Team Leaders may authorize individuals to respond directly to the scene of an incident.

TASK FORCE 3 is a quick response unit and **not** a first response unit. Members are expected to respond as expeditiously as possible **WITH NO LIGHTS AND SIRENS**, either to the duty station or from the duty station to the incident, unless authorized on an incident-by-incident basis by the local county Emergency Management Director or in his absence, the local county Task Force 3 Team Leader.

APPROVAL

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President, A3/RWMD/HMRT, Inc  
Adopted 12\_2009

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Date

## STANDARD OPERATING GUIDELINES

### TASK FORCE 3-SOG-R5

#### USE OF RED LIGHTS AND SIREN

##### PURPOSE

To establish organization policy on the use of emergency warning devices (red lights and sirens) during TASK FORCE 3 members response to duty stations and response to incident scenes.

##### DIRECTION AND CONTROL

###### Authority

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

###### Responsibility

TASK FORCE 3 members and Team Leaders are 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

TASK FORCE 3 response team members (other than those specifically identified herein) **shall not** be authorized the use of any visual or audible emergency warning devices (e.g. red lights and siren) on their personal motor vehicles used in responding to duty stations to which the A3/RWMD/HMRT has been called, even though the member may be authorized to use such equipment for other emergency response purposes.

TASK FORCE 3 response vehicles are equipped with red lights and sirens and may be used when responding to the scene of an incident. Unless directed by a Team Leader red lights and sirens shall **not** be used on response vehicles when responding to an incident. Team Leader shall determine if the use of lights and sirens is warranted and shall notify the response team.

##### APPROVAL

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President, A3/RWMD/HMRT, Inc.

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Date

Adopted 12/2009

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-R6

TEAM RESPONSE TO INCIDENT SCENES

PURPOSE

To establish TASK FORCE 3 response procedures to primary duty stations and incident scenes.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary should the primary not be available.

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

TASK FORCE 3 members, upon receiving an alert, are expected to respond to their pre-assigned duty station where TASK FORCE 3 response vehicles are stationed for assemble into appropriate response groups.

Team Leaders are authorized, depending upon the location of the incident, to respond directly to the scene without first reporting to the duty station. Team Leader will report to the Incident Command at the incident scene to begin preliminary assessment of the situation in order to expedite development of necessary action plans for the TASK FORCE 3 upon arrival. The Team Leader or TASK FORCE 3 members at no time shall assume command at an incident scene. The Team Leader may take a leading role in the incident response however may only direct actions pertaining to the hazardous materials situation and not the overall incident.

Team Leader may delegate the authority for direct response to an incident scene to another qualified team member. In such case, the TASK FORCE 3 member must be trained to the technician level, minimum IS-200, and be thoroughly familiar with all A3/RWMD/HMRT general operating guidelines.

Immediately upon the arrival of a sufficient number of qualified personnel at the primary duty station, or the designated alternate site, will assemble response personnel into an appropriate response group consisting, unless deemed otherwise by the Team Leader, at minimum, of not fewer than four (4) qualified hazmat technicians (or

specialists), two (2) decontamination personnel, and an appropriate number of support personnel. Every effort will be made to car pool to the incident scene.

Once the minimum number of personnel is assembled, the team will be dispatched to the incident scene with the TASK FORCE 3 response vehicle. Late arriving or extra personnel are to respond to the staging area near the incident site, using car pooling so as to avoid overcrowding of the staging area, where they will await assignment by the Team Leader.

Upon arrival at the incident site, TASK FORCE 3 personnel will operate within the Incident Command structure and await instructions as to response operations to be carried out by the TASK FORCE 3 in stabilizing or controlling the incident.

## APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

# **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-R7**

#### **INCIDENT SITE SAFETY PROCEDURES**

##### **PURPOSE**

To establish the use of the organization's site safety plan.

##### **DIRECTION AND CONTROL**

###### **Authority**

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

###### **Responsibility**

The Administrator/Treasurer and 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 Team Leader or designee, in cooperation and consultation with appropriate ICS officials at the incident scene, is responsible for the development of a written A3/RWMD/HMRT site safety and operations plan for TASK FORCE 3 operations. This plan will be consistent with a site safety plan of local responders, and will determine appropriate levels of PPE, DECON required, size and locations of Protective Action Zones (PAZs), product and release information, public protection measures, and other pertinent information. The site safety plan is to be developed by completion of the A3/RWMD/HMRT Incident Report and Site Log. A TASK FORCE 3 Safety Officer will be designated in addition to the ICS Safety Officer, and will have responsibility to enforce the established site safety plan for the incident insofar as it applies to TASK FORCE 3 personnel.

All TASK FORCE 3 operations will be consistent with the requirements of both 29 CFR 1910.120 and the provisions of Annex Q of the local, or state, Emergency Operations Plan then in effect.

All TASK FORCE 3 personnel on scene will be briefed on the site safety plan prior to beginning operations.

TASK FORCE 3-SOP-R13 contains A3/RWMD/HMRT Incident Site Safety Plan.

Conflicts between a local jurisdiction's site safety plan and the A3/RWMD/HMRT site safety plan will be resolved between the TASK FORCE 3 Safety Officer and the local jurisdiction safety officer.

The site safety plan shall become part of the organization's incident file following the incident.

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R8

ENTRY TEAMS

PURPOSE

To establish general procedures for entry teams at the scene of an incident.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer, Membership Committee, and Training Officer of A3/RWMD/HMRT are 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

Entry teams will consist of at least two (2) certified technicians. Entry teams will operate at all times in conformity with the "buddy system" mandated by 29 CFR 1910.120, which requires that entry team personnel always work in pairs, with one observing the other to the maximum extent possible to avoid trouble. A safety back-up team consisting of the same number of qualified technicians and/or specialists as are assigned to the entry team will be required for each entry team.

Safety back-up teams are to be "dressed out" (but not on air) and stationed in a position where they can observe the entry team at all times. The safety back-up team shall be ready to effect rescue of injured entry team personnel immediately.

The universally accepted "emergency" signal of placing both hands on top of the head may be used by entry team personnel to signal an injury or need for immediate help by the safety back-up team. This signal may be used regardless of whether or not radio communications are available to entry and safety teams.

The entry team supervisor will oversee entry team operations. The appointed entry team supervisor will be trained to the technician level.

The EMT's or other trained medical personnel must be available on site when entry is

made and remain on scene until all operations are complete. EMT's must be alerted to the hazmat's hazards, and be familiar with treating chemical injuries.

A set of baseline vitals, to include blood pressure, pulse rate, respiratory rate, and skin temperature and color shall be taken prior entry into the work zone (WZ)

The vital signs should be taken for each person leaving DECON and compared to any baseline data. Any open wounds or breaks in the skin must be reported to medical control immediately, and cleaned at the scene unless advised otherwise. All exposed personnel should be monitored and recorded throughout the incident for later evaluation.

#### APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R9

TASK FORCE 3 INCIDENT COMMAND SYSTEM (ICS) and  
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

PURPOSE

To establish the use of the Incident Command System (ICS) and the National Incident Management System (NIMS) by TASK FORCE 3 members when in response to, and on the scene of an incident. This SOG will also outline duties and responsibilities of certain TASK FORCE 3 Team member assignments.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer, Membership Committee, and Training Officer of TASK FORCE 3 are 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

To prevent confusion at the incident scene, the A3/RWMD/HMRT will be led by a Team Leader while in response to a hazardous materials incident. The term "TASK FORCE 3 Team Leader" will be used in all radio communications with the Team Leader. When specific duty assignments are not assigned, the team leader assumes the duties.

