

EMERGENCY RESPONSE INCIDENT SAFETY PLAN

SITUATION

Incident Name:
Date/Time Plan Prepared:
Operational Period:
Attachments (e.g., Specific Hazard, MSDS):
Supervisor:
Entry Team:
Backup Team:
Decon Team:
Site Security Personnel:
Emergency Medical Personnel:
Radio or Phone Communications to Medical Personnel:
First-Aid Equipment On-site:

PHYSICAL HAZARDS

TYPE OF PHYSICAL HAZARD	
<input type="checkbox"/> Confined space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Animal/Plant/Insect <input type="checkbox"/> Ergonomic <input type="checkbox"/> Ionizing Radiation <input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Lightening <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Water <input type="checkbox"/> Violence <input type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste/needles <input type="checkbox"/> Fatigue <input type="checkbox"/> Other Specify:

Activity that entails potential exposure to physical hazard:

PROTECTION FROM PHYSICAL HAZARD	
<input type="checkbox"/> Entry Permit <input type="checkbox"/> Ventilate <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Protective Shoes/Boots <input type="checkbox"/> Hard Hat <input type="checkbox"/> Protective clothing <input type="checkbox"/> Life Jacket <input type="checkbox"/> Rest period (every __ hrs)	<input type="checkbox"/> Fluids (amt __;/time: __) <input type="checkbox"/> Signs/Barricades <input type="checkbox"/> Fall Protection <input type="checkbox"/> Guards Posted <input type="checkbox"/> Flash Protection <input type="checkbox"/> Work Gloves <input type="checkbox"/> Other Specify:
Safe distance for evacuation:	
Number of alarm blasts or rings to call for evacuation:	

CHEMICAL/MATERIAL HAZARDS

TYPE OF CHEMICAL/MATERIAL HAZARD	
<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Biomedical <input type="checkbox"/> Toxic	<input type="checkbox"/> Radioactive <input type="checkbox"/> Carcinogenic <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive <input type="checkbox"/> Other Specify:

CHEMICAL NAME AND PROPERTIES									
Chemical	LEL/UEL (%)	Odor Thres (ppm)	Ceiling/ILDH	STEL/TLV	Flash or Ignition Point (°F or C)	Vapor Pressure (mm)	Vapor Density	Specific Gravity	Boiling Point (°F or C)

ORGANS AT RISK THROUGH EXPOSURE	
<input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Skin <input type="checkbox"/> Ears <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Throat <input type="checkbox"/> Extremities	<input type="checkbox"/> Lungs <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Gastrointestinal tract <input type="checkbox"/> Bone <input type="checkbox"/> Other Specify:

Activity that entails potential exposure to hazardous material or chemical:

MONITORING HAZARDOUS MATERIALS/CHEMICALS	
Instrument	Action Level
<input type="checkbox"/> O ₂	
<input type="checkbox"/> CGI	
<input type="checkbox"/> Radiation	
<input type="checkbox"/> Total HCs	
<input type="checkbox"/> Colorimetric	
<input type="checkbox"/> Thermal	
<input type="checkbox"/> Other Specify:	

PERSONAL PROTECTIVE EQUIPMENT (PPE)	
Type of PPE:	
<input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles <input type="checkbox"/> Safety glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Inner Suit <input type="checkbox"/> Splash Suit <input type="checkbox"/> Level A Suit	<input type="checkbox"/> Fire Resistance <input type="checkbox"/> SCBA <input type="checkbox"/> APR <input type="checkbox"/> SAR <input type="checkbox"/> Cartridges <input type="checkbox"/> Other Specify:

DECONTAMINATION	
<input type="checkbox"/> Instrument/Tools <input type="checkbox"/> Outer Suit <input type="checkbox"/> Outer Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Inner Suit	<input type="checkbox"/> Cartridges <input type="checkbox"/> SCBA/Mask <input type="checkbox"/> Body Shower <input type="checkbox"/> Other Specify:
Decon Agent: <input type="checkbox"/> Water <input type="checkbox"/> Other Specify	

SITE MAP, including:

- Work Zones
- Locations of Hazards
- Security Perimeter
- Places of Refuge
- Decontamination Line
- Evacuation Routes
- Assembly Point
- Direction of North

SUPERVISOR'S SIGNATURE: