

INCIDENT COMMAND HAZARDOUS MATERIALS

**MABAS Division 2
Operational Checklist
#32-C**
EFFECTIVE 11/3/15
Reviewed 6/23/21

Type of Strategy: **Offensive** **Defensive**

Upon arrival, don appropriate PPE and vest

Arrival Assessment	<input type="checkbox"/> Get briefing from first in officer:	<input type="checkbox"/> Assume Command
	<input type="checkbox"/> Command Post established	<input type="checkbox"/> Evaluate Risk / Benefit Analysis
	<input type="checkbox"/> Location	<input type="checkbox"/> Incident Safety Officer assigned
	<input type="checkbox"/> Evaluate need to upgrade CP	
	<input type="checkbox"/> Accountability in use	<input type="checkbox"/> Tactical worksheet in-use
	<input type="checkbox"/> Staging officer and location assigned IFERN CHANNEL OR WHITE FIREGROUND	<input type="checkbox"/> Rehab established IFERN CHANNEL OR WHITE FIREGROUND
<input type="checkbox"/> Notifications made: MABAS Box	<input type="checkbox"/> Level of Response 1, 2, 3	

Incident Action Plan	<input type="checkbox"/> Assign Hazmat Branch Director	<input type="checkbox"/> Establish Control zone Hot / Warm /Cold
	<input type="checkbox"/> Confirm type of accident (Spill/leak)	<input type="checkbox"/> Gather Weather Data: Wind Speed _____
	<input type="checkbox"/> Amount of material released.	Direction _____ Temp _____ Relative
	<input type="checkbox"/> Confirm placard, UN number	Humidity _____
	<input type="checkbox"/> Number or persons injured or exposed	<input type="checkbox"/> Adequate response personnel
	<input type="checkbox"/> Safest approach to scene	<input type="checkbox"/> Adequate water supply
	<input type="checkbox"/> Exposures covered & checked	<input type="checkbox"/> No offensive actions being taken
	<input type="checkbox"/> Establish Site Safety Plan	<input type="checkbox"/> Contact local & county representatives
Brief statement of Incident Action Plan		

Ongoing Assessment	General Operations	Safety Considerations
	<input type="checkbox"/> Emergency Contractor List	<input type="checkbox"/> Periodic size-up conducted and reported
	<input type="checkbox"/> Scene control by Police	<input type="checkbox"/> Ensure control zones are maintained
	<input type="checkbox"/> Air cascade needs addressed	<input type="checkbox"/> Conduct PAR as needed
	<input type="checkbox"/> Rehab Established	<input type="checkbox"/> Companies operating as teams

INCIDENT COMMAND

RADIO DESIGNATION: **COMMAND** **CHANNEL:** _____

REPORTS TO: **CITY MANGER OR POLICY GROUP**

REPORTS TO YOU: **COMMAND & GENERAL STAFF**