Team Leader - the single person who is responsible for incident activities involving the TASK FORCE 3 including the development and implementation of strategic decisions and for approving the ordering and releasing of resources related to TASK FORCE 3. Unless the responsibilities are delegated to another qualified individual, the Team Leader assumes the responsibility for all actions contained in this SOG.

Duties - Obtain incident briefing.  
Assess incident situation.  
Conduct initial TASK FORCE 3 briefing.  
Fill positions of the TASK FORCE 3 incident command system (NIMS).  
Brief command staff.  
Insure planning meetings are conducted.  
Approve and authorize implementation of incident action plan.  
Approve implementation of site safety plan.  
Determine information needs and inform command personnel of needs.

Coordinate staff activity.  
Approve requests for additional resources and request for release of resources.  
Authorize release of information to the news media.  
Approve plan for demobilization.  
Transmit incident reports to A3/RWMD/HMRT Secretary for filing.

Safety Officer - the single person responsible for monitoring and assessing hazardous and unsafe situations and developing measures for assuring TASK FORCE 3 safety. Although the Safety Officer may exercise emergency authority to stop or prevent unsafe acts when immediate action is required, the Safety Officer will generally correct unsafe acts or conditions through the regular lines of authority. The Safety Officer maintains awareness of active and developing situations, approves the medical plan, and includes safety messages in each incident action plan.

Duties - Obtain briefing from Team Leader.  
Identify hazardous situations associated with the incident.  
Participate in planning meeting.  
Review incident action plans.  
Assist in the development of Site Safety Plan  
Identify potential unsafe situations.  
Exercise emergency authority to stop and prevent unsafe acts.  
Investigate accidents that have occurred within incident areas.  
Review and approve medical plan.  
Maintain unit log.  
Determines level of protection and proper decontamination solutions.

Public Information Officer - a member of the TASK FORCE 3 Command Staff responsible for the formulation and release of information about the incident to the news media and other appropriate agencies and organizations. The PIO shall work closely with the Team Leader and the Incident Commander and their designated PIO.

Duties - Obtain briefing from Team Leader and Incident Commander.  
Contact jurisdictional agency to coordinate public information/activities.  
Establish single incident information center whenever possible.  
Arrange for necessary workspace, materials, telephones and staffing.  
Prepare initial information summary as soon as possible after arrival.  
Observe constraints on the release of information from Incident Commander.  
Obtain approval for release of information from Team Leader and IC.  
Release news-to-news media.  
Attend meetings to update informational releases.  
Respond to special requests for information.  
Maintain unit log.

Liaison Officer - a member of the TASK FORCE 3 Command Staff responsible for assisting and cooperating agency representatives. This includes agency representatives from other fire agencies, law enforcement, Red Cross, public works and engineering organizations, and all others.

DECON Officer - supervises and controls all phases of the DECON station.

Duties - Obtain briefing from the Team Leader  
Locates, organizes, and supervises personnel decontamination station, and if activated, the equipment decontamination station.  
Ensures that contaminated equipment is appropriately decontaminated at the site or properly contained and labeled for off-site decontamination.  
Determines the degree of protective clothing to be worn by the decontamination team with final approval of the Safety Officer.  
Ensures proper breathing air supply to Entry Team members.  
Orders sufficient water supply and pressure at scene to provide the necessary water for washing as well as a protection line and dermal shower.  
Assigns monitor.  
Calls for emergency air supply.  
Ensures decontamination protective clothing is ready for future use.  
Conducts safety meeting.  
Maintains unit log.

Planning Chief - is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources.

Duties - Obtain briefing from Team Leader.  
Reassessing initial attack personnel to incident positions as appropriate.  
Establish information requirements and reporting schedules.  
Establish a weather data collection system.  
Supervises preparation of incident action plan.  
Assemble information on alternative strategies.  
Identify need for use of specialized resources.  
Perform optional planning for planning section.  
Provide periodic predictions on incident potential.  
Advise Team Leader on any significant changes in incident status  
Maintain unit log.

Finance Chief- responsible for all the financial and cost analysis aspects of the incident.

Duties - Insure that all obligation documents initiated at the incident are properly prepared and completed.

Entry Team Officer - responsible for the implementation of the assigned portion of the incident action plan, assignment of entry/back-up teams, reporting on progress control and containment operations and status of the team.

Duties - Obtain briefing from the Team Leader.  
Maintain communications with the entry/back-up team and Team Leader.  
Supervises overall operations of the entry/back-up team.  
Maintains time records on entry team.

\*\*\* Prior to entry into the Hot Zone, the Entry Team Officer completes the following:

Safety Briefing.  
Hazardous material action briefing.

Decontamination procedures will be established.  
Medical Monitoring will be available on site.  
Personnel decontaminations will be set up.  
Back-up team will be ready.  
Check and bag equipment.  
Done proper protective equipment.  
Check communications equipment.

APPROVAL

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President, A3/RWMD/HMRT, Inc.

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Date

Adopted 12/2009

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-R10

HAZMAT INCIDENT CONTROL ZONES

**PURPOSE**

To establish Hazmat Incident Control Zones.

**DIRECTION AND CONTROL**

**Authority**

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

**Responsibility**

The Administrator/Treasurer, Membership Committee, and Training Officer of TASK FORCE 3 are 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**

It is the responsibility of the Team Leader and/or Safety Officer to ensure that safe and effective control zones are established, identified, and communicated to all personnel involved in the incident.

The activities required during response to incidents involving hazardous materials may contribute to the unwanted movement of contaminants from the site to uncontaminated areas. Response personnel and equipment may become contaminated and transfer the material into clean areas. To minimize the transfer of hazardous substances from the site the following procedures shall be used:

**1. ESTABLISHMENT OF THE HOT ZONE or EXCLUSION ZONE**

The Hot Zone or Exclusion Zone, the innermost of the three control zones, is the physical area where contamination does or could occur. All people entering the Hot Zone must wear prescribed Levels of Protection. Entry and exit check points must be established and clearly identifiable at the periphery of the Hot Zone to regulate the flow of personnel and equipment into and out of the zone and to verify that the procedures established to enter and exit are followed.

1. After the hot zone is established initially by personnel at the first responder level, it may be expanded several times by the Incident Commander based on monitoring of the incident.
2. The boundary of the hot zone will be clearly identified. Whenever possible, use signs, hazard tape, or rope.
3. Reasons for entry of personnel into the hot zone where contamination is likely to

occur include: the need to evaluate and stop leaks, monitor conditions, make rescue attempts, take samples, neutralize materials, control vapors, and clean up the area.

4. Access into the hot zone is to be limited to those personnel necessary to control the incident. A log shall be maintained at the access control point to record the entry and exit time of personnel in the hot zone.
5. All personnel within the hot zone should wear level of personnel protective equipment determined necessary by the Team Leader and/or Safety Officer.
6. It is possible that different levels of personnel protective equipment are appropriate in the same area, depending on the hazards of a specific task being performed. A minimum level of protection shall be established.
7. Exit from the hot zone is to be made through the contamination reduction corridor. This is the area where personnel place contaminated tools and equipment and are decontaminated as they move into the warm zone. This corridor starts in the hot zone and ends in the warm zone.

