

GALLUP FIRE DEPARTMENT TACTICAL CHECKLIST



COMMAND TACTICAL CHECKLIST INDEX

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EMERGENCY RESPONSE CORDON GUIDE

INCIDENT TYPE	SCENARIO	EVACUATION DISTANCE
EXPLOSIVES: FIRE	FIRE SYMBOL 1.4	300 FT
	FIRE SYMBOL 1.3	600 FT
	FIRE SYMBOLS 1.2 & 1.6	2,500 FT
FIRE SYMBOL 1.1 & 1.5 UNKNOWN	AIRCRAFT, TRUCK, TRAILER, FACILITY	4,000 FT
	RAILCAR	5,000 FT
FIRE SYMBOL 1.1 & TRANSPORTATION KNOWN QUANTITY	500 LBS OR LESS ALL MODES	2,500 FT
	MORE THAN 500 LBS RAILCAR	5,000 FT
	MORE THAN 500 LBS ALL OTHER MODES	4,000 FT
	ALL QUANTITIES BOMBS & EXPLOSIVES GREATER THAN 5 INCH CALIBER	4,000 FT
FACILITIES: KNOWN QUANTITY	15,000 LBS OR LESS	2,500 FT
	MORE THAN 15,000 LBS / LESS THAN 55,285 LBS	4,000 FT
EXPLOSIVES: NO FIRE	DROPPED / PARTIALLY ARMED MUNITIONS	300 FT
	SIMULATORS / SMOKE PRODUCING DEVICES	125 FT
IMPROVISED EXPLOSIVE DEVICE	BOX SIZE: LARGE BRIEFCASE/PACKAGE 2 CUBIC FEET	500 FT
	BARREL / VEHICLE SIZE	1,000 FT
AIRCRAFT EMERGENCY	MAJOR CRASH/FIRE	2,000 FT
	COMPOSITE DAMAGE	1,000 FT HORIZONTAL/ 500 FT VERTICAL
	EPU/HYDRAZINE LEAK	300 FT
	HOT BRAKES	300 FT

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	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>1</u>
	MAJOR ACCIDENT RESPONSE	INITIATED
		22 APRIL 2015
		REVIEWED
		REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

HAZARDOUS MATERIALS INVOLVED: _____

NUMBER OF OCCUPANTS: _____ CONDITION OF OCCUPANTS: _____

MUNITIONS? **CIRCLE YES OR NO** TYPE OF MUNITIONS: _____

FIRE SYMBOL: _____ LINE NUMBERS: _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (I.E., SOUTH SIDE OF BLDG 3489)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC.)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (IE., BLDG T-773 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
(IE., OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (IE., FACILITY, SPOT NUMBER, ETC.)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAY BE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

INITIAL ACTIONS

- NOTIFY COMMAND FIRE OR DEPUTY FIRE CHIEF AND RECOMMEND ASSEMBLY AREA
 - PRIMARY—MAIN FIRE STATION
 - ALTERNATE—MCKINLEY COUNTY EOC
- INITIATE GENERAL ALARM PAGE OUT OF OFF-DUTY FIREFIGHTERS AND REQUEST MUTUAL AID (IF NEEDED)
- DETERMINE SAFE ROUTE FOR FIRST RESPONDERS AND OTHER SUPPORT AGENCIES
- EVALUATE IMPACT ON FLYING MISSION; COORDINATE WITH GROUND CONTROL TOWER TO TERMINATE FLIGHT LINE OPERATIONS.
- ASSIST IN DEVELOPING RECOVERY PLAN AND PROVIDE STANDBY VEHICLES AS NEEDED.

BENCHMARKS

- PROTECTING RESOURCES TIME: _____ RESUPPLY ESTABLISHED TIME: _____
- WEAPONS INVOLVED TIME: _____ PRIMARY SEARCH TIME: _____
- FIREFIGHTING TIME: _____ FIRE UNDER CONTROL TIME: _____
- SECONDARY SEARCH TIME: _____ FIRE EXTINGUISHED TIME: _____
- STOP LOSS TIME: _____

IMMEDIATE RESPONSE OUTSIDE THE CITY

- O.I.C SHALL DIRECT FIREFIGHTING ACTIONS
 - SWITCH UNITS TO DIRECT TACTICAL NET
 - ESTABLISH CORDON SIZE OR SF'S IF ALSO ON-SCENE
 - PROVIDE SITREPS TO THE COMMAND POST
 - PROVIDE ACCIDENT SITE GRID COORDINATES IF FEASIBLE. OTHERWISE, PROVIDED GPS COORDINATES.
 - IF SERVING AS ON SCENE COMMANDER, IMPLEMENT OSC CHECKLISTS

