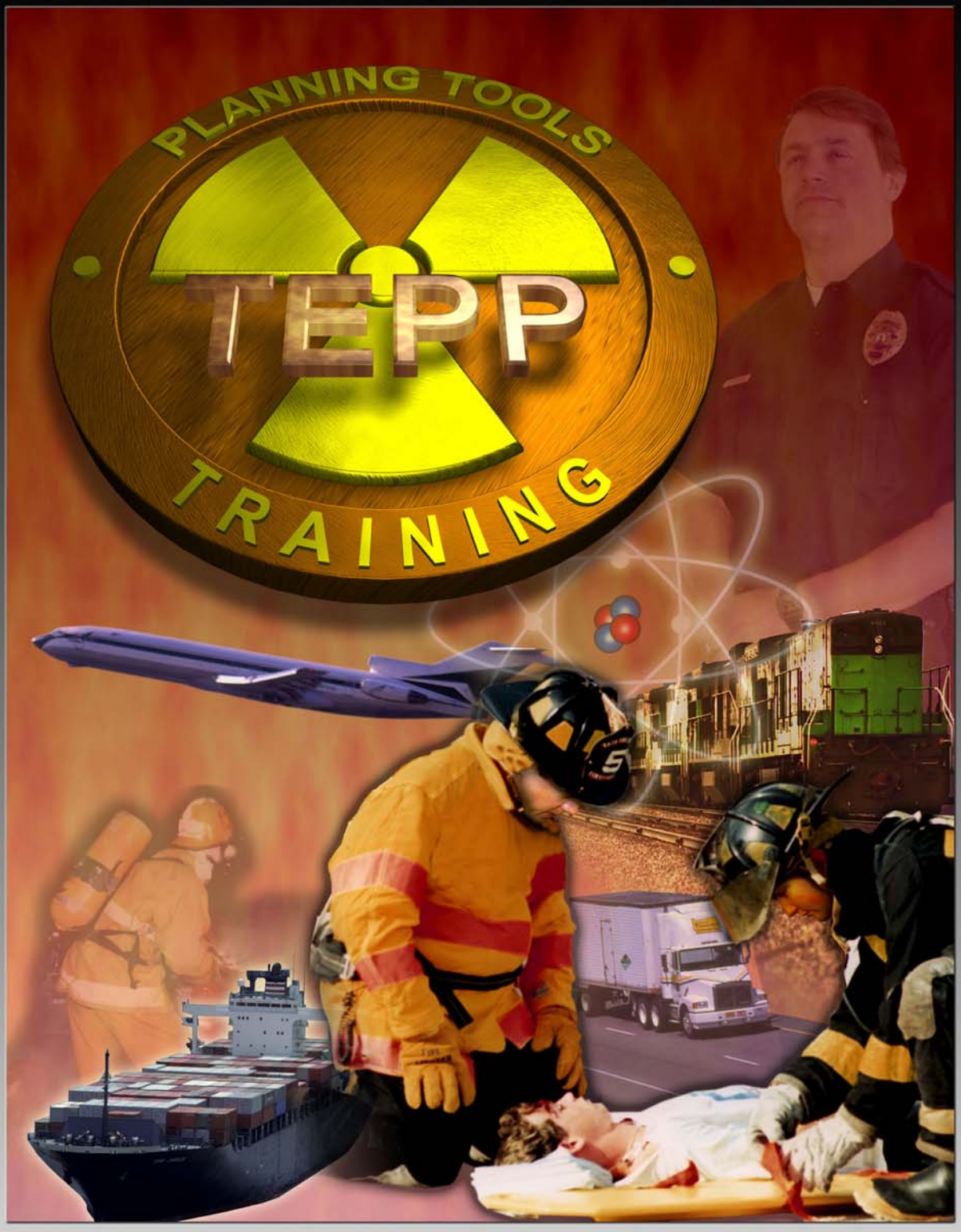
DEPARTMENT OF ENERGY

TRANSPORTATION EMERGENCY PREPAREDNESS PROGRAM



TEPP Planning Products
Model Procedure
Hazardous Materials Incident Response

Prepared for the Department of Energy Office of Transportation and Emergency Management

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Transportation Emergency Preparedness Program (TEPP)

Hazardous Materials Incident Response Procedure

Hazardous Materials Incident Response Procedure

This Transportation Emergency Preparedness Program (TEPP) Hazardous Materials Incident Response Model Procedure contains the recommended actions for response to transportation incidents involving radioactive materials.

ASSUMPTIONS

The following assumptions are to be considered when reviewing this procedure:

- This procedure is not all-inclusive but was developed to meet the minimum national standards for response to a hazardous materials incident.
- This procedure is designed for use by trained and qualified emergency responders to operate within the guidelines of OSHA's 29 CFR 1910.120. Additional procedural requirements may be implemented according to the appropriate state, tribal, or local standards.
- Response to transportation accidents involving radioactive materials should be managed as a response to a non-radioactive material hazardous material incident with additional actions and precautions implemented as necessary due to the radiological concerns.
- The response procedure should be utilized appropriately according to the conditions encountered when arriving at these incidents.
- All emergency response personnel have been trained in the use of a national incident management system.
- Incident scene decisions regarding operations in the hot zone shall be approved by the federal, state, tribal, or local agency or official designated as the Radiation Authority.

1.0 PURPOSE

The purpose of this procedure is to provide guidance for developing an emergency response plan, as outlined in OSHA's 29 CFR 1910.120(q), for facility response. This model has been adopted and applied to work for response to transportation accidents involving radioactive material or other hazardous materials incidents.

2.0 SCOPE

This procedure applies to those personnel who have responsibilities listed in Section 3.0. Furthermore, this procedure is intended for use on any response involving actual or potential radiological or other hazardous material release.

3.0 RESPONSIBILITIES

3.1 Emergency Communications Center shall:

3.1.1 Notify Hazardous Materials Response Team (HMRT) Senior Officer and team members of the accident and dispatch equipment as required.

3.1.2 Record information as required by the Emergency Communications Center Spill Response Report Forms/Procedures.

3.2 HMRT Senior Officer shall:

3.2.1 Contact shipper and carrier representatives.

3.2.2 Complete Hazardous Materials Data Sheet. (See Attachment B)

3.2.3 Consult with shipper, carrier representatives, Local Fire Department and State Radiation Control Division or Environmental Protection Division to review proposed actions.

3.2.4 Identify and direct isolation plans.

3.2.5 Decide cleanup plan or request a private clean up contractor from the State approved list.

3.2.6 Give proper turnover if a Contractor Spill Response Team is requested.

3.2.7 Communicate with appropriate agencies concerning incident status.

3.2.8 Be responsible for completion of all incident documentation.

3.3 Emergency Medical Service personnel shall:

3.3.1 Monitor HMRT member's vital signs prior to entry into hazardous environment.

3.3.2 Monitor HMRT team member's vital signs upon exiting hazardous environment.

3.4 Incident Commander shall:

3.4.1 Ensure completion of Scene Safety Plan any time entry work is necessary.

3.4.2 Ensure completion of this procedure.

4.0 RECORDS

4.1 Scene Safety Plan.

4.2 See attachments, this procedure:

Attachment A - Hazardous Materials Incident Report Form

Attachment B - HMRT Hazardous Material Data Sheet

Attachment C - HMRT Hazardous Materials Medical Surveillance Report

5.0 FREQUENCY

Use this procedure as needed.

6.0 REFERENCES

6.1 NFPA 472 (2002) - Standard for Professional Competence of Responders to Hazardous Materials Incidents

6.2 NFPA 473 (2002) – Standard for Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents

6.3 10 CFR 835.1302 - Emergency Exposure Situations

6.4 29 CFR 1910.120 - Hazardous Waste Operations and Emergency Response

6.5 DOT Emergency Response Guidebook

6.6 U.S. Environmental Protection Agency - Standard Operating Safety Guide

6.7 International Association of Firefighters - Training for Hazardous Materials Emergency Response

6.8 MSDS Pocket Dictionary - JJ Keller 1998

6.9 Transport of Radioactive Materials Q&A -Oak Ridge Associated Universities

6.10 Guidance for Developing State, Tribal and Local Radiological Emergency Response Planning and Preparedness for Transportation Accidents - Federal Emergency Management Agency - 1992

6.11 National Incident Management System (NIMS)

7.0 EQUIPMENT

Hazardous materials response equipment as determined by nature and scope of incident.