## **2. ESTABLISHMENT OF THE WARM ZONE or CONTAMINATION REDUCTION ZONE**

1. The Warm Zone provides a transition between the Hot Zone and the Cold Zone (third area). The Warm Zone serves as a buffer to further reduce the probability of the Cold Zone becoming contaminated or being affected by other existing hazards. It provides additional assurance that the physical transfer of contaminated substances on people, equipment, or in the air is limited through a combination of decontamination, distance between the Hot and Cold Zones, air dilution, zone restrictions, and work functions. The decontamination line is located in the Warm Zone at the boundary of the Cold Zone.
2. All personnel within the Warm Zone must wear the required Level of Protection. Personnel protective equipment is designated based on site-specific conditions and the hazards that might be encountered.
3. The boundary of the hot/warm zone will be clearly identifiable and should be marked by signs, hazard tape, or rope when possible.

## **3. ESTABLISHMENT OF THE COLD ZONE or SUPPORT ZONE**

1. The Cold Zone or Support Zone is the outermost part of the site and is considered a non-contaminated or clean area. Support equipment (command post, equipment trailer, etc.) Is located in the Cold Zone. Since normal work clothes are appropriate within this zone, potentially contaminated personnel clothing, equipment, and samples are not permitted, but are left in the Warm Zone until they are decontaminated.
2. Personnel in the cold zone may wear normal work clothes. The cold zone should be upwind of the hot zone and as far away as is practical.
3. The boundary of the warm/cold zone will be clearly identifiable and should be marked by signs, hazard tape, or rope when possible.

APPROVAL

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President, A3/RWMD/HMRT, Inc.

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Date

Adopted 12/2009

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-R11

HAZMAT INCIDENT DECONTAMINATION

PURPOSE

To establish procedures to be used for DECONTAMINATION at the scene of a HAZMAT incident.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer, Membership Committee, and Training Officer of TASK FORCE 3 are 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

It is the responsibility of the Team Leader and/or Safety Officer to assure that the proper level of chemical protective clothing is worn by all persons in the mitigation of the incident including decontamination procedures.

If established, the DECON Officer will supervise the decontamination unit.

A personnel decontamination area must be set up and fully functional **before any entry is made into the Hot Zone**. The minimal DECON set-up will consist of a gross wash station and at least one assisted wash station and one assisted rinse station, together with appropriate "undressing" and "air change" stations. Depending upon the particular product involved, the decontamination set up may need to be expanded to include additional wash and rinse stations. All wash and rinse stations will use appropriate catch basins, to contain run-off for later analysis and proper disposal. Suitable containers for containment of outer PPE and inner clothing, gloves, SCBA, etc., must also be provided.

DECON operations for TASK FORCE 3 personnel will, at all times, be supervised by an appropriately trained A3/RWMD/HMRT member, even when the DECON operations are being handled by other trained emergency responders in support of the TASK FORCE 3.

Depending upon need, an appropriate Medical Decontamination station, separate from but adjacent to the TASK FORCE 3 DECON area, may be required for

decontamination of victims prior to emergency medical treatment and transport. In such event, TASK FORCE 3 personnel will be required to assist in the set-up and supervision of the operation.

A decontamination plan will be developed as part of the Site Safety Plan and set up before any personnel or equipment may enter areas where the potential for exposure to hazardous substances exists. The initial plan is based on a worst-case situation and assumes no information is available about the incident.

The decontamination plan should:

- Determine the number and layout of decontamination stations.
- Determine the decontamination equipment needed.
- Determine appropriate decontamination method.
- Establish procedures to prevent contamination of clean areas.
- Establish methods and procedures to minimize worker contact with contaminants during removal of personal protective clothing and equipment (PPE).
- Establish methods for disposing of clothing and equipment that are not completely decontaminated.

When the situation is known and the specific conditions have been evaluated, the initial decontamination plan can be modified, eliminating unnecessary stations or otherwise adapting it to actual site conditions. The plan should be revised whenever the types of personal protective clothing or equipment changes, the site conditions change, or the site hazards are reassessed based on new information.

## SITE SELECTION

Decontamination procedures should be conducted, if possible, in a process unit not connected to, or threatened by the emergency. Selection of the decon site should be based on the chemical involved, wind direction, travel distance, and other factors as they relate to the specific of each incident. SCBA cylinder pressures or the ability to change cylinders or make air line connections must also be considered.

The area in which the decontamination procedure shall take place will be referred to as the contamination reduction corridor (CRC) or Warm Zone. This is an area that is used as the egress point from which all personnel and equipment moving from the hot zone into the warm zone shall pass and be decontaminated.

## DECONTAMINATION PLAN

The original decontamination plan must be adapted to specific conditions found at incidents. These conditions may require more or less personnel decontamination than planned, depending on a number of factors. The Team Leader, or DECON Officer if established, will determine the level of decontamination needed based upon the following:

- Type of Contaminant - The extent of personnel contamination depends on the effects the contaminants have on the body. Contaminants do not exhibit the same degree of toxicity (or other hazards). Whenever it is known or suspected that personnel can become contaminated with highly toxic or skin-destructive substances, a full decontamination should be followed. If less hazardous materials are involved, the procedure can be

downgraded.

- Amount of Contamination - The amount of contamination on protective clothing (and other objects or equipment) is usually determined visually. If, on visual examination, it appears grossly contaminated, a thorough decontamination is generally required. Gross material remaining on the protective clothing for any extended period of time may degrade or permeate it. This likelihood increases with higher air concentrations and greater amounts of liquid contamination. Gross contamination also increases the probability of personnel contact. Swipe tests may help determine the type and quantity of surface contaminants.
- Level of Protection - The Level of Protection and specific pieces of clothing worn determine on a preliminary basis the layout of the decontamination line. Each Level of Protection incorporates different problems in decontamination and doffing of the equipment.
- Work Function - The work each person does determines the potential for contact with hazardous materials. In turn, this dictates the layout of the decontamination line. Personnel in the Exclusion Zone (Hot Zone) with the potential for direct contact with the hazardous material will require more thorough decontamination.
- Location of Contamination - Contamination on the upper areas of protective clothing poses a greater risk to the worker because volatile compounds may generate a hazardous breathing concentration both for the worker and for the decontamination personnel. There is also an increased probability of contact with skin when doffing the upper part of clothing.
  - Reason for Leaving a Zone - The reason for leaving the Exclusion Zone also determines the need and extent of decontamination. A worker leaving the Exclusion Zone to pick up or drop off tools or instruments and immediately returning may not require decontamination. A worker leaving to get a new air cylinder or to change a respirator or canister, however, will require some degree of decontamination. Individuals departing the CRC for a break, lunch, or at the end of day, must be thoroughly decontaminated.

Once decontamination procedures have been established, all personnel requiring decontamination must be given precise instructions (and practice, if necessary). Compliance must be frequently checked. The time it takes for decontamination must be ascertained. Personnel wearing SCBA's must leave their work area with sufficient air to walk to CRC and go through decontamination.

## DECONTAMINATION OF EQUIPMENT

EPA accepted procedures on decontamination of equipment to include sampling devices, tools, respirators, and heavy equipment will be followed.

