Hazardous Materials
Exercise Evaluation Forms

Prepared for the Department of Energy Office of Transportation and Emergency Management
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**Hazardous Materials Exercise Evaluation Forms**

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**TIME-LINE**

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OBJECTIVE 1: INITIAL NOTIFICATION OF RESPONSE AGENCIES AND RESPONSE PERSONNEL

Demonstrate the ability to notify response agencies and to mobilize emergency personnel.

POINTS OF REVIEW

1. Which organization provided initial notification of the incident/accident?
   
   _____________________________________________________________________________

2. When did this occur?
   
   _____________________________________________________________________________

3. Which organizations/individuals received this notification? When?
   Organization/Individuals Time:_______

4. Which notified organization(s) was responsible for notifying other necessary response elements?
   
   _____________________________________________________________________________

5. Which organization provided notification of the incident/accident to external response support organizations?
   
   _____________________________________________________________________________

6. If external response support notifications were made, indicate which organization/individual was contacted and the time of the notifications.
   Organizations/Individuals Contacted Time:_______
## OBJECTIVE 1: INITIAL NOTIFICATION OF RESPONSE AGENCIES AND RESPONSE PERSONNEL (CONT'D)

7. Did the response organization mobilize initial response personnel?
   - YES  NO  N/A  N/O  TIME:_______

8. If so, were the types and numbers of personnel mobilized related to the classification level of the emergency?
   - YES  NO  N/A  N/O  TIME:_______

9. If not, how were the types and numbers of personnel determined?
   - __________________________________________
   - __________________________________________
   - __________________________________________

10. Through what means were the personnel mobilized?
    - __________________________________________
    - __________________________________________
    - __________________________________________

11. At what time did the mobilization process start and end for the responding organizations and personnel?
    - Organization Mobilized  Start:_______  End:_______

12. At what time did the mobilized staff start arriving at their duty stations?
    - __________________________________________
    - __________________________________________
    - __________________________________________

13. At what time were most of the key positions filled?
    - __________________________________________
    - __________________________________________
    - __________________________________________
OBJECTIVE 2: DIRECTION AND CONTROL

Demonstrate the ability to direct, coordinate, and control emergency response activities through operations of an incident command system (ICS) and other direction and control structures.

POINTS OF REVIEW

1. Which position within the response organization did you evaluate?
   ___ Incident Commander
   ___ Emergency Management Director at EOC
   ___ Other designated personnel with leadership role in response organization
      (List __________)

2. Check those actions which the Incident Commander Accomplished in accordance with its response plan:
   ___ established a visible command post
   ___ established communications with off-site organizations
   ___ provided information about the incident/accident to off-site response authorities
   ___ assumed responsibility for the management of operations at the incident accident site by a site-specific IC
   ___ established an organizational structure for the management of on-scene response operations, including delegations of authority
   ___ coordinated with personnel at the EOC or other off-site response authorities
   ___ managed the ICS interface with the operations of Federal On-Scene Coordinator
   ___ provided direction and control by the IC to all organizations responsible for response actions at the incident/accident site

3. Check those actions which the Incident Commander/EMD/or other designated personnel with leadership role in the response organization accomplished:
   ___ issued instructions to staff on response operations
   ___ provided directions on adherence to the plan
   ___ coordinated with and disseminate information to offsite response organizations or any command of the offsite response effort
   ___ resolved conflicts
   ___ provided leadership in decision making
   ___ consulted with staff
   ___ provided needed authorities for emergency action
   ___ directed or coordinated with other response organizations
OBJECTIVE 3: INCIDENT ASSESSMENT

Demonstrate the ability to identify the hazardous material(s) involved in an incident/accident and to assess the hazards associated with the material involved during both the emergency and post-emergency phases.

POINTS OF REVIEW

1. Who performed the initial incident assessment.

________________________________________________________________________
________________________________________________________________________

2. Check the type of information that was obtained during the initial assessment
   ___ type of container, package, etc. involved
      (List____________________________________)
   ___ extent of damage
   ___ estimated quantity of material involved
   ___ shipping papers or MSDS's secured
   ___ placards, identification numbers, markings, labels
   ___ information from knowledgeable persons

3. Did the response organization consult various emergency response resources for
   initial response information?
   YES    NO    N/A    N/O    TIME:_______

4. List which resources were consulted?

________________________________________________________________________
________________________________________________________________________

5. Check those organizations that were contacted for additional assistance or response
   information
   ___ CHEMTREC
   ___ the shipper
   ___ the transportation company
   ___ facility management
   ___ outside experts computer and/or manual databases
   ___ others
OBJECTIVE 3: INCIDENT ASSESSMENT (CONT'D)

6. Did the response organization report the observed field data to other response units?
   YES    NO    N/A    N/O    TIME:_______

7. If yes, to which organizations?
   ______________________________________________________________________

8. Was the affected area secured?
   YES    NO    N/A    N/O    TIME:_______

9. Who performed the ongoing incident assessment?
   ______________________________________________________________________

10. Did the response organization assess the potential hazards both at the affected sites
    and to adjacent areas?
    YES    NO    N/A    N/O

11. Check following physical factors affecting the release that the response organization
    assessed
    ___ the material state (liquid, gas, solid)
    ___ actual and projected release rate
    ___ direction of the material released in air or water
    ___ the physical factors associated with the natural setting

12. Check the strategies the response organization used to assess hazards?
    ___ established a priority for monitoring airborne toxic substances
    ___ developed a strategy for monitoring and using direct reading instruments
    ___ maintained monitoring capabilities for the duration of the release
    ___ identified and responded to atmospheric and geographic conditions
    ___ obtained environmental samples
    ___ analyzed the samples
    ___ supplemented filed monitoring data with assessment data that are based on
    various computer models
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**OBJECTIVE 3: INCIDENT ASSESSMENT (CONT'D)**

13. Who was responsible for field monitoring activities?
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

14. What procedures were implemented by the field monitoring teams?
   
   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

15. Did the response organization use the analysis of the field samples to guide decision makers in developing protective actions for the responders and for the general public?