8.0 LOCATION

Use this procedure as needed based upon incident location.

9.0 SAFETY

9.1 Work within safety guidelines as specified in reference manuals.

9.2 Involve appropriate shipper, carrier, federal, state, tribal or local officials to assist in incident evaluation.

9.3 The Safety Officer designated by the Incident Commander on the scene has the authority to stop any work in which safety related items may be an issue.

9.4 Report all injuries or unusual incidents to the Safety Officer or Incident Commander.

10.0 TERMS/DEFINITIONS

Buddy System - a method of organizing employees into work groups in such a manner that each employee of the work group is designated to be observed by at least one other employee in the work group. The purpose of the buddy systems to provide rapid assistant to employees in the event of an emergency.

CFR - ***Code of Federal Regulations*** - A collection of the regulations established by law. Contact the agency that issued the regulation for details, interpretations, etc.

Cold Zone - Also referred to as the support zone, the cold zone is a contamination-free zone established around the warm zone where emergency operations can be directed and supported. The cold zone is normally established in an area where radiation levels are at natural background levels.

Control Zones - The areas at a hazardous materials incident that are designated based upon safety and the degree of hazard. Many terms are used to describe the zones involved in a hazardous materials incident. For the purposes of this document, these zones are defined as the hot, warm and cold zones.

Decontamination *(Contamination Reduction)* - The physical and/or chemical process of reducing and preventing the spread of contamination at a hazardous materials incident

DOE – U.S. Department of Energy.

Dose - A general term for the quantity of radiation energy absorbed.

Dosimeter – A small portable instrument (such as a film badge, thermoluminescent or pocket dosimeter) for measuring and recording the total accumulated personnel dose of ionizing radiation.

Dose Rate - The radiation dose delivered per unit time. For example, rem or millirem per hour (r/hr or mrem/hr). The dose rate is commonly used to indicate the level of hazard from a radioactive source.

DOT – U.S. Department of Transportation.

EPA – U.S. Environmental Protection Agency.

ERG - ***Emergency Response Guidebook*** - Booklet that provides guidance during the initial phases of transportation emergencies involving hazardous materials.

Exposure - Being exposed to ionizing radiation, radioactive material, or other hazardous materials. Radiation exposure is measured in Roentgens (R) or the subunit milliroentgens (mR). For practical purposes, one roentgen is equal to one rem.

Hazardous Material - A substance capable of creating harm to people, the environment and property.

HMRT - ***Hazardous Materials Response Team*** - an organized group of employees, designated by the employer, who are expected to perform work to handle and control actual or potential leaks or spills of hazardous substances requiring possible close approach to the substance. The team

members perform responses to releases or potential releases of hazardous substances for the purpose of control or stabilization of the incident. A HAZMAT team is not a fire brigade nor is a typical fire brigade a HAZMAT team. A HAZMAT team, however, may be a separate component of a fire brigade or fire department.

Hot Zone - Also referred to as the exclusion zone in some jurisdictions. The hot zone is usually set up in the immediate area surrounding the spilled material or incident scene. Access to the hot zone should be controlled for accountability purposes as well as contamination control purposes.

IC - *Incident Commander* - The person responsible for all decisions relating to the management of the incident. The incident commander is in charge of the incident scene. This term is equivalent to the on-scene incident commander.

ICS - *Incident Command System* - An organized approach to control and manage operations at an emergency incident. The OSHA Hazardous Waste Operations and Emergency Response regulations (29 CFR 1910.120 (q) (3) (ii) require that an ICS be implemented by the senior emergency response official on the scene).

LEL - *Lower Explosive Limit* - Refers to the lowest concentration of gas or vapor (% by volume in air) that burns or explodes if an ignition source is present at ambient temperatures.

Monitoring Equipment - Instruments and devices used to identify and quantify contaminants.

MSDS - *Material Safety Data Sheet* - A fact sheet summarizing information about material identification; hazardous ingredients; health, physical, and fire hazards; first aid; chemical reactivities and compatibilities; spill, leak and disposal procedures; and protective measures required for safe handling and storage.

National Incident Management System (NIMS) - A comprehensive, national approach to incident management applicable to all jurisdictional levels.

NFPA - *National Fire Protection Association* - An international voluntary membership organization formed to promote/improve fire protection and prevention and establish safeguards against loss of life and property by fire.

NIOSH - *National Institute of Occupational Safety and Health*.

OSHA - *Occupational Safety and Health Administration* - The U.S. Department of Labor's regulatory and enforcement agency for safety and health.

PPE - *Personal Protective Equipment* includes both respiratory and physical protection. One cannot assign a level of protection to clothing or respiratory devices separately. These levels were accepted and defined by response organizations such as U. S. Coast Guard, NIOSH, and U.S. EPA.

Level A: Self Contained Breathing Apparatus (SCBA) plus fully encapsulating chemical resistant clothing (permeation resistant)

Level B: Self Contained Breathing Apparatus (SCBA) plus chemical resistant clothing (splash proof)

Level C: Full or half-face respirator plus chemical resistant clothing (splash proof)
Level D: Coverall with no respiratory protection.

Radiation *Authority* - A federal, state, or tribal agency designated official. Responsibilities include evaluating radiological hazard conditions during normal operations and emergencies.

Radioactive Material Labels

Radioactive White-I – applied to packages with a surface dose rate of equal to or less than 0.5 millirem/hr.

Radioactive Yellow-II - applied to packages with a surface dose rate of equal to or less than 50 millirem/hr or equal to or less than 1 millirem/hr at 1 meter.

Radioactive Yellow-III - applied to packages with a surface dose rate of equal to or less than 200 millirem/hr or equal to or less than 10 millirem/hr at 1 meter.

Radioactivity - The spontaneous emission of radiation, generally alpha or beta particles, often accompanied by gamma rays, from the nucleus of an unstable atom or radioisotope (see below). Also, the rate at which radioactive material emits radiation.

Radioisotope (radionuclide) - An unstable isotope of an element that decays or disintegrates spontaneously, emitting radiation. Approximately 5,000 natural and artificial radioisotopes have been identified.

Rem - The acronym for Roentgen Equivalent Man is a standard unit that measures the effects of ionizing radiation on humans.

UEL - *Upper Explosive Limits* - The highest concentration of a material in air that produces an explosion or fire or that ignites when it contacts an ignition source.

Warm Zone - Also referred to as the contamination reduction zone, the warm zone is usually established around the hot zone to provide a buffer between the hot and cold zones. Decontamination often takes place in the warm zone.

11.0 PLANNING AND COORDINATION

When notified of a radioactive material or other hazardous materials incident by the Emergency Communications Center, the HMRT senior officer shall request and record all pertinent information as obtained by Emergency Communications Center on the *Hazardous Materials Incident Report Form* (see Attachment A).

Upon arrival at incident scene, the HMRT senior officer is to: Report to the Incident Command Post and receive an incident briefing from the Incident Commander using/completing the attached *ICS Form 201*. The Incident Commander also has the responsibility to complete an incident organization chart using the attached *ICS Form 207*.

Verify initial responders using the Emergency Response Guidebook appropriately identified and implemented recommended ERG protective actions.

Request Shipping/MSDS Papers from the Incident Commander or transporting carrier representative.

Complete the HMRT *Hazardous Materials Data Sheet* to assist in scene assessment. (See Attachment B.)

Upon completion of Data Sheet, the HMRT senior officer is to consult with federal, state, tribal and/or local agencies on scene to review proposed actions.

