

Date:	Building:	Area/Room:
Time of Notification: _____ am pm	Time Arrive at Command Post: _____ am pm	Time Left Scene: _____ am pm
SHR Responder(s):	At scene:	At EOC:

Description of Chemical		
Description of Chemical Agent	___Solid ___Liquid ___Gas Color: _____ Odor: _____	Type of package:
	Identity:	Concentration/Amount:
	Mode of dispersion	Current status of the material: ___opened ___covered ___dissipated

Description of site		
Description of Site	___Indoors ___Outdoors	
Ventilation	___Central HVAC ___Wall A/C	___Running ___Off ___Sealed
Access to site	___Barricaded ___Caution Tape ___Police Control	___Occupied: ___Evacuated:
Meteorological Conditions:	___Rain ___Sunshine ___Overcast Temp: _____ F C RH% _____	Wind Speed: Wind Direction:
Adequacy of Controls and Containment		
Extent of Known/suspected Contamination	Building	People

Interviews	
Victims/ Occupants	What does the container look like? How was it opened? What happened to you or others when exposed?
First Responders	What type of exposure occurred to people? What type of condition are they now in?
Signs/Symptoms in People	<input type="checkbox"/> Coughing <input type="checkbox"/> Burning Eyes <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Skin irritation <input type="checkbox"/> Skin Burns <input type="checkbox"/> Light Headed <input type="checkbox"/> Dizziness Other:
Exposure to People	Airborne Skin Contamination

Site Response Actions- Decontamination	
Decontamination Facility Set-up	Time Activated:
Decontamination Method	
Persons Decontaminated	

SHR Role & Response Actions			
Hazard Evaluation	Tour of Area Site Entry by SHR: <input type="checkbox"/> yes <input type="checkbox"/> no Time:		
PPE	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Respiratory Protection <input type="checkbox"/> SCBA <input type="checkbox"/> Air Line <input type="checkbox"/> PAPR-FF <input type="checkbox"/> Full APR <input type="checkbox"/> Half APR Cartridge: </td> <td style="width: 40%;"> Protective Clothing SUITS Level: A B C D GLOVES: FOOT: FACE: </td> </tr> </table>	Respiratory Protection <input type="checkbox"/> SCBA <input type="checkbox"/> Air Line <input type="checkbox"/> PAPR-FF <input type="checkbox"/> Full APR <input type="checkbox"/> Half APR Cartridge:	Protective Clothing SUITS Level: A B C D GLOVES: FOOT: FACE:
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Monitoring Results			
Recommendation to Others	PPE FOR OTHER RESPONDERS: CONTAINMENT: CLEAN-UP: DECONTAMINATION: EVACUATION OF PUBLIC:		