   YES   NO   N/A   N/O
**OBJECTIVE 4: RESOURCE MANAGEMENT**

Demonstrate the ability to mobilize and manage resources required for emergency response.

**POINTS OF REVIEW**

1. Did the response organization determine the resources that it required to respond to an incident/accident?
   
   YES    NO    N/A    N/O
   
   How was this accomplished?
   
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. Was this process triggered by development of a strategy for containing the incident/accident?
   
   YES    NO
   
3. When did the organization start and finish this process of identifying the required resources?
   
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Was this process completed into time to be supportive of the implementation of a response strategy?
   
   YES    NO

5. Did the organization contact local resource providers and request necessary resources?
   
   YES    NO    N/A    N/O

6. When did this process start and end?
   
   ___________________________________________________________________
   ___________________________________________________________________

7. Were these calls placed to a control cell or to actual providers?
   
   ___________________________________________________________________
| Date |
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**OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD)**

8. If calls were made to actual providers, did the response organization use up-to-date and accurate lists of telephone numbers and points of contacts?

   YES   NO   N/A   N/O

9. What types of resources were requested?

   ______________________________________________________________________
   ______________________________________________________________________

10. Which local resource providers were contacted?

   ______________________________________________________________________
   ______________________________________________________________________

11. Did the organization contact external resource providers and request necessary resources?

   YES   NO   N/A   N/O

12. When did this process start and end?

   ______________________________________________________________________
   ______________________________________________________________________

13. Were these calls placed to a response cell or to providers?

   ______________________________________________________________________
   ______________________________________________________________________

14. If calls were made to providers, did the response organization use up-to-date and accurate lists of telephone numbers and points of contact?

   YES   NO   N/A   N/O   TIME:_______

15. What types of resources were requested?

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

16. Which external organizations were contacted?

   ______________________________________________________________________
   ______________________________________________________________________
Date

Hazardous Materials Exercise Evaluation Form

Evaluator Name/Team Leader  Evaluator Assignment/Location  Exercise Name

OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD)

17. Did any of the contacted local resource providers deploy any resources to the site of the incident/accident?
   YES  NO  N/A  N/O

18. Which providers? ________________________________
    What resources? ________________________________
    When did they arrive? ___________________________

19. Were they the resources requested?
    YES  NO  N/A  N/O

20. Did any of the contacted external resource providers deploy any resources to the site of the incident/accident?
    YES  NO  N/A  N/O

21. Which providers? ________________________________
    What resources? ________________________________
    When did they arrive? ___________________________

22. Were they the resources requested?
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________

23. Did the IC demonstrate the capability to integrate any deployed external resources into the response effort?
    YES  NO  N/A  N/O

24. Did the organization demonstrate procedures for securing replacement resources of:
   ______ equipment  YES  NO
   ______ personnel  YES  NO
   ______ supplies  YES  NO
OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD)

25. If the organization demonstrated procedures for any of the above did it contact the providers for additional resources?
   YES  NO  N/A  N/O

26. Did the providers deploy any additional resources?
   YES  NO  N/A  N/O

27. Which resources were deployed?

28. Did the organization demonstrate a shift change?
   YES  NO  N/A  N/O  TIME:________

29. Was an individual/organization designated to keep record of resources expended?
   YES  NO  N/A  N/O

30. Was an individual/organization to record the expenditure of funds in support of the response?
   YES  NO  N/A  N/O

31. Identify the individual(s)/organization(s) responsible for such recordkeeping.
## OBJECTIVE 5: COMMUNICATIONS

Demonstrate the ability to establish and maintain communications essential to support response to an incident/accident.

### POINTS OF REVIEW

1. Check those response units the Incident Commander (IC) established communications with:
   - [ ] the first responding units at the incident/accident site
   - [ ] field teams engaged in operations at the incident/accident location
   - [ ] all response organizations whose support is required by the IC
   - [ ] all newly arriving response organizations (including those from other jurisdictions)
   - [ ] the commanders of all major response organizations
   - [ ] off-site sources of advice and assistance in the identification of the hazardous materials, and the development and implementation of a strategy for containment, cleanup, and recovery
   - [ ] other (List__________________________)

2. Regarding the above response units, were the communications links maintained at a functioning level in support of the IC and the supporting response units?
   - [ ] YES
   - [ ] NO
   - [ ] N/A
   - [ ] N/O

3. Did the IC use the established communication linkages for the performance of his direction and control responsibilities?
   - [ ] YES
   - [ ] NO
   - [ ] N/A
   - [ ] N/O

4. Were the communications links between these locations able to handle all necessary traffic?
   - [ ] YES
   - [ ] NO
   - [ ] N/A
   - [ ] N/O

5. Did the EOC staff quickly establish and maintain effective communications throughout the response effort with the IC and response units under the direction of the EOC staff?
   - [ ] YES
   - [ ] NO
   - [ ] N/A
   - [ ] N/O

6. Were the communications links between these locations able to handle all necessary traffic?
   - [ ] YES
   - [ ] NO
   - [ ] N/A
   - [ ] N/O
OBJECTIVE 5: COMMUNICATIONS (CONT'D)

7. Were response organizations functioning at locations removed from the IC and EOC able to develop effective lines of communication (to communicate with each other)?

   YES  NO  N/A  N/O

8. Did the response organization use the communications system to provide direction and control to the organizations under their command?

   YES  NO  N/A  N/O

9. Did the response organization use the communications system to coordinate their activities with other organizations?

   YES  NO  N/A  N/O
OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS

Demonstrate the adequacy of facilities, equipment, displays, and other materials to support emergency operations.

POINTS OF REVIEW

1. Was this a fixed or mobile facility?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Describe the location and key features of this facility.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. What emergency response functions were performed at this facility?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Did the facility accommodate the numbers of emergency personnel operating from this facility?
   YES      NO      N/A      N/O

5. Was the facility adequate to support emergency operations?
   YES      NO      N/A      N/O

6. Identify any facility needs that were not available, but necessary for the response operations.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Was access to the facility controlled?
   YES      NO      N/A      N/O
OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS (CONTD)

8. Check the equipment available at this facility.
   _____ telephone system
   _____ communications equipment
   _____ facsimile machine
   _____ copier machine
   _____ computer
     (for what purpose? _________________________)
   _____ backup power
   _____ other

9. Was the equipment adequate to support emergency operations?
   YES  N  O  N/A  N/O  TIME:_______

10. Identify any equipment needs or deficiencies.
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

11. Check the displays available at this facility.
    _____ maps (types______________________________)
    _____ status boards
     (type of information recorded__________________________)
    _____ other (___________________________________)

12. Were displays updated in a timely manner?
    YES  N  O  N/A  N/O

13. Were displays adequate to support emergency operations at this facility?
    YES  N  O  N/A  N/O

14. Identify any displays that were needed but not available at this facility.
    ___________________________________________________________________
    ___________________________________________________________________
OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS (CONT'D)

15. Check those items identified on the maps
   _____ familiar landmarks
   _____ boundaries
   _____ traffic/access control points
   _____ other (List_________________________________)

16. Were reference materials available?
   YES    NO    N/A    N/O

17. What type of reference materials were available?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

18. Identify any reference materials that were needed but not available at this facility.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
OBJECTIVE 7: ALERT AND NOTIFICATION OF THE PUBLIC

Demonstrate the ability to signal an alert and to provide emergency notifications containing information and instruction to the public.

POINTS OF REVIEW

1. Did the response organization issue a directive to activate the public alert system?
   YES NO N/A N/O TIME:_______

2. Was the alert system activated?
   YES NO N/A N/O TIME:_______

3. Through what means was alerting accomplished?
   _____ sirens
   _____ route alerting
   _____ other (___________________________________)

4. When did alerting take place? (If this occurred more than once note all times.)
   __________________________________________________________________
   __________________________________________________________________

5. Did the response organization disseminate messages to notify the public of emergency instructions and information?
   YES NO N/A N/O TIME:_______

6. Check through which means notification was accomplished.
   _____ EBS
   _____ route alerting
   _____ other

7. When did notification take place? (If this occurred more than once note all times)
   __________________________________________________________________
   __________________________________________________________________

8. Was notification accomplished in a timely manner?
   YES NO N/A N/O
OBJECTIVE 7: ALERT, AND NOTIFICATION OF THE PUBLIC (CONTD)

9. Did the organization select prescribed notification messages for dissemination via EBS or other means?
   YES  NO  N/A  N/O

10. Did the organization prepare ad hoc notification messages for dissemination via EBS or other means?
    YES  NO  N/A  N/O

11. Check those items which were included in the notification messages.
    _____ contain accurate information about the incident/accident
    _____ describe protective actions clearly and succinctly
    _____ instruct the listener on the actions to be taken
    _____ identify the affected areas
    _____ emphasize the importance of taking these actions as promptly as possible

12. Did the organization provide alert and notification to members of special populations?
    YES  NO  N/A  N/O  TIME:_______

13. Check those special populations that were provided alert and notification.
    _____ hearing impaired
    _____ mobility impaired
    _____ visually impaired
    _____ schools
    _____ other

14. What means were employed for special population alert and notification?
    __________________________________________
    __________________________________________
    __________________________________________

15. Were copies of all logs and messages maintained? (Note: Obtain copies)
    YES  NO  N/A  N/O
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**OBJECTIVE 8: EMERGENCY INFORMATION - MEDIA**

Demonstrate the ability to coordinate the development and dissemination of clear, accurate, and timely information to the media.