Based on the IC's decision, if the Hazardous Materials Response Team is to be assigned to response duties for a long duration, the IC will request mutual aid from state, tribal, local or private response agencies. If the incident exceeds HMRT capabilities, the following agencies can be contacted for assistance:

- Local Emergency Response
- Support County Emergency Management Division
- Local Mutual Aid Emergency Responders

This portion of the Hazardous Materials Response procedure shall be filled out prior to HMRT entry and shall be updated as necessary during the course of the incident. Appropriate Attachments shall be completed as required.

Date of Plan _____ Time_____

Verify: Initial emergency responders have implemented appropriate actions as indicated by the Emergency Response Guidebook and that incident scene has been re-evaluated for changing conditions or additional hazards.

Identify or list mutual aid or support agencies participating in the response.

Hazardous Materials Incident Response Procedure

NOTE: Communications with the State Emergency Response vehicle can be established by obtaining cellular phone number from the agency.

Include names, addresses and telephone numbers local, state or tribal radiation authorities having responsibility for emergency response and/or assistance.

Local, State or Tribal Contact for Radioactive Materials Response	Mailing Address	24-Hour Telephone

12.0 SITE SECURITY, CONTROL, AND COMMUNICATIONS

Control boundaries (hot zone, warm zone, and cold zone) for the incident shall be established.

Use the attached *ICS Form 201* to develop a map/sketch prior to the initial HMRT entry. The map/sketch should include the following information.

- Identification of map north
- Wind direction
- Command Post
- Staging Area
- Rehab Area
- Access Control points
- Contamination reduction line
- Drainage points
- Natural and manmade topographic features including locations of buildings, containers, impoundments, pits, ponds, tanks or any other scene features.

Update incident scene maps as necessary to reflect changing conditions or new information.

Boundaries identified by:

_____

_____

Person designated to coordinate scene access: _____

NOTE: Only authorized personnel shall be allowed within the incident area. Qualifications for entry include training and medical monitoring according to OSHA 29 CFR 1910.120.

Command Post location _____

Staging location _____

Rehab location _____

Wind Direction & Conditions _____

NOTE: The Command Post, Staging Area and Rehab Area are to be located upwind from the exclusion area.

Listing of established law enforcement/security boundaries _____

Have law enforcement/security provide a map indicating location of established boundaries for the incident. These areas shall be identified on an attached map or drawn on page 17.

13.0 ROLES, RESPONSIBILITIES, AND AUTHORITY

Incident Operations List: List the person(s) responsible for each job function on *the attached ICS Form 203*.

14.0 INCIDENT OBJECTIVES

List incident objectives using *the attached ICS Form 202* and name assignments for each team using *ICS Form 204*. All personnel shall be briefed on communication methods, emergency evacuation, event status, product hazards, personal protective equipment required, overall objectives and on their specific job functions.

15.0 EMERGENCY RECOGNITION AND PREVENTION

Hazard Evaluation: List all known or suspected hazardous substances and concentrations suspected to be on-scene. Identify the primary hazard of each.

NOTE: The *Hazardous Material Data Sheet* (Attachment B) should be completed for each hazardous substance listed below.

Product	Concentration	Primary Hazard
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Protective Equipment

List specific Personal Protective Equipment (PPE) requirements as recommended by reference material and/or MSDS:

Product	PPE Requirement

When determining level of personal protective equipment for response to radiological hazards, utilize Emergency Response Guidebook guides 161-166, the MSDS, and/or information provided by shipper.

16.0 SAFE DISTANCES AND REFUGE

Upon evaluation of known and suspected potential hazards, personal protective equipment shall be selected and documented below:

Location	Job Function	Level of Protection
Hot Zone (Exclusion)		A B C D Other
		A B C D Other
		A B C D Other
		A B C D Other
Warm Zone (Decon)		A B C D Other
		A B C D Other
		A B C D Other
		A B C D Other

Cold Zone (Support) _____ A B C D Other

_____ A B C D Other

NOTE: Only the Incident Commander or the Safety Officer has the authority to change the type of personal protective equipment to be used during the incident.

Incident Scene Monitoring

Monitoring for hazardous atmospheres should be used in establishing the Command Post location. The Command Post should be continuously monitored for hazardous atmospheres.

Incident scene monitoring must be conducted during initial and subsequent entries. If conversion factors are used, the conversions should be conducted by the Science Officer and then relayed to the Incident Commander and Operations Officer.

List the monitoring instrument(s) used and conversion factors or calibration information as reflected by the manufacturer's literature or procedure:

Instrument	Conversion factor	Calibrated to

Command Post Atmospheric Monitoring Results

Time	O2 %	CGI%	Radiation Survey

The following action levels are provided as EPA recommendations:

Oxygen Indicator:

<19.5% - Monitor using SCBA

>25% - Discontinue monitoring; fire hazard potential

Combustible Gas Indicator (CGI):

<10% - LEL Continue monitoring with caution

10-25% - LEL Continue monitoring with extreme caution as higher levels are encountered

>25% - LEL Explosion hazard; withdraw from area immediately

Radiological Conditions:

See below for emergency exposure guidelines and stay time table.

Guidelines for Control of Emergency Exposures		
Dose Limit (rem)	Activity Performed	Condition
5 rem	All	
10 rem	Protection of major property	Where lower dose limit is not practicable
25 rem	Lifesaving or protection of large populations	Where lower dose limit is not practicable
>25 rem	Lifesaving or protection of large populations	Only on a voluntary basis to personnel fully aware of the risks involved

Gamma Radiation Dose Rate	Stay Time to Receive This Radiation Dose				
Rate/hour	1 rem	5 rem	10 rem	25 rem	100 rem
1mR/hour	6 weeks	30 weeks	1 year		
5 mR/hour	200 hours	6 weeks	12 weeks	30 weeks	2 years
100 mR/hour	10 hours	50 hours	100 hours	250 hours	6 weeks
1 R/hour	1 hour	5 hours	10 hours	25 hours	100 hours
10 R/hour	6 minutes	30 minutes	1 hour	2.5 hours	10 hours
100 R/hour	36 seconds	3 minutes	6 minutes	15 minutes	1 hour
200 R/hour	18 seconds	1.5 minutes	3 minutes	7.5 minutes	30 minutes
500 R/hour	7 seconds	36 seconds	72 seconds	3 minutes	12 minutes

Refuge

All responders should be briefed on designated refuge locations. Typically these include upwind locations. Refuge may be required for severe weather, unexpected conditions, or event escalation. See Section 16 on Emergency Evacuation Routes, Refuge, and Procedures for specific guidance.

17.0 COMMUNICATIONS

All personnel involved in entry team activities shall remain in constant communication—via radio, visual, or verbal methods—with the IC or his designee (HMRT Operations Officer, Safety Officer, etc.). Failure of communication requires the entry team to exit the hot zone.

Reference Section 19.0 for emergency alerting procedures and signals to indicate when personnel should exit the hot zone.

Identify communication methods available to the Command Post:

Cellular Phone Numbers _____ / _____

_____ / _____

FAX Numbers _____ / _____

_____ / _____

Communications information should be documented on the Incident Radio Communications List - *ICS Form 205* (see attachments) and on the Radio Requirement Worksheet - *ICS Form 216* (see attachments).

18.0 MEDICAL PLAN

Establish a Medical Plan using the attached *ICS Form 206*. The plan should document the name and location of nearest medical facility. Use the *Hazardous Materials Medical Surveillance Report* (Attachment C) to document responder pre and post entry medical conditions.

19.0 EMERGENCY ALERTING, EVACUATION ROUTES, AND REFUGE PROCEDURES

The following standard emergency procedures will be used by on-scene personnel. The Safety Officer shall be notified of ANY on-scene emergencies and will be responsible for ensuring that the appropriate procedures are followed.