IMMEDIATE ACTIONS ONCE ON SCENE

- INITIAL CORDON SIZE:
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- ECP LOCATION _____
- ECP GRID COORDINATES _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS _____

SIZE-UP

- INTERVIEW WITNESSES
- ARE THERE ANY FIRES?
- ARE THERE ANY VICTIMS?
 - IF YES, THEN REFER TO THE SEARCH AND RESCUE SECTION
- HOW MANY VICTIMS ARE TRAPPED? _____
- WHAT IS THE STATUS OF THE VICTIMS? _____
- WHERE IS THE VICTIMS LOCATION? _____
- DO I NEED TO EVACUATE ANY STRUCTURES? **YES or NO**
 - HOW FAR AND WHAT DIRECTION? _____ FT N S E W
- HAVE YOU ESTABLISHED RESUPPLY (FOAM & WATER)? **YES or NO**

RESUPPLY POINT	
HOW MUCH FOAM?	
HOW MUCH WATER?	
RESUPPLY OFFICER	

- ARE COMPOSITE FIBERS PRESENT? **YES or NO**

IF YES, USE FOAM, TARPS, PLASTIC SHEETING OR FLOOR WAX TO MITIGATE. NOTIFY BIO-ENV.

ALTER FLIGHT OPERATIONS (NO FLY ZONE IS 500' ABOVE GROUND LEVEL AND 1,000 FEET HORIZONTALLY)	
DO NOT ALLOW ENTRY INTO SMOKE PLUME AND EVACUATE ALL PERSONNEL DOWNWIND	
INITIATE OSC CHECKLIST	

- ARE MUNITIONS INVOLVED? **YES or NO**
 - IF YES, CONTACT EOD. UTILIZE MUNITIONS STORAGE CHECKLIST

WITHDRAWAL DISTANCE	
___ 1.1 (Unknown Quantity, Over 500 lbs or large diameter).....	4,000 FEET
___ 1.1 (500 LBS OR LESS)	2,500 FEET
___ 1.2	2,500 FEET
___ 1.3	600 FEET
___ 1.4	300 FEET

-
-
- HAS FUEL SPILLED & ENTERED ANY OF THE DRAINS?
- DO I NEED ANY ADDITIONAL EQUIPMENT?
- DO I HAVE ENOUGH WATER/FOAM?
- DO I NEED TO VENTILATE IMMEDIATELY?
- DO I NEED TO ESTABLISH SECTORS?

INTERIOR SECTOR	
RESCUE SECTOR	
EXTERIOR SECTOR	

FIREFIGHTING ACTIONS

- RIT TEAM IN PLACE

- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER: _____
 - LOCATION: _____
- KNOCK DOWN THE FIRE
- ENSURE RESCUE PATH IS ESTABLISHED BY TURRETS AND MAINTAINED BY HANDLINES
- ENSURE FUSELAGE/COCKPIT IS COOLED
- ENSURE THAT THE FOAM BLANKET IS IN GOOD CONDITION
- ESTABLISH FOAM RE-SUPPLY POINT
 - HAVE BASE SUPPLY DELIVER FOAM TO SCENE (FOAM STORAGE NEXT TO STATION #1)
- ESTABLISH WATER RE-SUPPLY POINT
- STATUS OF RESCUE EFFORTS?
 - GAINED ENTRY?
 - AIRCRAFT SHUTDOWN?
 - EJECTION SEAT SAFETIED? EOD MUST SAFE ALL EJECTED SEATS.
 - OXYGEN SYSTEM OFF?
 - BATTERIES DISCONNECTED?
 - PRIMARY SEARCH COMPLETE? TIME COMPLETE: _____
 - SECONDARY SEARCH COMPLETE? TIME COMPLETE: _____
- CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

- IF HYDRAZINE OR COMPOSITE FIBERS ARE PRESENT, ESTABLISH GROSS DECON FOR PATIENTS / RESPONDERS
- ESTABLISH REHAB

IF YES, WHERE IS THE LOCATION?	
---------------------------------------	--

CALL FOR ON CALL OFFICER TO BRING OUT FOOD/WATER	
CALL TRANS FOR HEATED/AC BUSES	
HAVE EMS MONITOR CONDITION	
REHAB OFFICER:	