**POINTS OF REVIEW**

1. Did the organization establish and use a primary information facility where principal organizations coordinated their activities and interacted with the media?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______

2. What organizations were represented?
   - __________________________________________
   - __________________________________________
   - __________________________________________

3. Did the organizations designate a single spokesperson?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______

4. Did the spokesperson have access to all necessary information and technical staff?
   - YES
   - NO
   - N/A
   - N/O

5. Did the response organization respond to telephone inquiries from the media?
   - YES
   - NO
   - N/A
   - N/O

6. Did the organization provide technically accurate information to the media?
   - YES
   - NO
   - N/A
   - N/O

7. Was the information provided to the media consistent with information provided in official notifications to the public?
   - YES
   - NO
   - N/A
   - N/O

8. Were briefing and press releases offered to the media after each major development in the incident/accident?
   - YES
   - NO
   - N/A
   - N/O
OBJECTIVE 8: EMERGENCY INFORMATION - MEDIA (CONT'D)

9. Note the times of briefings and/or press release.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Were dissemination of information to the media coordinated among the various Public Information Officers (PIOs)?
   YES  NO  N/A  N/O

11. Was the information provided to the media in understandable language without use of unexplained technical jargon?
   YES  NO  N/A  N/O

12. Was the information provided to the media on protective action recommendations (PAR) consistent with official messages containing PARS.
   YES  N O  N/A  N/O

13. Was the information provided to the media internally consistent.
   YES  N O  N/A  N/O

14. Did the organization monitor the media for the purpose of controlling rumors?
   YES  NO  N/A  N/O

15. Did the organization use information developed from the monitoring of media rumor control?
   YES  N O  N/A  N/O

16. Did the response organization take measures to provide the media with information that would help to control these rumors?
   YES  NO  N/A  N/O

17. If yes, what measures.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC

Demonstrate the capability to decide upon and direct the implementation of protective actions for the public.

POINTS OF REVIEW

1. Did the decision makers use data provided on the hazards posed by the material involved in the incident/accident to determine:
   _____ the risk to public health and safety YES NO
   _____ the protective actions necessary to reduce this risk YES NO

2. Did the response organization determine the geographical areas within which the public is at risk of exposure to the plume produced by the incident/accident?
   YES NO N/A N/O TIME:_______

3. Did the response organization determine:
   _____ when the plume would reach the affected area YES NO
   _____ how long the plume would remain over the affected area YES NO
   _____ how persons could be exposed to the hazardous materials YES NO
   _____ the potential harm that could come from such exposure YES NO

4. Check which protective action was determined to provide the most effective protection from this potential exposure?
   _____ sheltering-in-place
   _____ evacuation
   _____ combination of sheltering and evacuation

5. Were protective action decisions communicated to public?
   YES NO N/A N/O TIME:_______

6. Were protective action decisions coordinated through alert and notification strategies?
   YES NO N/A N/O
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**OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC**

*(CONTD)*

7. Did the response organization make appropriate adjustments in protective action strategies as conditions changed?
   
   YES  NO  N/A  N/O  TIME: _______

8. Did the response organization issue directives to initiate the implementation of protective actions?
   
   YES  NO  N/A  N/O  TIME: _______

9. Did the response organization monitor the results of the implementation efforts?
   
   YES  NO  N/A  N/O

10. Did the response organization issue new directives as necessary to keep the implementation on track?
    
   YES  NO  N/A  N/O  TIME: _______

11. What institutions/special populations did the response organization notify of the existence of an incident/accident.
    
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________

12. Did the response organization provide protective action recommendations to the institutions/ special populations?
    
   YES  NO  N/A  N/O  TIME: _______

13. If yes, check the protective action recommendations which were made.
    
    _____ sheltering-in-place
    _____ evacuation
    _____ combination of sheltering and evacuation

14. If evacuation was recommended, did the response organization recommend evacuating schools to other locations outside of area of risk?
    
   YES  NO  N/A  N/O  TIME: _______
OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC (CONT'D)

15. Did the response organization provide assistance to special populations/institutions (e.g., hospitals, day care centers) in the accomplishment of protective actions?
   - YES
   - NO
   - N/A
   - N/O

16. If so, check which special population(s).
   - ______ hospitals
     (List ________________________________)
   - ______ day care centers
     (List ________________________________)
   - ______ mobility impaired
   - ______ visually impaired
   - ______ hearing impaired
   - ______ other (List ________________________________)

17. Were the residents of these institutions evacuated along preplanned routes?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______

18. What type of assistance was provided?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

19. Did the response organization actually contact the providers of special assistance?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______

20. Were the providers actually deployed to the location requesting assistance?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______

21. If yes, did the providers actually move from pickup points to specified reception centers?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:_______
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**OBJECTIVE 10: RESPONSE PERSONNEL SAFETY**

Demonstrate the ability to protect emergency responder health and safety.

**POINTS OF REVIEW**

1. Did the response organization establish and maintain one or more zones to regulate the movement of personnel in and out of the site?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:________

2. Did the response organization establish barriers around a restricted zone or “hot zone”?
   - YES
   - NO
   - N/A
   - N/O
   - TIME:________

3. Were the boundaries of that zone clearly visible to all response personnel?
   - YES
   - NO
   - N/A
   - N/O

4. Did the response organization limit the number of personnel allowed in the restricted zone?
   - YES
   - NO
   - N/A
   - N/O

5. Did the response organization limit the amount of time each responder remained in that zone?
   - YES
   - NO
   - N/A
   - N/O

6. Did the response organization provide protective equipment and clothing to responders?
   - YES
   - NO
   - N/A
   - N/O