Responder Emergency Alerting Signals

The following hand signals shall be used in by responders in case of radio failure:

Hands gripping throat	Out of air/Breathing difficulty
Grip partner's wrist	Leave area immediately
Hands on waist	Leave area immediately
Hands on top of head	Need assistance
Thumbs up	I'm OK/I understand
Thumbs down	I'm not OK

Uncontrolled Fire/Explosion Alerting Procedure

Incident Commander, using radio and public address, will announce to all involved in the area to evacuate. Air horns on emergency response vehicles will sound with three blasts to indicate emergency evacuation.

Personal Protective Equipment Failure Procedure

If any responder experiences a failure or alteration of the PPE, that person AND his/her buddy shall immediately exit the hot zone. Re-entry shall not be permitted until the equipment has been properly repaired or replaced. The "buddy system" shall be used at all times.

Other Equipment Failure Procedure

If any other equipment on the incident scene fails to operate properly, the Incident Commander and the Safety Officer shall be notified and shall then determine the effect this failure has on continuing operations. If the failure affects the safety of personnel or prevents completion of the Entry Objectives, all personnel shall leave the hot zone until the situation is evaluated and appropriate actions are taken.

Emergency Evacuation Routes and Refuge:

The following routes shall be designated for exit from the hot zone in case egress cannot occur through the established decon area.

_____

_____

The following area shall be the designated area for personnel refuge in the event of severe weather, unexpected conditions, or event escalation.

_____

_____

In all situations, when an incident scene emergency results in evacuation of the hot zone, personnel do not re-enter until:

- The conditions resulting in the emergency have been corrected.
- The hazards have been reassessed.
- The Scene Safety Plan has been reviewed.
- Scene personnel have been briefed on any changes in the Scene Safety Plan.

20.0 DECONTAMINATION

A Decontamination Plan should be established during the hazard evaluation process. All decontamination requirements should be documented below:

Decon Setup _____

_____

_____

Emergency decon shall include the following: _____

_____

_____

Decon Equipment required _____

_____

_____

Decon solution _____

_____

_____

Suit Journal Report

Record necessary information as may be required by suit manufacturer to document product exposed to, length and type of exposure and decon solution

_____

_____

_____

21.0 DOSIMETER READINGS

Document readings from dosimeters in the section noted below.

Dosimeter Scale (e.g., 0 to 200 mR) _____

Responder Name	Date	Dosimeter Serial No.	Time		Dosimeter Reading		Total Dose
			In	Out	In	Out	

22.0 COMMENTS

23.0 SIGNATURES

All scene personnel are required to read and understand the provision of the Scene Safety Plan and sign below upon completion of the review.

Title	Name (Printed)	Signature
Incident Commander	_____	_____
Safety Officer	_____	_____
Operations Officer	_____	_____
HMRT Senior Officer	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon resolution of the incident, the Incident Command or designee shall be responsible for completing applicable attachments and conducting an incident critique.

24.0 CRITIQUE OF RESPONSE AND FOLLOW-UP ITEMS

Upon completion of the event critique, a lessons learned report should be developed and filed as part of the incident response file.

Critique Location: _____

Critique Time: _____

Lessons Learned:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ATTACHMENT A - HAZARDOUS MATERIALS RESPONSE REPORT

To be filled out by: Emergency Communications Center

Report No. _____

1.0 Date_____

2.0 Time of Notification_____

3.0 Caller Name/Organization _____

4.0 Call Back No./Location _____

5.0 Individual/Agency Involved _____
Phone No. _____

6.0 Product(s) Involved _____

Markings Visible _____

7.0 Incident Details (Type, Quantity, Etc.) _____

_____

_____

8.0 Location/Time of Incident _____

_____

9.0 Scene Accessibility/Precautions _____

_____

10.0 Has Area Been Cleared _____

11.0 Injuries/Types _____

_____

12.0 Are People Contaminated _____

13.0 If Request for Assistance is from Another Emergency Response Agency:

Are Responders on Scene _____

Command Post Location _____

Staging Area _____

Recommended Response Route _____

_____

Communication Link

Radio Frequency _____

Phone No. _____

14.0 Persons Notified	Time	Phone	Agency / Dept.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Communications Tech._____ Date_____

ATTACHMENT B - HAZARDOUS MATERIAL DATA SHEET

Hazardous Material Response Team

Note: Complete a Data Sheet Form for each hazardous material

1.0 Hazardous Material:

Shipping Name _____ Dot Hazard Class _____

Chemical Name _____ ID# _____ STCC#_____

2.0 Physical Description:

Normal Physical Form: Solid _____ Liquid _____Gas _____

Molecular Weight: _____

Color _____Odor _____

Other _____

3.0 Radiological Hazards:

Package Information

Information from Radioactive Label			Radiation Readings (mrem/hr)		Package Breached?	
Contents	Activity	Transport Index	Contact	1 meter	Yes	No

Radioactive Material Label Limits:

Radioactive White-I 0.5 mrem/hr max. on surface

Radioactive Yellow-II 50 mrem/hr max. on surface; 1 mrem/hr max. at 1 meter

Radioactive Yellow-III 200 mrem/hr max. on surface; 10 mrem/hr max. at 1 meter

_____

_____

_____

4.0 Shipper:

Carrier, Name/Type/Address _____

Rail Car No. _____

Consignee/Address _____

Origin/Designation _____

B/L - Waybill No. _____

Persons Notified	Time	Phone	Agency / Dept.

5.0 Chemical Properties:

Specific Gravity_____ Vapor Density_____

Boiling Point _____°F Melting Point _____ °F

Vapor Pressure _____ psi or mmHg at _____°F

Expansion Ratio_____

Solubility In water: Yes No

Degree of solubility: _____

Other _____

6.0 Health Hazards:

Inhalation Hazard: Yes No TLV/TWA _____ ppm(mg/m)

LC50 _____ ppm/hr.

Ingestion Hazard: Yes No LD50 _____mg/kg

Absorption Hazard: Yes No

Skin: Yes No

Eyes: Yes No

IDLH Value _____ ppm/air(mg/m)

STEL Value _____ ppm/air(mg/m)

Chronic Hazard:

Carcinogen: Yes No

Mutagen: Yes No

Teratogen: Yes No

Hazardous to Aquatic Life: Yes No

Other: _____

_____

Decontamination Procedures: _____

_____

First Aid Procedures:

_____

_____

Fire Hazards:

( ) Yes Flash Point _____F Ignition (Auto ignition) Temperature _____F

( ) No Flammable (Explosive) Range: LFL(LEL)_____% UFL(UEL) ____%

Toxic Products of Combustion _____

Other _____

Possible Extinguishing Agents: _____

Reactivity Hazards:

( ) Yes Reactive with what _____

( ) No

Other _____

Corrosivity Hazards:

( ) Yes pH _____ Corrosive to what: Skin: Yes No Steel: Yes No

( ) No Other _____

Neutralizing Agents

_____

_____

7.0 Recommended Protection:

For Public - Evacuation distance _____ (specify unit of measure)

for _____ (quantity) _____

For Response Personnel (Level of protection required)

_____

_____

For Environment

_____

_____

Completed By _____ Date_____ Time _____

8.0 REMARKS:

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ATTACHMENT C - HAZARDOUS MATERIALS MEDICAL SURVEILLANCE REPORT

Hazardous Materials Response Team

1.0 Name: _____ S. S. #: _____

2.0 Date: _____

3.0 Incident Number:_____

4.0 Pre-Entry Medical Monitoring:

4.1 Vital Signs Exclusion Criteria

4.1.1 Blood Pressure_____/_____	Diastolic pressure > 105mHg
4.1.2 Pulse _____	>70% maximum heart rate (max. heart rate =220 age)
4.1.3 Respiration _____	>24 per minute
4.1.4 Temperature _____	> 99.5° F oral or <97° F oral >100.5° F core or <98° Fcore
4.1.5 Weight _____	No pre-entry exclusion
4.1.6 EKG _____	Dysrhythmia not previously detected (attach 10 second strip)