## MEDICAL EVALUATION

Once decontaminated, personnel should go to the EMS Sector for treatment and

evaluation. The EMT's or other trained medical personnel must have been alerted to the hazmat's hazards, and be familiar with treating chemical injuries.

The vital signs should be taken for each person leaving DECON and compared to any baseline data. Any open wounds or breaks in the skin must be reported to medical control immediately, and cleaned at the scene unless advised otherwise. All exposed personnel should be monitored and recorded throughout the incident for later evaluation.

## EMERGENCY DECONTAMINATION

In an emergency, the primary concern is to prevent the loss of life or severe injury to personnel. Emergency Decontamination should be implemented even for those with severe or life threatening injuries. If immediate medical action is needed, this should be limited to establishment of a patent airway until adequate emergency decon is completed. If decontamination can be performed without interfering with essential life-saving techniques or first aid, or if the person is contaminated with an extremely toxic or corrosive material that could cause severe injury or loss of life, decontamination must be performed immediately.

Physical injuries can range from a sprained ankle to a compound fracture, from a minor cut to massive bleeding. Depending on the seriousness of the injury, treatment may be given at the site by trained response personnel. For more serious injuries, additional assistance may be required at the site or the victim may have to be treated at a medical facility.

Life-saving care may be instituted immediately inside of the Contamination Reduction Zone during decontamination. The outside garments should be removed. Respirators and backpack assemblies must always be removed. Fully encapsulating suits or chemical-resistant clothing must be removed.

If an emergency due to a heat-related illness develops, protective clothing should be removed from the victim as soon as possible to reduce the heat stress. Heat stroke requires prompt treatment to prevent irreversible damage or death. Less serious forms of heat stress, untreated, can lead to a heat stroke.

## DISPOSAL OF CONTAMINATED EQUIPMENT

All materials and equipment used for decontamination must be disposed of properly. Clothing, tools, buckets, brushes, and all other equipment that is contaminated must be secured in drums or other containers and labeled. Clothing not completely decontaminated on-site should be secured in plastic bags or drums for removal from the site.

Contaminated wash and rinse solutions should be contained by using step-in-containers. The spent solution will be transferred to drums or containers, which are labeled, for removal.

It is the policy of A3/RWMD/HMRT, Inc. that once properly secured; the clean-up crew leaves materials on site for removal and disposition. **TASK FORCE 3 will not remove any contaminated equipment or materials from the scene.** Clean up is the obligation of the responsible party and will usually be performed by the responsible party or through a contract with a clean-up contractor. The Team Leader will advise the responsible party of these procedures prior to any

work being conducted.

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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-R12

OUT OF AREA/OUT OF STATE RESPONSE

PURPOSE

To establish a procedures for OUT OF AREA / OUT OF STATE responses.

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 Administrator is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Secretary should the primary not be available.

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

It is the policy of A3/RWMD/HMRT, Inc., to provide response to any official request for assistance from any legally authorized government agency in the jurisdiction in which the incident occurs. Response will be dependent upon the availability of equipment and/or personnel to respond and upon worker's compensation coverage.

It is also the policy that at least one of the two response vehicles and sufficient response personnel remain within the normal operating area of A3/RWMD/HMRT to any hazardous materials incident that may occur within the area. Authorization to respond out of area must be made by either President or Vice-President; or out of state must be made through KyEM.

The incident must have been reported to the KyEM Duty Officer, 1-800-255-2587, by the requestor prior to a request for A3/RWMD/HMRT to assist. The requestor must provide an incident number and any other pertinent information (i.e. type and amount of material(s) involved, type of accident, specific location, response point, current situation, and the name of the incident commander).

When TASK FORCE 3 is assembled the Team Leader shall prepare a list identifying the members that will respond. The Team Leader shall also notify the KyEM Duty Officer of the number of members responding.

Upon arrival, the Team Leader shall meet with the incident commander and the county emergency management director of the county where the incident has occurred for instructions. All responses will be conducted in accordance with TASK FORCE 3 standard operating procedures.

APPROVAL

\_\_\_\_\_  
President, A3/RWMD/HMRT, Inc.

\_\_\_\_\_  
Date

Adopted 12/2009

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

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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)	
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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:	