7. Was the type of equipment provided based upon the organization’s safety and health plan?
   - YES
   - NO
   - N/A
   - N/O

8. Did the response organization use the results of ongoing incident assessment to determine the level (Level A, B, or C) and types of protection to be provided to responders?
   - YES
   - NO
   - N/A
   - N/O
### OBJECTIVE 10: RESPONSE PERSONNEL SAFETY (CONTD)

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<td>Did the response organization ensure that no emergency worker entered the restricted zone without the required protective equipment and clothing?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>10.</td>
<td>Did the response organization establish and maintain rules for the use of protective equipment by responders while in the restricted zone?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>11.</td>
<td>Did response personnel operate within the restricted zone under supervisor of a safety officer?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>12.</td>
<td>Were fire fighters involved in operations beyond the initial stages of the incident/accident provided protective equipment which meets the criteria required by OSHA 29 CFR 1910.156(e)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>13.</td>
<td>If appropriate equipment was available to responders, were response personnel trained in its safe and proper use?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>14.</td>
<td>Were communication links between the IC, the safety officer, and the site entry team adequate to support safe and effective response operation?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>15.</td>
<td>Did the safety officer have access to weather data?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>16.</td>
<td>By what means (status board, etc.) was equipment and manpower tracked?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OBJECTIVE 10: RESPONSE PERSONNEL SAFETY (CONTD)

17. Did emergency responders with exposure to an actual or potential inhalation hazard wear positive pressure self-contained breathing apparatus while engaged in emergency response?
   YES NO N/A N/O

18. Did the IC allow emergency responders to remove equipment referred to in 12 and 17 above?
   YES NO N/A N/O TIME:_______

19. Were operations in hazardous area performed in the “buddy system?”
   YES NO N/A N/O

20. Check those actions that the response organization provided to emergency workers:
   _____ emergency assistance
   _____ rescue
   _____ first aid
   _____ emergency medical transportation
   _____ other

21. Check those actions taken upon the departure of emergency response personnel from the restricted zone:
   _____ monitored for contamination
   _____ decontaminated
   _____ re-monitored
OBJECTIVE 11: TRAFFIC AND ACCESS CONTROL

Demonstrate the organizational ability and resources necessary to implement site security and to control evacuation traffic flow and access to evacuated and sheltered areas.

POINTS OF REVIEW

1. Was site security implemented at the incident/accident?
   YES NO N/A N/O TIME:_______

2. Who was responsible for implementing site security?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Were only authorized and necessary personnel allowed access to the incident/accident scene?
   YES NO N/A N/O

4. Check those actions included in site security procedures:
   _____ cordoning off the area with police tape or roadblocks
   _____ removing unauthorized vehicles and personnel to allow for easier access to the site by the response organization
   _____ diverting all unnecessary traffic away from the area of the incident/accident

5. Were traffic controllers actually deployed to designated traffic/access control points?
   YES NO N/A N/O

6. Was this deployment accomplished in a manner to facilitate traffic and access control?
   YES NO N/A N/O

7. Did the traffic/access controllers minimize delays?
   YES NO N/A N/O
OBJECTIVE 11: TRAFFIC AND ACCESS CONTROL (CONTD)

8. Were the number of traffic and access control personnel and resources mobilized adequate to direct and control the evacuation traffic flow?
   YES NO N/A N/O TIME:_______

9. Were maps provided to local law enforcement personnel depicting the affected area and evacuation routes?
   YES NO N/A N/O

10. In the event the protective action strategy was to shelter-in-place, did the traffic controllers control the access of personnel, equipment, etc. into and from the sheltered area?
    YES NO N/A N/O

11. Did traffic/access controllers limit and prevent access to evacuated or hazardous areas?
    YES NO N/A N/O

12. Did traffic/access controllers limit access to waterways, railways, and airspace in the affected area?
    YES NO N/A N/O

13. Did response organizations keep the traffic access control personnel informed of significant developments in the emergency situation?
    YES NO N/A N/O TIME:_______

14. How was this information provided to traffic and access control staff?

15. Check those areas in which traffic and access control personnel demonstrated accurate knowledge of their roles:
    _____ traffic control and access control
    _____ evacuation routes
    _____ destination routes
    _____ location of reception centers
    _____ any relocation, recovery, and re-entry activities for which traffic and access control are pertinent
OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC

Demonstrate the ability to monitor and control hazardous materials decontamination of the public through an appropriate combination screening, decontamination, and registration process.

POINTS OF REVIEW

1. Was a location for registration, screening, and decontamination of public activated by the response organization?
   YES  NO  N/A  N/O  TIME:_______
   Name of location: ________________________________

2. Check those activities this facility was capable of performing:
   _____ screening or monitoring evacuees
   _____ decontaminating evacuees
   _____ registering evacuees

3. Check those activities this facility had adequate space for:
   _____ screening or monitoring evacuees
   _____ decontaminating evacuees
   _____ registering evacuees

Facilities

4. Did the response organization minimize possible contamination to the facility?
   YES  NO  N/A  N/O

5. Did the response organization segregate “clean” from potentially contaminated areas?
   YES  NO  N/A  N/O

6. Did the response organization separate males and females during the decontamination process?
   YES  NO  N/A  N/O
OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONTD)