4.2 Skin Evaluation

4.2.1 Rash, wound, open sore _____	Open wound, sore, large area of rash or significant sunburn

4.3 Mental Status

4.3.1 Alert w/normal speech: _____	Altered mental status, slurred speech or body weakness

4.4 Medical History

4.4.1 Medications - list medications taken within past 24 hrs: _____

Prescription medications taken within past two weeks: (including over-the-counter meds. such as cold, flu or allergy meds. within past 72 hours) _____

4.4.2 Alcohol consumption within past 24 hours: _____

Any alcohol consumption within past six hours or heavy alcohol intake with past 72 hours : _____

4.4.3 Medical treatment or diagnosis made within last 2 weeks: _____

4.4.4 Symptoms of fever, nausea, vomiting, diarrhea or cough during past 72 hours: _____

Presence of nausea, vomiting diarrhea, fever, upper respiratory infection, heart illness or heavy alcohol intake within past 72 hours. _____

4.5 Hydration

4.5.1 Consumption of 8-16 ounces of water or diluted activity drink : _____

Lack of consumption of 8-16 ounces of water or diluted activity drink. _____

5.0 Post-Entry Medical Monitoring:

5.1 Vital Signs

5.1.1 Blood Pressure _____ /_____

5.1.2 Pulse _____

5.1.3 Respiratory rate _____

5.1.4 Temperature _____

5.1.5 EKG (if available) _____

5.1.6 Weight _____

5.2 Skin Evaluation

5.2.1 Rash, wounds, open sores _____

5.3 Mental Status

5.3.1 Alert/Normal speech: _____

6.0 Post-Medical Monitoring Follow-Up:

Post-medical monitoring follow-up should include the following:

(a) Repeat monitoring of vital signs every 5-10 minutes until they return to less than 85 percent of maximum pulse rate. If at 10 minutes the signs have not returned to within 10 percent of baseline, perform orthostatic vital signs.

(b) Determine from medical control what information regarding latent reactions/symptoms should be communicated to response personnel.

(c) If any of the following symptoms are present, contact medical control for direction and preparation for possible transport to a medical facility:

1. Body weight loss of greater than 3 percent or positive orthostatic (pulse increase by 20 beats per minute or systolic blood pressure decrease by 20 mmHg at two minutes standing)
2. Greater than 85 percent maximum pulse at 10 minutes.
3. Temperature greater than 101° F (oral) or 102° F (core)
4. Nausea, vomiting, diarrhea, altered mental status, or respiratory, cardiac, or dermatologic complaints

7.0 Treatment Protocol for Hazardous Materials Team Members

Rest time for all personnel should equal at least minimum suit time. Individuals may require additional time for oral rehydration. All personnel should be informed of signs and symptoms to watch for.

7.1 If the team member is not within 10 percent baseline within 10 minutes, orthostatic vital signs should be taken.

7.2 *If personnel experience greater than 3 percent body weight loss (4 1/2 pounds in a 50 pound person); positive orthostatic (pulse increases by 20 beats per minute or systolic blood pressure decreases by 20 mmHg at two minutes standing); greater than 85 percent of maximum pulse at 10 minutes; temperature greater than 101oF oral (102oF core); nausea, altered mental status or any other symptoms, the following treatment should be performed:*

(a) Intravenous fluids hydration with Ringers Lactate or Normal Saline at rate (usually wide open) to get pulse less than 100 beats per minute, systolic blood pressure greater than 110mmHg.

8.0 Product(s) Exposed to: _____

9.0 Length of Exposure: _____

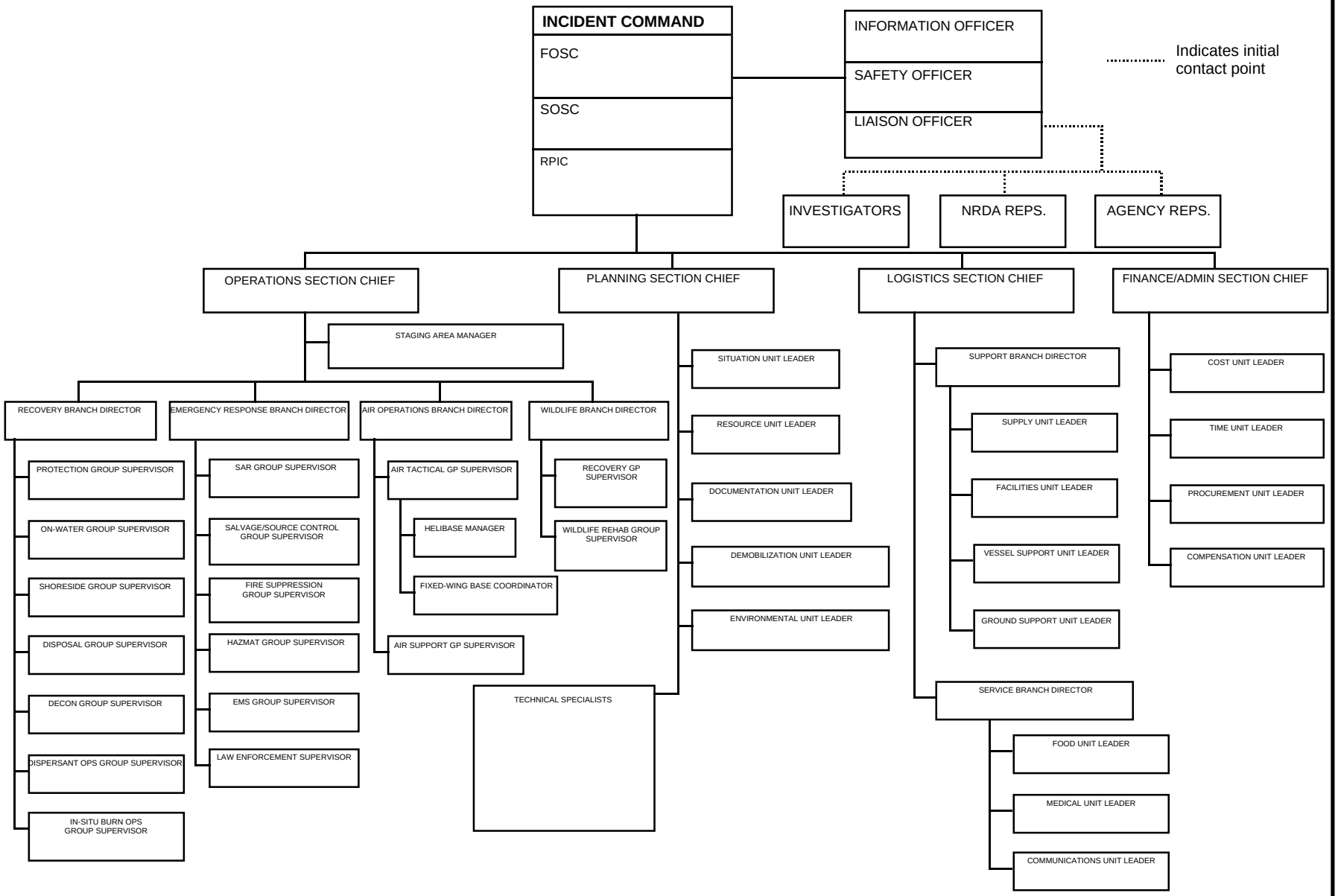
10.0 Type of PPE Worn: _____

Surveyed by: _____

Organization: _____

Date: _____

1. Incident Name	2. Operational Period (Date / Time) From: To:	INCIDENT ORGANIZATION CHART ICS 207-OS



INCIDENT ORGANIZATION CHART (ICS FORM 207-OS)

Purpose. The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. **The attached chart is an example of the kind of Organizational Chart used in the ICS.** An actual organization will be event-specific. Not all positions need to be filled. The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary. Personnel responsible for managing organizational positions are listed in each box as appropriate.

Preparation. The Incident Organization Chart is prepared by the Resources Unit and posted along with other displays at the Incident Command Post. The ICS form 207 may best be used as a wall-size chart for better visibility. A chart is completed for each operational period and updated when organizational changes occur.