--

**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**

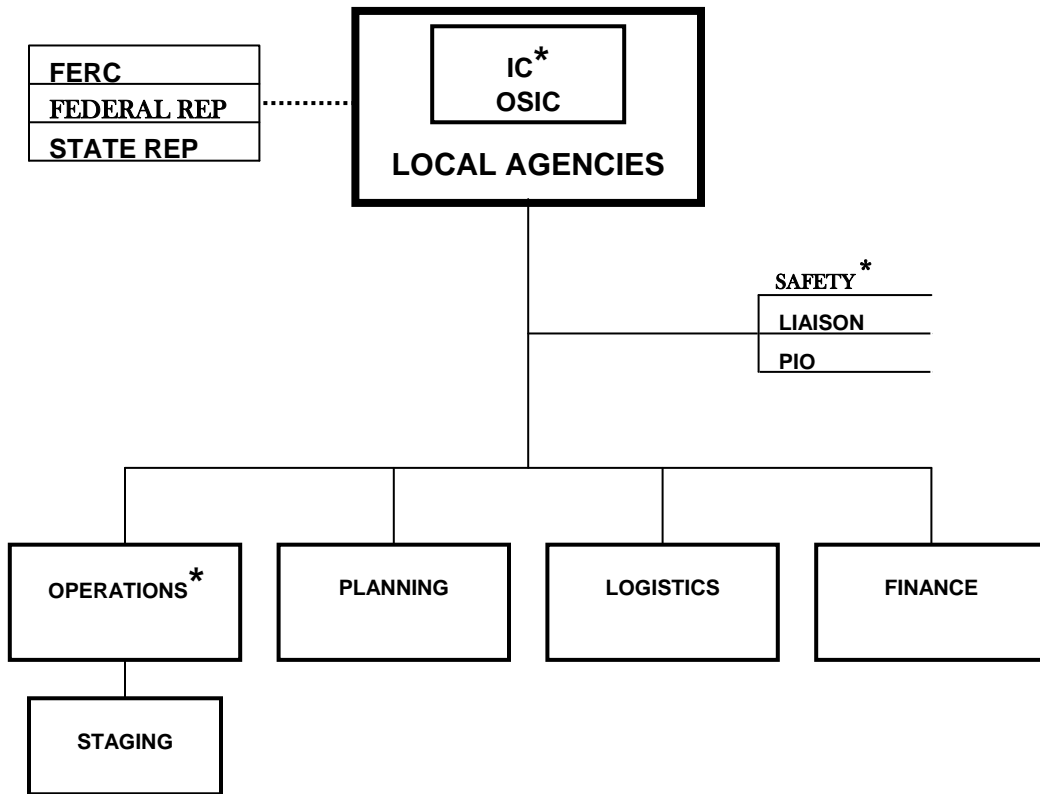
**RESOURCE ASSIGNMENT PER OBJECTIVE**

**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

TASK FORCE 3 Form R13A				
ORGANIZATION ASSIGNMENT LIST				
1. Incident Name			Ground Support Unit	
			Communications Unit	
			Medical Unit	
2. Date	3. Time		Security Unit	
			Food Unit	
4. Operational Period				
			<b>9. Operations Section</b>	
Position	Name		Chief	
<b>5. Incident Commander and Staff</b>			Deputy	
Incident Commander			<b>a. Branch I - Division/Groups</b>	
Deputy			Branch Director	
Safety Officer			Deputy	
Information Officer			Division/Group	
Liaison Officer			Division/Group	
<b>6. Agency Representative</b>			Division/Group	
Agency	Name		Division/Group	
			Division/Group	
			<b>b. Branch II - Division/Groups</b>	
			Branch Director	
			Deputy	
			Division/Group	
			Division/Group	
<b>7. Planning Section</b>			Division/Group	
Chief			Division/Group	
Deputy			Division/Group	
Resources Unit			Division/Group	
Situation Unit			<b>c. Branch III - Division/Groups</b>	
Documentation Unit			Branch Director	
Demobilization Unit			Deputy	
Technical Specialists			Division/Group	
Human Resources			Division/Group	
Training			Division/Group	
			Division/Group	
			<b>d. Air Operations Branch</b>	
			Air Operations Branch Director	
			Air Attack Supervisor	
<b>8. Logistics Section</b>			Air Support Supervisor	
Chief			Helicopter Coordinator	
Deputy			Air Tanker Coordinator	
Supply Unit			<b>10. Finance Section</b>	
Facilities Unit			Chief	

Deputy	
Time Unit	
Procurement Unit	
Compensation/Claims Unit	
Cost Unit	
Prepared by (Resource Unit Leader)	

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC  
INCIDENT REPORT (used-lost-damaged equipment)**

Name of TEAM: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_

County: \_\_\_\_\_ Kentucky Emergency Management Area: \_\_\_\_\_

Check Quarter:       First Quarter (Jul/Aug/Sep)       Second Quarter (Oct/Nov/Dec)       Third Quarter (Jan/Feb/Mar)       Fourth Quarter (Apr/May/Jun)

Type of Incident	EQUIPMENT (USED-LOST-DAMAGED)	Number of Team Members	Total Man-hours
<b>TOTALS FOR THE QUARTER:</b>			

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Leader Signature

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Review and Comments:	
Local Emergency Management Director:	Date:

Review and Comments:	
Area Manager, Division of Emergency Management:	Date:

# **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:	

--

**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**

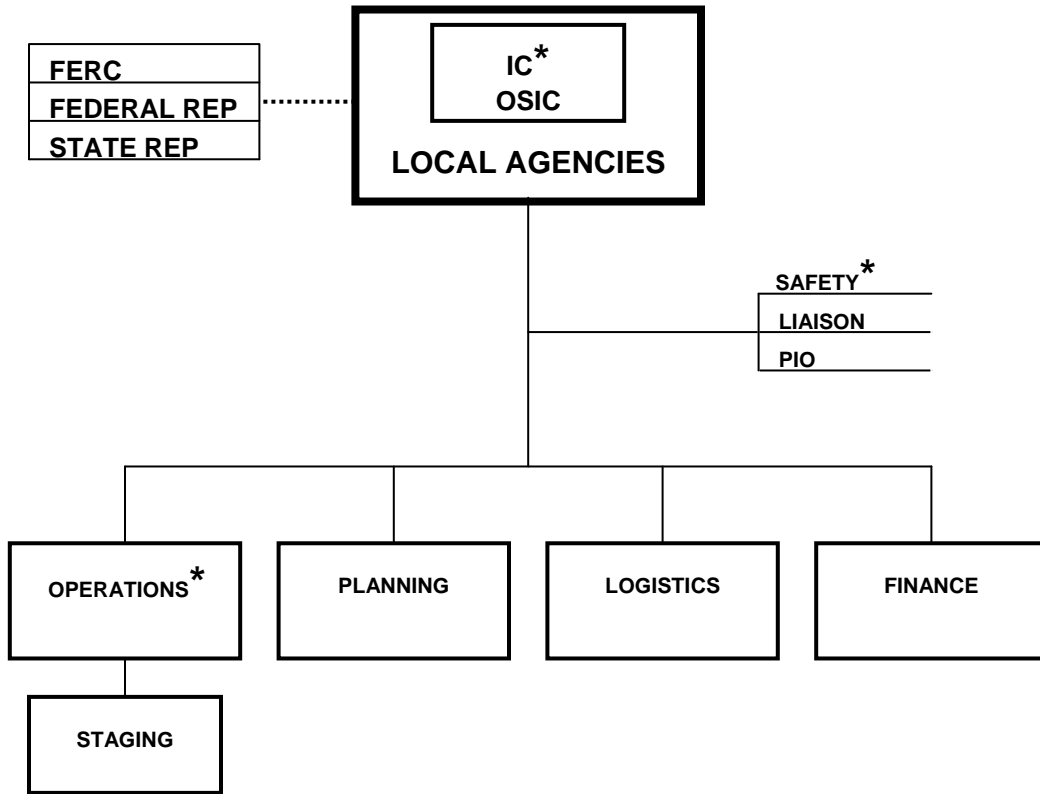
**RESOURCE ASSIGNMENT PER OBJECTIVE**

**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



<b>DATE:</b>		<b>INCIDENT NUMBER:</b>	
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<b>INCIDENT LOCATION:</b>	
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**WEATHER**

<b>WIND DIRECTION:</b>		<b>WIND SPEED:</b>		<b>TEMPERATURE:</b>	
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<b>PRECIPITATION:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>TYPE (RAIN, SNOW, ETC):</b>	
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<b>COMMAND POST LOCATION:</b>	
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**HAZARD/RISK ASSESSMENT**

<b>DESCRIBE HAZARD/RISK:</b>	
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<b>AREA:</b>	
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<b>INITIAL ISOLATION DISTANCE:</b>	
------------------------------------	--

<b>MAX PROTECTIVE ACTION DISTANCES FROM RELEASE SITE:</b>	<b>HOT ZONE</b>		<b>WARM ZONE</b>	
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**WORKER PROTECTION**

<b>HAZARDS:</b>	<input type="checkbox"/> FIRE	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> REACTIVE	<input type="checkbox"/> SUDDEN RELEASE	<input type="checkbox"/> HEALTH ACUTE
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	<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> ACTIVE TOXICITY	<input type="checkbox"/> TOXICITY	<input type="checkbox"/> RADIOACTIVE	<input type="checkbox"/> HEALTH CHRONIC
--	------------------------------------	--	-----------------------------------	--------------------------------------	---

<b>SIGNALING:</b>	<input type="checkbox"/> HORNS	<input type="checkbox"/> RADIO	<input type="checkbox"/> SIREN	<input type="checkbox"/> OTHER:	
-------------------	--------------------------------	--------------------------------	--------------------------------	---------------------------------	--

**TERRAIN ANALYSIS**

<b>DESCRIBE VARIATIONS IN ZONES DUE TO GEOGRAPHY AND DEMOGRAPHY:</b>
--

<b>(DRAW STRIP MAP IF TIME PERMITS – SEE PAGE 3)</b>	
--	--

--

**DETERMINE MANAGEMENT ROLES IN IMS**

POSITION	NAME	AGENCY
----------	------	--------

<b>INCIDENT COMMANDER</b>		
---------------------------	--	--

<b>OPERATIONS SECTION CHIEF</b>		
---------------------------------	--	--

<b>SAFETY OFFICER</b>		
-----------------------	--	--

<b>ON SCENE INCIDENT COORDINATOR</b>		
--------------------------------------	--	--

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**(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**

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC**  
**Incident Critique**

The incident critique must address ALL events incurred during the event::

1. Was the objective achieved?
2. If yes, what were the results?
3. If no, what changes or actions are required to achieve the objective?