Monitoring/Decontamination

7. Which organizations were responsible for:
   _____ screening or monitoring evacuees

   _____ decontaminating evacuees

8. Was there sufficient staff to perform monitoring/decontamination?
   YES   NO   N/A   N/O   TIME:_______

9. Did the response organization detect contamination based on action levels appropriate for the hazardous material involved in the incident?
   YES   NO   N/A   N/O

10. Were medical personnel present at the facility?
    YES   NO   N/A   N/O

11. Did the response organization decontaminate evacuees through the use of procedures entailing removal and control of contaminated clothing and other articles and the use of shower facilities?
    YES   NO   N/A   N/O

12. Did the response organization provide clothing for person(s) who did not have “clean” clothing with them?
    YES   NO   N/A   N/O

13. Did the response organization re-monitor persons who were decontaminated?
    YES   NO   N/A   N/O
OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONTD)

14. Did the response organization store contaminated clothing to prevent further contamination of evacuees or “clean” clothes?
   YES  NO  N/A  N/O

15. Did the response organizations refer significantly contaminated individuals who could not be adequately decontaminated to a medical facility?
   YES  NO  N/A  N/O

16. Did the response organization establish and maintain records for persons who are seriously contaminated?
   YES  NO  N/A  N/O

Registration

17. Which organization(s) was responsible for registering evacuees?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

18. Did the response organization register evacuees on a standardized form designed for evacuee registration?
   YES  NO  N/A  N/O

19. Check those items recorded during the registration process.
   _____ name
   _____ address
   _____ results of monitoring
   _____ time of decontamination, if any
   _____ other

20. Did the response organization use the registration records as means for
    _____ locating and reuniting families  YES  NO
    _____ providing a record of monitoring  YES  NO
**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONT'D)**

21. Did the response organization provide to a central location a list of those evacuees registered from all open reception centers?
   
   YES  NO  N/A  N/O  TIME:_______

**Vehicle Monitoring and Decontamination**

22. Did the response organization monitor arriving vehicles for contamination?
   
   YES  NO  N/A  N/O

23. Which organization(s) was responsible for monitoring and decontaminating vehicles?
   
   __________________________________________
   __________________________________________
   __________________________________________

24. Did the response organization detect contamination based on action levels appropriate for hazardous material(s) involved in the incident?
   
   YES  NO  N/A  N/O

25. Check those actions performed by the response organization.
   
   ____ segregated contaminated vehicles from clean vehicles
   ____ prevented contact of clean persons with contaminated vehicles

26. Was there sufficient parking for the anticipated number of evacuees?
   
   YES  NO  N/A  N/O

27. Were the parking facilities adequate to isolate contaminated vehicles?
   
   YES  NO  N/A  N/O

28. Were vehicles decontaminated immediately?
   
   YES  NO  N/A  N/O

29. If no, were the vehicles parked and secured awaiting further equipment and instructions?
   
   YES  NO  N/A  N/O
OBJECTIVE 13: CONGREGATE CARE

Demonstrate the adequacy of procedures, facilities, equipment, and services for the congregate care of evacuees.

POINTS OF REVIEW

1. Was a location for congregate care of the public activated by the response organization?
   YES  NO  N/A  N/O  TIME:_______
   Name of location: _________________________________

2. Was there adequate space for the functions of this center?
   YES  NO  N/A  N/O

3. Which organization was responsible for managing this center?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Was the manager capable of coordinating the limited resources of this center?
   YES  NO  N/A  N/O

5. Was the manager knowledgeable about the capacity of this center?
   YES  NO  N/A  N/O

6. Did the response organization keep the manager apprised of how many evacuees to expect?
   YES  NO  N/A  N/O

7. Was the response organization capable of communicating with the manager?
   YES  NO  N/A  N/O

8. If yes, through what type of communications system?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
OBJECTIVE 13: CONGREGATE CARE (CONT'D)

9. Check those services that the congregate care center provided to evacuees:
   _____ shelter
   _____ food
   _____ sanitation services
   _____ parking
   _____ secure storage for evacuee personnel belongings
   _____ family assistance
   _____ care for the disabled or other special needs
   _____ child care
   _____ medical care
   _____ first aid
   _____ other

10. Check those items that the manager had ready access to:
    _____ cots and blankets
    _____ drinking water
    _____ food
    _____ first aid supplies

11. Were these items available in sufficient quantities for the expected number of evacuees?
    YES NO N/A N/O

12. Were these supplies available at the center?
    YES NO N/A N/O

13. If no, what arrangements were made?
    ___________________________________________________________________
    ___________________________________________________________________
    ___________________________________________________________________

14. Were medical personnel available at the congregate care center?
    YES NO N/A N/O
## OBJECTIVE 13: CONGREGATE CARE (CONTD)

15. Check those services provided by medical personnel.
   - [ ] first aid
   - [ ] crisis counseling
   - [ ] other (List_________________________________)

16. Were police and fire and rescue units on hand to assist the manager with evacuee safety?
   - [ ] YES  
   - [ ] NO   
   - [ ] N/A  
   - [ ] N/O

17. Did the manager provide accurate and up-to-date information to the evacuees concerning the status of the incident/accident?
   - [ ] YES 
   - [ ] NO  
   - [ ] N/A  
   - [ ] N/O
OBJECTIVE 14: EMERGENCY MEDICAL SERVICES

Demonstrate the adequacy of personnel, procedures, equipment, and vehicles for transporting contaminated and/or injured individuals, and the adequacy of medical personnel and facilities to support the operation.