Distribution. When competed, the chart is posted on the display board located at the Incident Command Post. All original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.

1. Incident Name	2. Operational Period (Date / Time) From: To:	**MEDICAL PLAN** **ICS 206-OS**

3. Medical Aid Stations

Name	Location	Contact #	Paramedics On site (Y/N)

4. Transportation

Ambulance Service	Address	Contact #	Paramedics On board (Y/N)

5. Hospitals

Hospital Name	Address	Contact #	Travel Time		Burn Ctr?	Heli-Pad?
			Air	Ground		

6. Special Medical Emergency Procedures

7. Prepared by: (Medical Unit Leader) Date / Time	8. Reviewed by: (Safety Officer) Date / Time

Electronic version: NOAA 1.0 June 1, 2000

MEDICAL PLAN (ICS FORM 206-OS)

Purpose. The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.

Distribution. The Medical Plan may be attached to the Incident Objectives (ICS form 202-OS), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and noted on the Assignment List (ICS form 204-OS) or on the Assignment List Attachment (ICS form 204a-OS). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Medical Aid Stations	Enter name, location, and telephone number of the medical aid station(s) (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate if paramedics are located at the site.
4.	Transportation	List name and address of ambulance services. Provide phone number and indicate if ambulance company has paramedics.
5.	Hospitals	List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has a burn center and/or a helipad.
6.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
7.	Prepared By Date/Time	Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
8.	Reviewed By Date/Time	Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	COMMUNICATIONS LIST ICS 205A-OS

3. Basic Local Communications Information

Assignment	Name	Method(s) of contact (radio frequency, phone, pager, cell #(s), etc.)

4. Prepared by: (Communications Unit) **Date / Time**

COMMUNICATIONS LIST (ICS FORM 205a-OS)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS form 205-OS. Whereas the ICS form 205-OS is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS form 205a-OS, lists methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Purpose. The Communications List records methods of contact for personnel on scene.

Preparation. The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

Distribution. The Communications List is distributed within the ICS and posted, as necessary. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Basic Local Communications Information	Enter the communications methods assigned and used for each assignment.
	Assignment	Enter the ICS organizational assignment.
	Name	Enter the name of the contact person for the assignment.
	Method(s) of contact	Enter the radio frequency, telephone number(s), etc. for each assignment.
4.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	INCIDENT RADIO COMMUNICATIONS PLAN ICS 205-OS

3. BASIC RADIO CHANNEL USE

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS

4. Prepared by: (Communications Unit) **Date / Time**

INCIDENT RADIO COMMUNICATIONS PLAN (ICS FORM 205-OS)

Special Note. This form, ICS 205-OS, is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period; whereas, the Communications List, ICS 205a-OS is used to list methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.),

Purpose. The Incident Radio Communications Plan is a summary of information obtained from the Radio Requirements Worksheet (ICS form 216) and the Radio Frequency Assignment Worksheet (ICS form 217). Information from the Radio Communications Plan on frequency assignments is normally noted on the appropriate Assignment List (ICS form 204-OS).

Preparation. The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief. Detailed instructions on the preparation of this form may be found in ICS Publication 223-5, Communications Unit Position Manual.

Distribution. The Incident Radio Communications Plan is duplicated and given to all recipients of the Incident Objectives form, including the Incident Communications Center. Information from the plan is placed on Assignment Lists. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Basic Radio Channel Use	Enter the following information about radio channel use:
	System	Radio cache system(s) assigned and used on the incident.
	Channel	Radio channel numbers assigned.
	Function	Function each channel is assigned (e.g., command, support, division tactical, and ground-to-air).
	Frequency	Radio frequency tone number assigned to each specified function (e.g., 153.400)
	Assignment	ICS organization assigned to each of the designated frequencies (e.g., Branch I, Division A).
	Remarks	This section should include narrative information regarding special situations.
4.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	ASSIGNMENT LIST ATTACHMENT ICS 204a-OS
3. Branch	4. Division / Group	
5. Strike Team / Task Force / Resource Identifier	6. Leader	7. Assignment Location

8. Work Assignment Special Instructions (if any) [Ops]

9. Special Equipment / Supplies Needed for Assignment (if any) [Ops]

10. Special Environmental Considerations (if any) [P.S.C.]

11. Special Site-Specific Safety Considerations (if any) [S.O.]

Approved Site Safety Plan Located at:

12. Other Attachments (as needed)

- ☐ **Map**
- ☐ **Shoreline Cleanup Assessment Team Report**
- ☐ _____
- ☐ **Weather Forecast**
- ☐ **Tides**
- ☐ _____

13. Prepared by: (Resources Unit Leader) **Date / Time**

Electronic version: NOAA 1.0 June 1, 2000

ASSIGNMENT LIST ATTACHMENT (ICS FORM 204a-OS)

Special Note. This form is an optional attachment, which can be used in conjunction with the Assignment List, ICS form 204-OS. The ICS form 204-OS is used to give assignments to Divisions and Groups; the ICS form 204a-OS provides more specific assignment information, when needed. If there is a check, then there will be one ICS form 204a-OS for each Strike Team / Task Force / Resource Identifier listed in Item 6 of ICS form 204-OS and marked with a check (•) in the last column. The need for an ICS form 204a-OS is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS form 215-OS) development.

Purpose. The Assignment List Attachment informs field personnel of specific incident assignment information. Once the Unified Command and General Staff agree to the Group / Division assignments, the specific assignment information is given to the appropriate Strike Team or Task Force Leaders.

Preparation. The Assignment List Attachment form is normally prepared by the Resources Unit under the direction of the Planning and Operations Section Chiefs using guidance from the Incident Objectives (ICS form 202-OS) and the Operational Planning Worksheet (ICS form 215-OS).

Distribution. The Assignment List Attachment is duplicated and distributed to the Group or Division supervisor for communication to individual Task Forces and Strike Teams. In some cases, assignments may be communicated via radio, phone, or computer. All completed original forms MUST be given to the Documentation Unit.

NOTE: A separate sheet is used for each Strike Team or Task Force.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Branch	Enter the Branch designator.
4.	Division/Group	Enter the Division/Group designator.
5.	Strike Team / Task Force / Resource Identifier	Enter the Identifier of the Strike Team / Task Force / Resource.
6.	Leader	Enter the name of the Strike Team / Task Force leader.
7.	Assignment Location	Enter the location of the assignment for the Strike Team / Task Force.
8.	Work Assignment Special Instructions (if any) [OPS]	Provide special instructions, as needed, to highlight site-specific work assignments.
9.	Special Equipment and/or Supplies Needed for Assignment (if any) [OPS]	Enter a description, quantity, and comments for special equipment and/or supplies needed for this assignment.

Item #	Item Title	Instructions
10.	Special Environmental Considerations (if any) [PSC]	Enter any special environmental considerations specific to this location (e.g., presence of endangered species, archeological sites, sensitive habitats to be avoided, etc.). If needed, reference the Resources at Risk Summary (ICS form 232-OS) for further information.
11.	Special Site-Specific Safety Considerations [SO]	Enter any safety considerations specific to this location. For example, presence of dangerous wildlife, possibility of hazardous materials in the area, rough terrain issues, etc. Enter the location where the Approved Site Safety Plan is available for review.
12.	Additional Attachments (as needed)	"X" the appropriate box for any attachments.
13.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter the Date (month, day, year) and Time (24-hour clock) the form was prepared.