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Event Objective:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Team Leader**  
**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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-T1

TRAINING

PURPOSE

To establish training guidelines for TASK FORCE 3 Team members.

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 Training Officer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Administrator should the primary not be available.

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

Hazmat response membership has been conferred upon those individuals drawn from existing emergency service organizations, industry, educational institutions, medical facilities, professions, or from the general public, whose application for membership has been recommended by the Membership Committee and approved by the Board of Directors. TASK FORCE 3 members shall be trained in one (1) or more of the following categories:

FIRST RESPONDER AWARENESS LEVEL (for Support Personnel Only)

- A. First responders at the awareness level will have sufficient training or have had sufficient experience to objectively demonstrate competency in the following areas:
- Understanding of hazardous materials, and the risks associated with them in an incident.
  - An understanding of the potential outcomes associated with an emergency created when hazardous materials are present.
  - The ability to recognize the presence of hazardous materials in an emergency.
  - The ability to identify the hazardous materials, if possible.
  - An understanding of their own role in an emergency.
  - The ability to realize the need for additional resources, and to make appropriate notifications to the communications center.

- B. TRAINING REQUIREMENT: Sufficient training or proven experience in specific

competencies. Annual refresher to maintain competency.

C. TASK FORCE 3 members trained at the awareness level will not respond to the scene of a known hazardous materials incident except in a support capacity.

### **FIRST RESPONDER OPERATIONS LEVEL**

First responders at the operations level may respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting persons, property, or the environment from the effects of the release.

Operations level personnel are trained to respond in a defensive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposure. Operations level personnel will have received at least sixteen hours of training or have had sufficient experience to objectively demonstrate competency in the following areas in addition to those listed for the awareness level:

- a. Knowledge of the basic hazard and risk assessment techniques.
- b. Know how to select and use proper personal protective equipment provided to the first responder operations level.
- c. An understanding of basic hazardous materials terms.
- d. Know how to perform basic control, containment and/or confinement operations within the capabilities of the resources and personal protective equipment available.
- e. Know how to implement basic decontamination procedures.

#### **TRAINING REQUIREMENTS:**

\*\*TASK FORCE 3 members trained at the first responder operations level may respond to a known or potential release of hazardous materials.

### **HAZARDOUS MATERIALS TECHNICIAN**

Hazardous materials technicians are trained to respond to releases or potential releases for the purpose of stopping the release. They assume a more aggressive role than a first responder, in that they will approach the point of release in order to plug, patch or otherwise stop the release of hazardous materials.

Hazardous materials technicians shall receive at least 24 hours of training equal to the first responder operations level and in addition have competency in the following areas:

- a. Know how to implement the emergency response plan.
- b. Know the classification, identification and verification of known and unknown materials by using field survey instruments and equipment.
- c. Know how to select and use proper specialized chemical protective equipment provided to them.
- d. Understand hazard and risk assessment techniques.

- e. Be able to perform advance control, containment, and/or confinement operations within the capabilities of the resources and personal protective equipment available.
- f. Understand and implement decontamination procedures.
- g. Understand termination procedures.
- h. Understand basic chemical and toxicological terminology and behavior.

TRAINING REQUIREMENT: Completion of Awareness and Operations level plus 40 hours initial training and proven competency in specific areas. Annual refresher to maintain competency.

### **HAZARDOUS MATERIALS SPECIALISTS**

Hazardous materials specialists are trained to respond with and provide support to hazardous materials technicians. Their duties parallel those of the hazardous materials technician. However, these duties require a more directed or specific knowledge of the various substances they may be called upon to contain.

They would also act as the site liaison with Federal, state, and local and other government authorities in regards to site activities. Hazardous materials specialists shall have received at least 24 hours of training equal to the technician level, and in addition, have competency in the following areas:

- a. Know how to implement the emergency response plan.
- b. Understand classification, identification, and verification of known and unknown materials by using advanced survey instruments and equipment.
- c. Know of the state emergency response plan.
- d. Be able to select and use proper specialized chemical protective equipment provided to the hazardous materials specialists.
  
- e. Be able to determine and implement decontamination procedures.
- f. Have the ability to develop a site safety and control plan.
- g. Understand chemical, radiological and toxicological terminology and behavior.

3. TRAINING REQUIREMENT: Hazardous materials specialists are individuals who respond with and provide support to hazardous materials technicians. Their duties and training parallel those of hazardous materials technicians. However, these duties require a more directed or specific knowledge of the various substances they may be called upon to contain.

### **ON SCENE INCIDENT COMMANDER**

TASK FORCE 3 Team Leaders will be trained to the On-Scene Incident Commander level (minimum IS 200). The Team Leader will assume control of TASK FORCE 3 operations at the incident scene. The Team Leader must receive at least 16 hours of training at the operations level and in addition have competency in the following areas:

- a. Know and be able to implement the incident command system.
- b. Know how to implement the emergency response plan.

- c. Know and understand the hazards and risks associated with working in chemical protective clothing.
- d. Know of the state emergency response and of the Federal Regional Response Team.
- e. Know and understand the importance of decontamination procedures

TRAINING REQUIREMENTS: Qualified at the Operations level plus 12 hours of incident command training and proven competency. Annual refresher to maintain competency.

TASK FORCE 3 members must be thoroughly familiar with programs and procedures to work safely in contaminated areas. The objectives of the training program for TASK FORCE 3 members are:

- a. To make members aware of the potential hazards they may encounter.
- b. To provide the knowledge and skills necessary to perform the work with minimal risk to health and safety.
- c. To make workers aware of the purpose and limitations of safety equipment.
- d. To ensure that members can safely avoid or escape from emergencies.

The level of training provided should be consistent with the job function and responsibilities as a member of TASK FORCE 3. The training program will involve both classroom instruction in a wide range of health and safety topics and “hands-on” practice. Hands-on instruction will consist of drills in the field that simulate site activities and conditions. TASK FORCE 3 members will also participate in facility exercises when the facility requests TASK FORCE 3 participation.

TASK FORCE 3 members will not engage in field activities until they have been trained to a level commensurate with their job function and responsibilities and with the degree of anticipated hazards. Specific requirements for the areas to be covered in training sessions are given in Table 1.

REFRESHER TRAINING: All TASK FORCE 3 members who receive emergency response training must receive annual refresher training to stay current in their knowledge and maintain their competency.

TRAINING RECORDS: A record of training shall be maintained in each TASK FORCE 3 members file to confirm that every member assigned to a task has had adequate training for that task, and that the training record is up to date. Documentation shall be maintained on all refresher training. If competency is demonstrated, a record of the methodology used to demonstrate the competency shall be maintained in the member’s training record.

It is the responsibility of the Training Officer to ensure that the required training is provided in order to maintain the competency of TASK FORCE 3 members. The Training Officer shall also be responsible for maintaining a summary of all TASK FORCE 3 training records. A schedule of training to be offered shall be maintained, as well as a schedule of training completed by all TASK FORCE 3 members. The

Training Office shall coordinate dates, times, location, and trainers for all training.