POINTS OF REVIEW

1. Which organization(s) demonstrated this objective?

________________________________________________________________

2. Did EMS personnel establish a protective zone around injured or contaminated individual(s)?

   YES  NO  N/A  N/O  TIME:_______

3. Were the EMS personnel aware of the hazardous material involved?

   YES  NO  N/A  N/O  TIME:_______

4. If yes, describe how the material(s) was identified and the material involved.

   ___________________________________________________________________

5. Did EMS personnel determine the nature and extent of the injuries?

   YES  NO  N/A  N/O

6. Check those actions taken by the EMS personnel?

   _____ referred to an initial response resource for immediate first aid for injured patients
   _____ instituted emergency care using the triage concept
   _____ in case of contact with material, immediately flushed the skin or eyes with running water for at least fifteen minutes
   _____ removed and isolated any contaminated clothing and shoes
   _____ kept the patient quiet and maintained normal body temperature

7. Did the EMS personnel take steps to limit contamination to:

   _____ other personnel  YES  NO
   _____ the vehicle  YES  NO
   _____ the facility/site  YES  NO
OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONT'D)

8. Check those contamination control procedures used by the EMS personnel.
   _____ used gloves as protection against contamination
   _____ lined the interior and shielding the floor of the ambulance with a protective covering
   _____ wrapped the individual in a sealed sheet or blanket other

9. After the injured individual(s) was delivered to a medical facility, were the following monitored for possible contamination?
   _____ the ambulance crew YES NO
   _____ the ambulance YES NO

10. Was decontamination of the EMS personnel or vehicle necessary?
    YES NO N/A N/O

11. If yes, describe the decontamination procedures.
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________

12. Did the response organization know which ambulance services were designated to provide transportation for contaminated and/or injured persons?
    YES NO N/A N/O

13. Did the ambulance crew know which medical facility to transport the injured individual(s)?
    YES NO N/A N/O

14. Did the ambulance crew actually drive the individual(s) to the selected medical facility?
    YES NO N/A N/O

15. Did the ambulance crew maintain communications with:
    _____ the response organization YES NO
    _____ the receiving medical facility YES NO
OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONT'D)

16. Did the ambulance crew communicate the following information to the receiving medical facility?
   - _____ information and data on the individual’s physical condition including their assessment regarding internal or external contamination
   - _____ vital signs
   - _____ the type of hazardous materials involved in the accident
   - _____ Material Safety Data Sheet (MSDS) information relating to hazardous material involved, if available
   - _____ estimated time of arrival at the medical facility

17. Were the following medical staff present during the medical examination?
   - _____ physician
   - _____ nurse
   - _____ toxicologist
   - _____ other

18. Did the receiving medical facility have written procedures for dealing with potentially contaminated individuals?
   - YES  NO  N/A  N/O

19. Did the medical facility have MSDS information available on site?
   - YES  NO  N/A  N/O

20. Did the medical facility establish a controlled area where the injured individual(s) would be treated?
   - YES  NO  N/A  N/O  TIME ______
OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONTD)

21. Check those procedures implemented by the medical facility to ensure the controlled area is isolated and self-contained.
   - _____ all doors leading to the area remain closed
   - _____ ventilation systems are filtered or independent of other systems within the medical facility
   - _____ floors are covered to minimize contamination within the area
   - _____ appropriate warning signs are in place
   - _____ unnecessary equipment is either removed or covered
   - _____ necessary equipment, including a portable x-ray machine, if applicable, is in place
   - _____ a buffer zone separating the controlled area from the rest of the facility is established
   - _____ medical facility staff who have direct contact with contaminated individuals take the necessary precautions to avoid contact with the contamination

22. Did the medical staff monitor and assess the injured individual(s) for contamination?
   - YES  NO  N/A  N/O

23. If yes, describe how this was demonstrated.
   ______________________________________________________________________
   ______________________________________________________________________

24. If more than one hazardous material was involved, did the medical staff treat the patient(s) with the proper priority of the materials involved?
   - YES  NO  N/A  N/O

25. Did a toxicologist analyze the sample from the injured individual(s)?
   - YES  NO  N/A  N/O  TIME: ________

26. Were the results of the analysis transmitted to the attending medical staff?
   - YES  NO  N/A  N/O  TIME: ________

27. Did the medical staff implement decontamination procedures for cleansing localized areas on the patient(s)?
   - YES  NO  N/A  N/O
OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONTD)

28. Were antidotes or neutralizing chemicals used?
   YES  NO  N/A  N/O

29. Describe the decontamination procedures.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

30. Did the medical staff contain and store any waste solutions for disposal?
   YES  NO  N/A  N/O

31. Did the medical staff maintain contamination control measures during and after treatment of the patient(s)?
   YES  NO  N/A  N/O

32. Did the medical staff properly dispose of any contaminated waste clothing?
   YES  NO  N/A  N/O

33. Did the medical staff properly decontaminate any instruments or medical paraphernalia?
   YES  NO  N/A  N/O

34. Was the medical staff decontaminated before reentering the medical facility from the controlled area?
   YES  NO  N/A  N/O
Hazardous Materials Exercise Evaluation Forms

OBJECTIVE 15: CONTAINMENT AND CLEANUP

Demonstrate the ability to implement appropriate measures for containment, recovery, and cleanup of a release of a hazardous material