1. Incident Name	2. Operational Period (Date / Time) From: To:	**ASSIGNMENT LIST** **ICS 204-OS**
3. Branch	**4. Division/Group**	

5. Operations Personnel

	Name	Affiliation	Contact # (s)
Operations Section Chief:			
Branch Director:			
Division/Group Supervisor:			

6. Resources Assigned This Period "X" indicates 204a attachment with special instructions

Strike Team / Task Force / Resource Identifier	Leader	Contact Info. #	# of Persons	Notes / Remarks	
					☐
					☐
					☐
					☐
					☐
					☐
					☐

7. Assignments

8. Special Instructions for Division / Group

9. Communications (radio and / or phone contact numbers needed for this assignment)

Name / Function	Radio: Freq. / System / Channel	Phone	Pager

Emergency Communications

Medical _____ Evacuation _____ Other _____

10. Prepared By (Resource Unit Leader)	**Date / Time**	**11. Approved By (Planning Section Chief)**	**Date / Time**

ASSIGNMENT LIST (ICS FORM 204-OS)

Special Note. The Assignment List, ICS form 204-OS submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS form 204a-OS shows more specific assignment information, if needed. The need for an ICS form 204a-OS is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS form 215-OS) development.

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the assignments are agreed to by the Unified Command and General Staff, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS form 202-OS), Operational Planning Worksheet (ICS form 215-OS), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for individual Task Forces / Strike Teams may be entered on an ICS form 204a-OS for dissemination to the field, but not included in the IAP.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
		A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Branch	Enter the Branch designator.
4.	Division/Group	Enter the Division/Group designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.

Item #	Item Title	Instructions
6.	Resources Assigned This Period	Each line in this field may have a separate Assignment List Attachment (ICS form 204a-OS). Enter the following information about the resources assigned to Division or Group for this period:
	Strike Team / Task Force / Resource Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	Number of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Special Notes / Remarks	Special notes or directions, specific to this strike team, task force, or single resource.
	Assignment List Attachment	Enter an "X" check if an Assignment List Attachment (ICS form 204a-OS) will be prepared and attached. The need for an ICS form 204a-OS is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS form 215-OS) development.
7.	Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions for Division/Group	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS form 205-OS). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter the Date (month, day, year) and Time (24-hour clock) the form was prepared.
11.	Approved By	Enter the name of the person approving the form, normally the Planning Section Chief.
	Date/Time	Enter the Date (month, day, year) and Time (24-hour clock) the form was approved.

1. Incident Name	2. Operational Period (Date / Time) From:	ORGANIZATION ASSIGNMENT LIST ICS 203-OS

3. Incident Commander and Staff

	Primary	Deputy
Federal:		
State:		
RP(s):		
Safety Officer:		
Information Officer:		
Liaison Officer:		

4. Agency Representatives

Agency	Name

5. PLANNING SECTION

Chief	
Deputy	
Resources Unit	
Situation Unit	
Environmental Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. LOGISTICS SECTION

Chief	
Deputy	
a. Support Branch Director	
Supply Unit	
Facilities Unit	
Transportation Unit	
Vessel Support Unit	
Ground Support Unit	
b. Service Branch Director	
Communications Unit	
Medical Unit	
Food Unit	

7. OPERATION SECTION

Chief		
Deputy		
a. Branch I - Division/Groups		
Branch Director		
Deputy		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
b. Branch II - Division/Groups		
Branch Director		
Deputy		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
c. Branch III - Division/Groups		
Branch Director		
Deputy		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
Division / Group		
d. Air Operations Branch		
Air Operations Br. Dir		
Air Tactical Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Fixed Wing Coordinator		

8. FINANCE / ADMINISTRATION SECTION

Chief	
Deputy	
Time Unit	
Procurement Unit	
Compensation/Claims Unit	
Cost Unit	

9. Prepared By: (Resources Unit) **Date / Time**

Electronic version: NOAA 1.0 June 1, 2000

ORGANIZATION ASSIGNMENT LIST (ICS FORM 203-OS)

Purpose. The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS form 207-OS) which is posted on the Incident Command Post display. An actual organization will be event-specific. **Not all positions need to be filled.** The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief.

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form (ICS form 202-OS) and given to all recipients of the Incident Action Plan. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Incident Commander and Staff	Enter the names of the Incident Commander and Staff. Use at least the first initial and last name.
4.	Agency Representative	Enter the agency names and the names of their representatives. Use at least the first initial and last name.
5. thru 8.		Enter the name of personnel staffing each of the listed positions. Use at least the first initial and last name. For Units, indicate Unit Leader and for Divisions/Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash.
9.	Prepared By Date Time	Enter the name and position of the person completing the form. Enter date prepared (month, day, year). Enter time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From:	INCIDENT OBJECTIVES ICS 202-OS

3. Overall Incident Objective(s)

Ensure the Safety of Citizens and Response Personnel
Control the Source of the Spill
Manage a Coordinated Response Effort
Maximize Protection of Environmentally-Sensitive Areas
Contain and Recover Spilled Material
Recover and Rehabilitate Injured Wildlife
Remove Oil from Impacted Areas
Minimize Economic Impacts
Keep Stakeholders and Public Informed of Response Activities

4. Objectives for specified Operational Period

5. Safety Message for specified Operational Period

Approved Site Safety Plan Located at:

6. Weather **See Attached Weather Sheet**

7. Tides / Currents **See Attached Tide / Current Data**

8. Time of Sunrise **Time of Sunset**

9. Attachments (mark "X" if attached)

☐ **Organization List (ICS 203-OS)**	☐ **Medical Plan (ICS 206-OS)**	☐ **Resource at Risk Summary (ICS 232-OS)**
☐ **Assignment List (ICS 204-OS)**	☐ **Incident Map(s)**	☐ _____
☐ **Communications List (ICS 205-OS)**	☐ **Traffic Plan**	☐ _____

10. Prepared by: (Planning Section Chief) **Date / Time**

Electronic version: NOAA 1.0 June 1, 2000

INCIDENT OBJECTIVES (ICS FORM 202-OS)

Purpose. The Incident Objectives form describes the basic incident strategy, control objectives, and provides weather, tide and current information, and safety considerations for use during the next operational period. The Attachments list at the bottom of the form also serves as a table of contents for the Incident Action Plan.

Preparation. The Incident Objectives form is completed by the Planning Section following each formal Planning Meeting conducted in preparing the Incident Action Plan.

Distribution. The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
		NOTE: ICS form 202-OS, Incident Objectives, serves as part of the Incident Action Plan (IAP) (not complete until attachments are included).
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Overall Incident Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident.
4.	Objectives for specified Operational Period	Enter short, clear, concise statements of the objectives for the incident response for this operational period. Include alternatives.
5.	Safety Message for the specified Operational Period	Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
6.	Weather	Attach a sheet with the observed and predicted weather.
7.	Tides/Currents	Attach a sheet with the predicted tide and current information for the specified operational period.
8.	Sunrise/Sunset	Enter predicted times for sunrise and/or sunset (local time, 24-hour clock) during the specified operational period.
9.	Attachments	Mark an “X” in boxes for forms attached to the IAP.
10.	Prepared By	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter the Date (month, day, year) and Time (24-hour clock) the form was prepared.

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-OS (pg 1 of 4)

3. Map / Sketch (Include maps drawn here or attached, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-OS (pg 2 of 4)