ATTACHMENTS

1. REQUIRED TRAINING BY RESPONDER LEVEL

APPROVAL

---

President, A3/RWMD/HMRT, Inc.

---

Date

Adopted 12/2009



**TABLE 1  
REQUIRED TRAINING BY RESPONDER LEVEL**

<b>TRAINING TOPIC</b>	<b>EMPHASIS OF TRAINING</b>	<b>OPS</b>	<b>TECH</b>	<b>SPEC</b>	<b>IC</b>
Biology, Chemistry, and Physics of Hazardous Materials	Chemical and physical properties, chemical reactions, chemical compatibilities.		X	X	X
Toxicology	Dosage, routes of exposure, toxic effects, immediately dangerous to life or health (IDLH) values, permissible exposure limits (PELS), recommended exposure limits (RELS), threshold limit values (TLVs).		X	X	X
Industrial Hygiene	Selection and monitoring of personal protective clothing and equipment. Calculation of doses and exposure levels; evaluation of hazards ; selection of health and safety protective measures.	X	X	X	X
Monitoring Equipment	Functions, capabilities, selection, use, limitations, and maintenance.	X	X	X	X
Hazard Evaluation	Techniques of sampling and assessment; evaluation of field and lab results; risk assessment.	X	X	X	X
Site Safety Plan	Safe practices, safety briefings and meetings, standard operating procedures, site safety map.				X
Standard Operating Procedures	Hands-on practice; development and compliance.	X	X	X	X
Engineering Controls	Use of barriers, isolation, and distance to minimize hazards.		X	X	X
Personal Protective Clothing and Equipment	Assignment, sizing, fit-testing, maintenance, use, limitations, and hands-on training; selection of PPE.	X	X	X	X

**TABLE 1(cont.)  
REQUIRED TRAINING BY RESPONDER LEVEL**

<b>TRAINING TOPIC</b>	<b>EMPHASIS OF TRAINING</b>	<b>OPS</b>	<b>TECH</b>	<b>SPEC</b>	<b>IC</b>
Medical Program	Medical monitoring; first aid, stress recognition; advanced first aid, emergency drills.	X	X	X	X
Decontamination	Hands-on training using simulated field conditions; design and maintenance; how to implement decontamination procedures.	X	X	X	X
Emergencies	Response to emergencies; incident documentation; standard operating procedures	X	X	X	X
Containment and Control	Know how to perform basic control, containment and/or confinement operations within the capabilities of the resources and personal protective equipment available.	X	X	X	X
Incident Command	Know and be able to implement incident command; knows and understands the hazards and risks associated with employees working in chemical protective clothing; knows how to implement standard operating procedures; knows of the state emergency response and of the Federal Regional Response Team; knows and understands the importance of decontamination procedures.				X

AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED

STANDARD OPERATING GUIDELINES

TASK FORCE 3-SOG-T2

TRAINING MEETINGS

PURPOSE

To establish Training Meetings and Training Schedules and attendance Requirements for Task Force 3 members.

DIRECTION AND CONTROL

Authority

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

Responsibility

The Administrator/Treasurer is 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

TASK FORCE 3 members shall receive mandatory training necessary to the maintain their respective individual and team knowledge and skills as related to hazardous materials emergency response in accordance with 29 CFR 1910.120 and other applicable laws, rules, and regulations.

Training will be in accordance with a training schedule developed by the hazardous materials response team officers and approved by the Board of Directors from time to time.

In order to maintain membership with TASK FORCE 3 members shall attend mandatory training and shall maintain certification pursuant to 29 CFR 1910.120 in the particular membership classification to which assigned or higher.

The Administrator/Treasurer and Team Leaders will maintain training and meeting documentation. These records should contain sufficient detail to establish attendance, what topics were covered, what time was spent, as well as the instructor. The Administrator/Treasurer shall advise the Board of Directors of those TASK FORCE 3 members who have not completed the required training.

ATTACHMENTS

1. TASK FORCE 3-TRAINING FORM

APPROVAL

---

President, A3/RWMD/HMRT, Inc.

---

Date

Adopted 12/2009



AREA 3 REGIONAL WEAPONS OF MASS DESTRUCTION AND  
HAZARDOUS MATERIALS RESPONSE TEAM, INCORPORATED  
(hereafter referred to Task Force 3 or TF3)

STANDARD OPERATING GUIDELINES

A3/RWMD/HMRT-SOG-T3

OUTSIDE TRAINING AND TRAINING EXPENSE REIMBURSEMENT

PURPOSE

DIRECTION AND CONTROL **IF FUNDING IS AVAILABLE**

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 Training Officer is primarily responsible for implementation of these procedures. Responsibility for implementation of these procedures shall fall to the Administrator should the primary not be available.

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

RHMRT members may be allowed to attend hazardous materials courses offered by other agencies. Request to attend such courses must be submitted in writing and approved by the President, A3/RWMD/HMRT. Request will be submitted using A3/RWMD/HMRT Form T3, Training Request. Such courses must be a hazardous materials course that will improve the response capability of the A3/RWMD/HMRT member and A3/RWMD/HMRT. Approval will be made by the Board of Directors based on the availability of funds,

For courses that are conducted outside of A3/RWMD/HMRT's normal operating area and in excess of 40 miles from the A3/RWMD/HMRT member's home, reimbursement for training expenses shall be based upon the following:

- State mileage rate. If more than one A3/RWMD/HMRT member will attend the same course, car-pooling must be utilized. Travel expenses will be paid to the vehicle owner.
- All tuition expenses may be paid.
- Lodging expenses will be paid. Students will make their own motel reservation at a moderately priced motel in the area of the training.
- Meals will be reimbursed per state rate (receipts are required)

IF FUNDING IS AVAILABLE... Training expenses will be made on a reimbursement basis. Members must obtain and return all receipts (meals and lodging) to the administrator within five (5) days of their return. Members must also provide a copy of a training certificate or course completion certificate upon return. Certificates will be placed in the

individuals training file.

**IF FUNDING IS NOT AVAILABLE, THERE WILL BE NO REIMBURSEMENT.**

IV. ATTACHMENT

1. A3/RWMD/HMRT Form T1 - Training Request

1. APPROVAL

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President, A3/RWMD/HMRT, Inc.

