



Wagner-Meinert, Inc.

Engineers - Contractors
Fort Wayne, Indiana

EMERGENCY RESPONSE

**REPORTER'S
LOG**

INITIAL INFORMATION			
Date	Incident Number		
What happened?	Wind Direction		
	Outside air temperature		
	Temp. in the area of the spill		
When did it happen?			
Where did it happen?			
Who reported it?			
For any of the following questions answered "No", list the planned action items below.			
Has the area been evacuated?	Yes	No	Time
If evacuated, have all employees been accounted for? If not where were they last seen?	Yes	No	Time
Has facility management been notified?	Yes	No	Time
Has the Fire Department been notified?	Yes	No	Time
Has the Police Department been notified?	Yes	No	Time
Has LEPC been notified?	Yes	No	Time
Has the National Response Center been notified?	Yes	No	Time
Were there any injuries?	Yes	No	

Are there medical personnel at the site?	Yes	No
What type of chemical has been spilled?		
What type of chemicals are in the area?		
Any physical hazards in the area?		
What has been done so far?		

ACTION ITEMS:

SIZE UP

On a drawing of the area indicate the following, (this information may be supplied by the incident commander and other response officers)

1. Probable spill location.
2. Safest point of entry.
3. Routes of exit once inside.
4. Delineate the hot zone.
5. Delineate the warm zone
6. Locate the command post.
7. Locate decontamination areas.
8. Locate outside agency staging areas once they arrive.
9. Wind direction

ACTION

1. Move equipment to the cold zone. This includes all self-contained breathing apparatus, encapsulated suits, ropes, flashlights, drinking liquids, materials for decontamination, fans, first aid supplies, ladders, tools, etc.

2. Record information as it becomes available. Remember seemingly trivial information may become very important. If in doubt write it down.
3. Begin contacting additional personnel (at the request of the incident commander)
4. Procure additional equipment, supplies, and or services as required (at the request of the incident commander)
5. Begin agency notifications (if required)

POST OPERATIONS

Time leak was secured:

Estimated duration and amount of release (If known):

Time building was safe to re-enter:

Decontamination:

Time complete:

Method of disposal of contaminated water:

Equipment cleaned and stored:

Self-Contained Breathing Apparatus:

Bottles refilled:

Cleaned and disinfected:

Stored properly:

Amount of chemical lost:

Write a short report of your actions during the emergency:

Participate in a critique of the operation.

CLEAN-UP

Concentration at the conclusion of the response _____ppm

Clean-up activities _____

LOG OF EMERGENCY RESPONDERS

Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

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Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

Name: _____ Time Entry: _____ Pulse _____ BP _____

Height: _____ Weight _____ Time Exit: _____ Pulse _____ BP _____

EMERGENCY RESPONSE NOTIFICATION FORM

Part 1:

The following script should be followed when making agency notifications.

This is:

My name is (**Insert Your Name**).

I am the (**Insert Your Position at the Facility**), and my telephone number is
(____) ____-_____

I am calling to report a release of (**Insert Name of Material**).

This leak occurred at (**Insert time and Date**) and (**has/has**) not been contained
as of this moment. OR

This leak occurred at (**Insert time and Date**) and is ongoing and is not
expected to be contained/stopped until (**Estimate time leak will be stopped**).

This is a (choose one):

Site Emergency: Release has occurred and will probably not have an off-site impact.

General Emergency: A Release has occurred which will probably have an off-site
impact.

The estimated quantity of (**Insert Name of Material**) released is
(**Quantity or unknown**).

The current weather conditions as measured at the plant (**Insert Speed**), a wind speed of
(**Insert Speed**) in a direction that is (**Insert Wind Direction**).

We have (**Insert Number/ No**) injured personnel who (**will/will not**) require medical
assistance.

We (**need/do not need**) your assistance at this time to (Insert **What You Need**).

Please tell me my case number: _____
(Write number here)

Do you have any questions?

ASSIGNMENT SHEET INCIDENT COMMAND SYSTEM

Incident Commander:

Security Officer

Operations Officer

Reporter

Decontamination Officer

Safety Officer:

Responder #1: _____ Employer: _____

Responder #2: _____ Employer: _____

Responder #3: _____ Employer: _____

Responder #4: _____ Employer: _____

Responder #5: _____ Employer: _____

Responder #6: _____ Employer: _____

Responder #7: _____ Employer: _____

Responder #8: _____ Employer: _____

Responder #9: _____ Employer: _____

Responder #10: _____ Employer: _____

Decontamination #1: _____ Employer: _____

Decontamination #2: _____ Employer: _____

Decontamination #3 _____ Employer: _____

Decontamination #4 _____ Employer: _____

First Aid #1: _____ Employer: _____

First Aid #2: _____ Employer: _____

Victim #1 Exposure record

Name: _____ Date of birth __/__/__.

Incident type: _____

Location of incident: _____

Description of Incident: _____

Type of exposure (circle) Inhalation / Direct Contact / Ingestion / Injection

Exposed to: _____ Length of exposure _____

Type of decontamination _____

Treatment at the scene: _____

Transported to: _____

Emergency contact (ask the victim before transport) _____

Victim #2 Exposure record

Name: _____ Date of birth __/__/__.

Incident type: _____

Location of incident: _____

Description of Incident: _____

Type of exposure (circle) Inhalation / Direct Contact / Ingestion / Injection

Exposed to: _____ Length of exposure _____

Type of decontamination _____

Treatment at the scene: _____

Transported to: _____

Emergency contact (ask the victim before transport) _____

Victim #3 Exposure record

Name: _____ Date of birth __/__/__.

Incident type: _____

Location of incident: _____

Description of Incident: _____

Type of exposure (circle) Inhalation / Direct Contact / Ingestion / Injection

Exposed to: _____ Length of exposure _____

Type of decontamination _____

Treatment at the scene: _____

Transported to: _____

Emergency contact (ask the victim before transport) _____

Victim #4 Exposure record

Name: _____ Date of birth __/__/__.

Incident type: _____

Location of incident: _____

Description of Incident: _____

Type of exposure (circle) Inhalation / Direct Contact / Ingestion / Injection

Exposed to: _____ Length of exposure _____

Type of decontamination _____

Treatment at the scene: _____

Transported to: _____

Emergency contact (ask the victim before transport) _____

Victim #5 Exposure record

Name: _____ Date of birth __/__/__.

Incident type: _____

Location of incident: _____

Description of Incident: _____

Type of exposure (circle) Inhalation / Direct Contact / Ingestion / Injection

Exposed to: _____ Length of exposure _____

Type of decontamination _____

Treatment at the scene: _____

Transported to: _____

Emergency contact (ask the victim before transport) _____