POINTS OF REVIEW

1. Was the source of the release controlled?
   YES  NO  N/A  N/O

2. If yes, describe how this was accomplished.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. Was the released material contained?
   YES  NO  N/A  N/O  TIME:_______

4. If yes, describe how this was accomplished.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

5. Check those resources used to assist in containing the release.
   _____ DOT ERG
   _____ CHEMTREC
   _____ Shipper Transporter
   _____ Other

6. Did the response organization assess the impact of the control/containment strategies on public health and safety and the environment?
   YES  NO  N/A  N/O

7. Did the response organization have available an up-to-date list of cleanup and disposal contractors?
   YES  NO  N/A  N/O
Date

Hazardous Materials Exercise Evaluation Form

Evaluator Name/Team Leader | Evaluator Assignment/Location | Exercise Name
--- | --- | ---

**OBJECTIVE 15: CONTAINMENT AND CLEANUP (CONTD)**

8. Did the response organization contact and secure cleanup and disposal contractors?
   
   YES NO N/A N/O TIME:_______

9. If yes, who made the contact?

   ____________________________________________________________________

10. What organization/company was contacted?

    ____________________________________________________________________

11. Did the response organization have available an updated list of RCRA disposal facilities?

    YES NO N/A N/O

12. Did the response organization contact the appropriate State agency offices for information on State requirements for hazardous waste disposal?

    YES NO N/A N/O TIME:_______

13. Who made the call?

    ____________________________________________________________________

14. Which State agency was contacted?

    ____________________________________________________________________
<table>
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<tr>
<th>Date</th>
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Hazardous Materials Exercise Evaluation Form

<table>
<thead>
<tr>
<th>Evaluator Name/Team Leader</th>
<th>Evaluator Assignment/Location</th>
<th>Exercise Name</th>
</tr>
</thead>
</table>

**OBJECTIVE 15: CONTAINMENT AND CLEANUP (CONTD)**

15. Was assistance requested?
   - YES  
   - NO  
   - N/A  
   - N/O

16. Did the response organization implement controlled policies and strategies on reentry for
   - emergency response personnel
   - evacuated population
   - other (List ________________________________)
   - YES  
   - NO

17. Did the response organization notify the following of the reentry decision?
   - all appropriate response organizations
   - those responsible for congregate care of evacuees
   - YES  
   - NO

18. Did the response organization inform the public of the reentry decisions?
   - YES  
   - NO  
   - N/A  
   - N/O
   - TIME:_____

19. Check the information included in the messages to the public.
   - the safety of water
   - the safety of food
   - the general environment in the affected area
   - YES  
   - NO  
   - N/A  
   - N/O

20. Did the response organization initiate traffic and access control?
   - YES  
   - NO  
   - N/A  
   - N/O
   - TIME:_____

21. Did the response organization provide transportation assistance if necessary?
   - YES  
   - NO  
   - N/A  
   - N/O
   - TIME:_____

22. Did the response organization implement policies on recovery?
   - YES  
   - NO  
   - N/A  
   - N/O
   - TIME:______
23. Did the response organization establish needs for decontamination efforts?
   Yes  No  N/A  N/O  Time:________

24. Did the response organization restore vital services in the affected area?
   Yes  No  N/A  N/O  Time:________

25. Did the response organization prioritize the use of resources necessary for such restoration?
   Yes  No  N/A  N/O  Time:________
Hazardous Materials Exercise Evaluation Forms

### OBJECTIVE 16: INCIDENT DOCUMENTATION AND INVESTIGATION

Demonstrate the ability to document a hazardous materials incident accident and response.

#### POINTS OF REVIEW

1. Was an incident/accident debriefing meeting conducted?
   - YES  NO  N/A  N/O  TIME:_______

2. Who was responsible for conducting the debriefing.
   
3. List the response personnel involved in the debriefing.
   
4. Was a time-line developed at the debriefing?
   - YES  NO  N/A  N/O

5. Was an incident/accident investigation initiated?
   - YES  NO  N/A  N/O

6. Who was responsible for the investigation?
   
7. Was the cause of the incident/accident determined?
   - YES  NO  N/A  N/O

8. Were response personnel logs and records used as part of the investigation?
   - YES  NO  N/A  N/O

9. Was incident/accident information from the media secured to aid in the investigation?
   - YES  NO  N/A  N/O
## Date

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<th>Hazardous Materials Exercise Evaluation Form</th>
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<tbody>
<tr>
<td>Evaluator Name/Team Leader</td>
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</table>

### OBJECTIVE 16: INCIDENT DOCUMENTATION AND INVESTIGATION (CONTD)

10. Was the response to the incident/accident evaluated?
   - YES  NO  N/A  N/O

11. If yes, describe how was the response was evaluated?
   - __________________________________________________________
   - __________________________________________________________
   - __________________________________________________________
   - __________________________________________________________

12. Check recommendations that were made:
   - _____ amend the plan
   - _____ provide training to responders
   - _____ conduct additional drills/exercises
   - _____ provide training to the public
   - _____ other (List ________________________________)

13. Were plans initiated to document the response to the incident/accident in a written report?
   - YES  NO  N/A  N/O

14. Who was responsible for preparing the written report?
   - __________________________________________________________
   - __________________________________________________________
   - __________________________________________________________