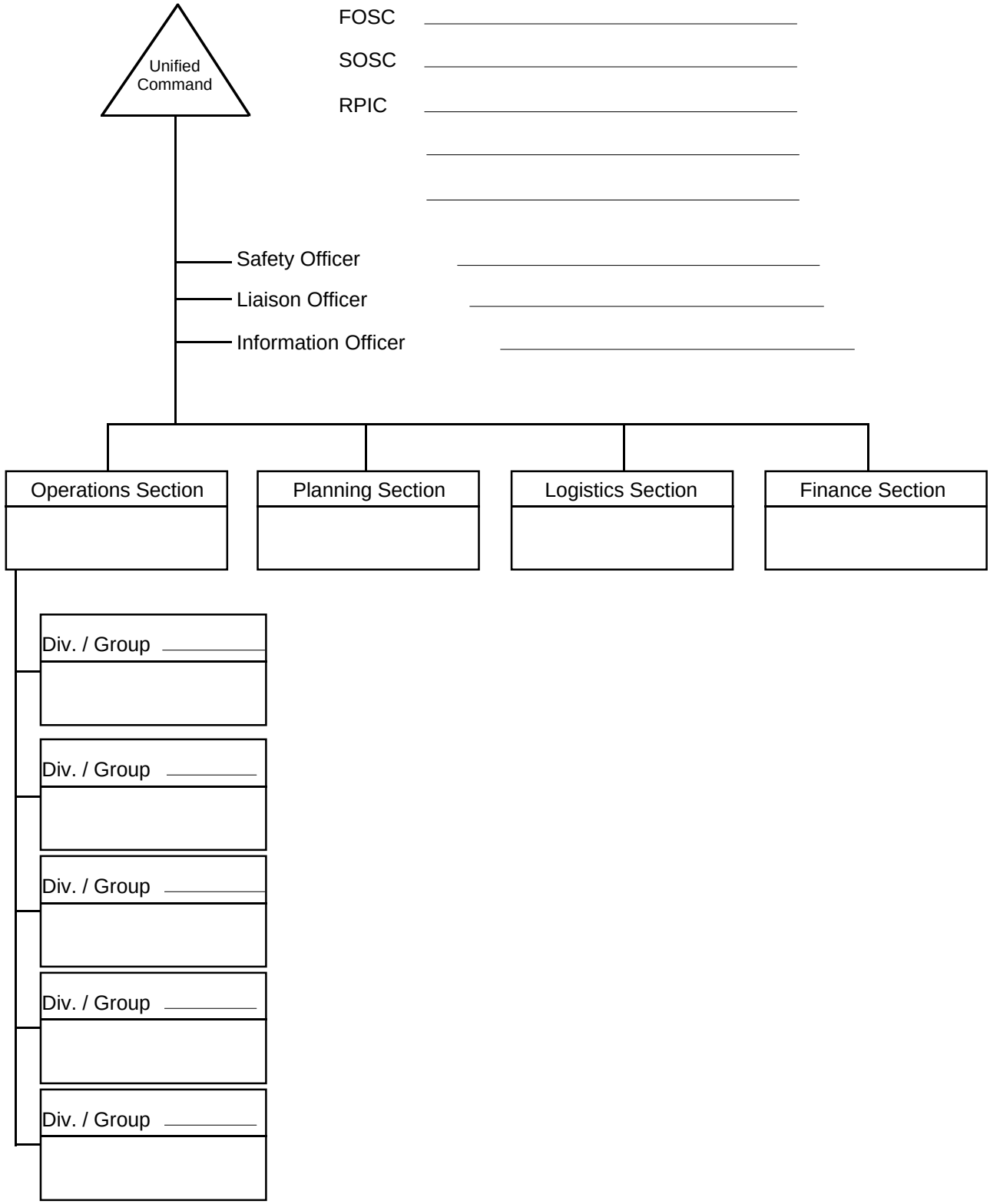
4. Initial Incident Objectives

5. Summary of Current Actions

Time	Action / Note

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-OS (pg 3 of 4)

6. Current Organization



1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-OS (pg 4 of 4)

7. Resources Summary

Resources Needed	Time Ordered	Resources Identifier	ETA	On-Scene? (X)	NOTES: (Location / Assignment / Status)

INCIDENT BRIEFING (ICS FORM 201-OS)

Purpose. The Incident Briefing form provides the Unified Command (and the Command and General Staffs assuming command of the incident) with basic information regarding the response situation and the resources allocated to the incident. It is also a permanent record of the initial incident response.

Preparation. This briefing form is prepared under the direction of the initial Incident Commander for presentation to the Unified Command. This form can be used for managing the response during the initial period until the beginning of the first operational period for which an Incident Action Plan (IAP) is prepared. The information from the ICS form 201-OS can be used as the starting point for other ICS forms or documents.
- Page 1 (Map/Sketch) may transition immediately to the Situation Map.
- Page 2 (Summary of Current Actions) may be used to continue tracking the response actions and as the initial input to the ICS form 215-OS and the ICS form 232-OS.
- Page 3 (Current Organization) may transition immediately to the Organization List (ICS form 203-OS) and/or Organization Chart (ICS form 207-OS).
- Page 4 (Resources Summary) may be used to continue tracking resources assigned to the incident and as input to individual T-Cards (ICS form 219) or other resource tracking system.

Distribution. After the initial briefing of the Unified Command and General Staff members, the Incident Briefing form is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Prepared By Date Time	Enter the name and position of the person completing the form. Enter date prepared (month, day, year). Enter time prepared (24-hour clock).
3.	Map/Sketch	Show the total Area of Operations, the incident site, overflight results, trajectories, impacted shorelines, or other graphics depicting situation and response status on a sketch or attached map.
4.	Initial Incident Objectives	Enter short, clear, concise statements of the objectives for managing the initial response.
5.	Summary of Current Actions	Enter the actions taken in response to the incident, including the time, and note any significant events or specific problem areas.
6.	Current Organization	Enter, on the organization chart, the names of the individuals assigned to each position. Modify the chart as necessary, using additional boxes in the space provided under the Sections. Two blank lines are provided in the Unified Command section for adding other agencies or groups participating in the Unified Command and/or for multiple Responsible Parties.

Item #	Item Title	Instructions
7.	Resources Summary	Enter the following information about the resources allocated to the incident:
	Resource Needed	Description of the resource needed (e.g., open water boom, skimmer, vac truck, etc.).
	Time Ordered	Time ordered (24-hour clock).
	Resource Identifier	Identifier for the resource (e.g., radio call-sign, vessel name, vendor name, license plate, etc.).
	ETA	Estimated time for the resource to arrive at the staging area.
	On-Scene	"X" upon the resource's arrival.
	Location /Assignment / Status	Location of the resource, the actual assignment, and the status of the resource (if other than working).

NOTE: Additional pages may be added to ICS form 201-OS if needed

RADIO REQUIREMENTS WORKSHEET	1. INCIDENT NAME	2. DATE	3. TIME
4. BRANCH	5. AGENCY	6. OPERATIONAL PERIOD	7. TACTICAL FREQUENCY

8. DIVISION/GROUP AGENCY			DIVISION/ GROUP AGENCY			DIVISION/ GROUP AGENCY			DIVISION/ GROUP AGENCY		
9. AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS	AGENCY	ID NO.	RADIO RQMTS

216 ICS 3-82	PAGE	10. PREPARED BY (COMMUNICATIONS UNIT)

RADIO REQUIREMENTS WORKSHEET (ICS FORM 216)

Purpose. The Radio Requirements Worksheet is used to develop the total number of personal portable radios required for each Division/Group and Branch. It provides a listing of all units assigned to each Division, and thus depicts the total incident radio needs.

Initiation of Form. The worksheet is prepared by the Communications Unit for each operational period and can only be completed after specific resource assignments are made and designated on Assignment Lists. This worksheet need not be used if the Communications Unit Leader can easily obtain the information directly from Assignment Lists.

Distribution. The worksheet is for internal use by the Communications Unit and therefore there is no distribution of the form.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date	Enter date prepared (e.g., 09/17/1996).
3.	Time Prepared	Enter time prepared (e.g., 1530).
4.	Branch	Enter the Branch number (I, II, etc.) for which radio requirements are being prepared.
5.	Agency	Enter the three-letter designator of the agency staffing the Branch Director position (e.g., VNC, CDF, ANF, LFD, etc.).
6.	Operational Period	Enter the time interval for which the assignment applies (e.g., 9/17/96-0600 to 9/18/96-0600).
7.	Tactical Frequency	Enter the radio frequency to be used by the Branch Director to communicate with each Division/Group Supervisor in the Branch.
8.	Division/Group	Enter for each Division/Group in the Branch the Division/Group identifier (A, B, etc.) and the agency assigned (e.g., LAC, VNC, etc.).
9.	Agency/ID No./Radio Requirements	List all units assigned to each Division/Group. Record the agency designator, unit or resource identification, and total number of radios needed for each unit or resource.
10.	Prepared By	Enter the name and position of the person completing the worksheet.