---

Date

Adopted 12/2009

RHMRT MEMBER NAME:		
ADDRESS:		
PHONE:	CLASSIFICATION LEVEL:	
COURSE TITLE:		
DATE(s):	LENGTH OF COURSE:	
LOCATION:		
JUSTIFICATION:		
MEANS OF TRANSPORTATION:		
OTHER RHMRT MEMBERS ATTENDING:		
CAR POOLING?		
ESTIMATED TOTAL COST FOR TRANSPORTATION, MEALS, AND LODGING:		
<b>BOARD OF DIRECTORS ACTION</b>		
	YES	NO
MEMBER IN GOOD STANDING?		
FUNDING AVAILABLE?		
IS TRAINING RELATED TO RHMRT MEMBER'S DUTIES?		
TEAM LEADER SIGNATURE:		
APPROVED?		
PRESIDENT'S SIGNATURE:	ARRT/3 FORM T3	



**Kentucky Division of Emergency Management  
WORKERS' COMPENSATION ENROLLMENT FORM**

**New Member**

**Updated Enrollment**

\_\_\_\_\_  
**Name (Last) (First) (Middle)**

\_\_\_\_\_  
**Street/P.O. Box/Route#**

\_\_\_\_\_  
**(City) (Zip Code) (County)**

**Social Security** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_

**Emergency Services Organization:** \_\_\_\_\_

**Date of Enrollment:** \_\_\_\_\_

**List any special training:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you presently a:**

- |                               |            |                          |           |                          |
|-------------------------------|------------|--------------------------|-----------|--------------------------|
| <b>1. Volunteer Firefight</b> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| <b>2. Auxiliary Policeman</b> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| <b>3. Water Rescue Member</b> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| <b>4. Cave Rescue Member</b>  | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| <b>5. Other:</b>              | _____      |                          |           |                          |

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Date Received in Area Office:** \_\_\_\_\_

## Application for Team Membership

### I. Personal Information

Date of Application (month/day/year): \_\_\_\_\_

**Note:** Attach any additional and supplemental information to this application.

Name: \_\_\_\_\_  
Last First Middle

Work Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Month/Day/Year*

County of Residence: \_\_\_\_\_

Name of Nearest Relative to Contact in an Emergency: \_\_\_\_\_

Street Address of Nearest Relative: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Nearest Relative: \_\_\_\_\_

## Application for Team Membership

### II. Education

List high school, colleges and universities, vocational and technical schools, and other institutions of higher learning attended and year completed or graduated.

<u>Year</u>	<u>Name of Institution</u>	<u>City &amp; State</u>	<u>Degree or Diploma</u>

### III. WMD/Hazardous Materials Training

Check all **OSHA 1910.120 (q)** training courses completed, date completed and attach documentation.

**Note:** Initial training and annual refresher training will be verified.

√	Training Course:	Initial Training		Refresher Training	
		Date:	Documentation:	Date:	Documentation:
	HM Awareness				
	HM Operations				
	HM Technician				
	HM Specialist				
	HM Incident Command				
	WMD Awareness				
	WMD Operations				
	WMD Technician				
	WMD Incident Command				
	IS100				
	IS200				
	ICS300				
	ICS400				
	IS700				
	IS800				

Other Training (please describe): \_\_\_\_\_

\_\_\_\_\_

## Application for Team Membership

---

### **IV. Employment History Including Emergency Response Assignments**

List both paid and volunteer job assignments, beginning with the most recent job.

- *Years Worked (for example, 1998-2001):* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

- *Years Worked:* \_\_\_\_\_

*Name of Organization (Company/Agency/Dept.):* \_\_\_\_\_

*Organization Street Address, City, & State:* \_\_\_\_\_

*Description of Work:* \_\_\_\_\_

## Application for Team Membership

### V. Position Assignment

Check the team position desired.

- Technician (Patching, plugging)
- Incident Commander
- Responder Support
- Specialist Responder (Describe area of expertise: \_\_\_\_\_)
- Emergency Medical Support
- Training Support
- Technical Advisor (Describe area of expertise: \_\_\_\_\_)
- Other Assignment (Describe area of expertise: \_\_\_\_\_)

### VI. References

List at least three personal references (Do not list relatives).

	<u>Name</u>	<u>Address (Street, City, State)</u>	<u>Phone Number</u>
1.	_____	_____ _____	_____
2.	_____	_____ _____	_____
3.	_____	_____ _____	_____

By signing this application, you are confirming all of the aforementioned information to be true, accurate, and factual. Green River Area Regional Response WMD Team Management may verify this information with the listed reference people and other sources of information. Authorization is granted to conduct background investigation with law enforcement agencies.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Team Membership

FOR INTERNAL USE ONLY:

Date Application Received: \_\_\_\_\_ Signed: \_\_\_\_\_

Date Membership Approved: \_\_\_\_\_ Signed: \_\_\_\_\_

Date Membership Terminated: \_\_\_\_\_ Signed: \_\_\_\_\_

VERIFICATION:

√	Training Course:	Current Training:		Training Provider:		
		Date:	Documented: (Type & Attached)	Date:	Agency: (Name)	Verified By: (Point of Contact)
	HM Awareness					
	HM Operations					
	HM Technician					
	HM Specialist					
	HM Incident Command					
	WMD Awareness					
	WMD Operations					
	WMD Technician					
	WMD Incident Command					
	IS100					
	IS200					
	ICS300					
	ICS400					
	IS700					
	IS800					

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC.  
MEMBERSHIP ROSTER**

Name of Team: _____	State Fiscal Year: _____
Location: _____	Kentucky Emergency Management Area: _____

Check Quarter:     First Quarter (Jul/Aug/Sep)     Second Quarter (Oct/Nov/Dec)     Third Quarter (Jan/Feb/Mar)     Fourth Quarter (Apr/May/Jun)

NAME TEAM MEMBER	*	NAME TEAM MEMBER	*
1.	<input type="checkbox"/>	19.	<input type="checkbox"/>
2.	<input type="checkbox"/>	20.	<input type="checkbox"/>
3.	<input type="checkbox"/>	21.	<input type="checkbox"/>
4.	<input type="checkbox"/>	22.	<input type="checkbox"/>
5.	<input type="checkbox"/>	23.	<input type="checkbox"/>
6.	<input type="checkbox"/>	24.	<input type="checkbox"/>
7.	<input type="checkbox"/>	25.	<input type="checkbox"/>
8.	<input type="checkbox"/>	26.	<input type="checkbox"/>
9.	<input type="checkbox"/>	27.	<input type="checkbox"/>
10.	<input type="checkbox"/>	28.	<input type="checkbox"/>
11.	<input type="checkbox"/>	29.	<input type="checkbox"/>
12.	<input type="checkbox"/>	30.	<input type="checkbox"/>
13.	<input type="checkbox"/>	31.	<input type="checkbox"/>
14.	<input type="checkbox"/>	32.	<input type="checkbox"/>
15.	<input type="checkbox"/>	33.	<input type="checkbox"/>
16.	<input type="checkbox"/>	34.	<input type="checkbox"/>
17.	<input type="checkbox"/>	35.	<input type="checkbox"/>
18.	<input type="checkbox"/>	36.	<input type="checkbox"/>

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed report to: Local Emergency Management Director and Division of Emergency Management Area Manager.

Local Emergency Management Director: \_\_\_\_\_ Date: \_\_\_\_\_

Division of Emergency Management Area Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Deleted: \*Check block if member is INACTIVE.¶

DO NOT LIST MEMBERS WHO ARE INACTIVE OR DECEASED. USE ADDITIONAL SHEETS IF NEEDED.

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC  
TEAM NAME: TASK FORCE 3**

**Statement of Understanding and Team Appointment**

Administrator  
A3/WMDHMRRT, INC

Under the guidelines of  
A3/WMDHMRRT, INC,

\_\_\_\_\_ (Name of Team Member)

\_\_\_\_\_ (Office Mailing Address)

\_\_\_\_\_ (City)

Kentucky

\_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Telephone Number)

is appointed a member of the

TASK FORCE 3

in

\_\_\_\_\_ (name of County)

The above named local responder has read and understands the TASK FORCE 3-SOG's and shall abide by the said documents.

\_\_\_\_\_ (Signature of Team Member)

\_\_\_\_\_ (Date of Signature)

