

## TABLE OF CONTENTS

### HAZARDOUS MATERIALS EXERCISE EVALUATION FORMS

<b>Time-line</b>	<b>2</b>
<b>Objective 1: Initial Notification of Response Agencies and Response Personnel</b>	<b>4</b>
<b>Objective 2: Direction and Control</b>	<b>6</b>
<b>Objective 3: Incident Assessment</b>	<b>7</b>
<b>Objective 4: Resource Management</b>	<b>10</b>
<b>Objective 5: Communications</b>	<b>14</b>
<b>Objective 6: Facilities, Equipment, and Displays</b>	<b>16</b>
<b>Objective 7: Alert and Notification of the Public</b>	<b>19</b>
<b>Objective 8: Emergency Information - Media</b>	<b>21</b>
<b>Objective 9: Protective Actions for the Public</b>	<b>23</b>
<b>Objective 10: Response Personnel Safety</b>	<b>26</b>
<b>Objective 11: Traffic and Access Control</b>	<b>29</b>
<b>Objective 12: Registration, Screening and Decontamination of Public</b>	<b>31</b>
<b>Objective 13: Congregate Care</b>	<b>35</b>
<b>Objective 14: Emergency Medical Services</b>	<b>38</b>
<b>Objective 15: Containment and Cleanup</b>	<b>43</b>
<b>Objective 16: Incident Documentation and Investigation</b>	<b>47</b>





Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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
-------------------------------------	------

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**Objective 1: INITIAL NOTIFICATION OF RESPONSE AGENCIES AND RESPONSE PERSONNEL (CONTD.)**

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?

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 3: INCIDENT ASSESSMENT (CONTD.)**

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 3: INCIDENT ASSESSMENT (CONTD.)**

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      N O                      N/A                      N/O

26. Did the providers deploy any additional resources

YES                      N O                      N/A                      N/O

27. Which resources were deployed?

28. Did the organization demonstrate a shift change?

YES                      N O                      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                      N O                      N/A                      N/O

31. Identify the individual(s)/organization(s) responsible for such recordkeeping.

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 5: COMMUNICATIONS**

**Demonstrate the ability to establish and maintain communications essential to support response to a 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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 5: COMMUNICATIONS (CONTD.)**

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      TIM E

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.

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS -CONTD.)**

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.

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      NIO

10. Did the organization prepare ad hoc notification messages for dissemination via EBS or other means?

YES                      NO                      N/A                      NIO

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                      NIA                      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                      NIA                      NIO

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 8: EMERGENCY INFORMATION - MEDIA (CONTD.)**

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.

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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	NIA	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	NIA	N/O	TIME
-----	----	-----	-----	------

6. Were protective action decisions coordinated through alert and notification strategies?

YES	NO	N/A	N/O
-----	----	-----	-----

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      NIA                      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                      NIA                      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                      NIA                      N/O                      TIME

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC (CONTD.)**

15. Did the response organization provide assistance to special populations/institutions (e.g., hospitals, day care centers) in the accomplishment of protective actions?

YES                      N O                      N/A                      N/O

16. If so, check which special population(s).

- hospitals (List \_\_\_\_\_)
- day car 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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 10: RESPONSE PERSONNEL SAFETY -CONTD.)**

9. Did the response organization ensure that no emergency worker entered the restricted zone without the required protective equipment and clothing?

YES                      NO                      N/A                      N/O

10. Did the response organization establish and maintain rules for the use of protective equipment by responders while in the restricted zone?

YES                      NO                      N/A                      N/O

1. Did response personnel operate within the restricted zone under supervisor of a safety officer?

YES                      NO                      N/A                      N/O

12. 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)?

YES                      NO                      N/A                      N/O

13. If appropriate equipment was available to responders, were response personnel trained in its safe and proper use?

YES                      NO                      N/A                      N/O

14. Were communication links between the IC, the safety officer, and the site entry team adequate to support safe and effective response operation?

YES                      NO                      N/A                      N/O

15. Did the safety officer have access to weather data?

YES                      NO                      N/A                      N/O

16. By what means (status board, etc.) was equipment and manpower tracked?

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONTD.)**

6. Did the response organization separate males and females during the decontamination process?

YES                      NO                      N/A                      N/O

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONTD.)**

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                      N O                      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                      N O                      N/A                      N/O

27. Were the parking facilities adequate to isolate contaminated vehicles?

YES                      N O                      N/A                      N/O

28. Were vehicles decontaminated immediately?

YES                      N O                      N/A                      N/O

29. If no, were the vehicles parked and secured awaiting further equipment and instructions?

YES                      N O                      N/A                      N/O

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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?

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 13: CONGREGATE CARE (CONTD.)**

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONTD.)**

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

- |                         |     |    |
|-------------------------|-----|----|
| _____ other personnel   | YES | NO |
| _____ the vehicle       | YES | NO |
| _____ the facility/site | YES | NO |

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 |
|-----|----|-----|-----|

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONTD.)**

15. Did the ambulance crew maintain communications with:

_____ the response organization	YES	NO
_____ the receiving medical facility	YES	NO

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
-----	----	-----	-----	------

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      N O                      N/A                      N/O

2. If yes, describe how this was accomplished.

3. Was the released material contained?

YES                      N O                      N/A                      N/O                      TIM E

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                      N O                      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?

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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	YES	NO
_____ evacuated population	YES	NO
_____ other (List _____)		

17. Did the response organization notify the following of the reentry decision?

_____ all appropriate response organizations	YES	NO
_____ 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

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

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

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

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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                      N O                      N/A                      N/O                      TIM E

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                      N O                      N/A                      N/O

5. Was an incident/accident investigation initiated?

YES                      N O                      N/A                      N/O

6. Who was responsible for the investigation?

7. Was the cause of the incident/accident determined?

YES                      N O                      N/A                      N/O

8. Were response personnel logs and records used as part of the investigation?

YES                      N O                      N/A                      N/O

9. Was incident/accident information from the media secured to aid in the investigation?

YES                      N O                      N/A                      N/O

Date:		
Hazardous Materials Exercise Evaluation Form		
Evaluator Name/Team Leader	Evaluator Assignment/Location	Exercise Name

**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?