PERSONAL ACCOUNTABILITY REPORTS EVERY 30 MINUTES

30 MIN				
___ CRASH 1	___ E-5	___ E-4	___ R-1	___ U-11
___ TANKER 1	___ E-2	___ E-3	___ E-1	R-2

60 MIN				
___ COUNTY MUTUAL AID	___	___	___	___
___	___	___	___	___

SALVAGE AND OVERHAUL

- INITIATE FIRE INVESTIGATION**
-
-
- TAKE DIGITAL PHOTOS OF THE AREA**

- NOTIFY O.I.C FOR SITE CONTROL AND EVIDENCE PRESERVATION

POST TERMINATION

- CISM OF SEARCHERS, AVAILABILITY OF CHAPLAIN.
- PROCEDURES IF EXPLOSIVES/HAZMAT MATERIALS ENCOUNTERED.
- GET VEHICLES BACK IN SERVICE
- INSPECT/WASH BUNKERS
- UPDATE MEDICAL/EXPOSURE RECORDS
- TRAINING REPORTS

- SERVICES TEAM IN PLACE AND BRIEFED ABOUT EVIDENCE PRESERVATION.

- COLD STORAGE TRUCKS ON SCENE?

- NEED TO NOTIFY OSC & INTERIM SAFETY BOARD PRIOR TO MOVING WRECKAGE FOR REMAINS RECOVERY.

- MORTUARY LOCATION/PROCEDURES.

- TRANSFER OF RESPONSIBILITY TO INTERIM SAFETY BOARD

- COMPLETE FIRE INCIDENT REPORT AND NOTIFY HQ

ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	2					
	STRUCTURAL FIRE RESPONSE	<table border="1" style="width: 100%;"> <tr style="background-color: #003366; color: white;"> <td>INITIATED</td> </tr> <tr> <td>22 APRIL 2015</td> </tr> <tr style="background-color: #003366; color: white;"> <td>REVIEWED</td> </tr> <tr> <td> </td> </tr> <tr style="background-color: #003366; color: white;"> <td>REVISED</td> </tr> <tr> <td> </td> </tr> </table>	INITIATED	22 APRIL 2015	REVIEWED		REVISED
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RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

HAZARDOUS MATERIALS INVOLVED: _____

NUMBER OF OCCUPANTS: _____ CONDITION OF OCCUPANTS: _____

MUNITIONS? **CIRCLE YES OR NO** TYPE OF MUNITIONS: _____

FIRE SYMBOL: _____ LINE NUMBERS: _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 ON SCENE AT _____
IDENTIFY LOCATION (I.E., SOUTH SIDE OF BLDG 3489)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC.)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (IE., BLDG T-773 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
(IE., OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (IE., FACILITY, SPOT NUMBER, ETC.)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAY BE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

INITIAL ACTIONS

FIRE ALARM	REPORTED FIRE / SMOKE
ENGINE	O.I.C. R-1, R-2, E-1, E-2, E-3, E-4
LEVEL II STAGING FOR REPORTED FIRE/SMOKE	

- INITIAL CORDON SIZE: _____ FEET
- CP LOCATION: _____
- CP GRID COORDINATES: _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS: _____
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO CP FOR LEVEL 1 RESPONSE:
 - G.P.D.
 - CITY UTILITY
 - EOD (IF MUNITIONS ARE INVOLVED)
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP FOR LEVEL II RESPONSE:
 - MCKINLEY COUNTY VOLUNTEER F.D. MUTUAL AID
 -
 - ENVIRONMENTAL
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP FOR LEVEL III RESPONSE:
 - GENERAL ALARM PAGE OUT
 - ADDITIONAL FOAM SUPPLY
- COORDINATE TRAFFIC CONTROL POINTS WITH G.P.D
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON

SIZE-UP

OCCUPANCY TYPE	RESIDENTIAL	INDUSTRIAL	BUSINESS	ASSEMBLY	
CONSTRUCTION TYPE	I	II	III	IV	V
ROOF TYPE	PITCHED		FLAT	STEEL	CORRIGATED
SPRINKLERED	YES	NO	IS IT ACTIVATED?		
EXPOSURES	YES	NO	DOES IT NEED PROTECTED?		
WATER SUPPLY	YES	NO	IS IT ADEQUATE?		
EQUIPMENT NEEDS	RECALL	VEHICLES	DCG	AIR BOTTLES	
VENTILATION	VERTICAL		HORIZONTAL	PPV	
SPECIAL HAZARDS	BACKDRAFT	FLASHOVER	COLLAPSE	UTILITIES	

- INTERVIEW WITNESSES
- ARE THERE ANY FIRES?
- WHERE IS THE FIRE LOCATED? _____
- ARE THERE ANY VICTIMS?
 - IF YES, THEN REFER TO THE SEARCH AND RESCUE SECTION
- HOW MANY VICTIMS ARE TRAPPED? _____
- WHAT IS THE STATUS OF THE VICTIMS? _____
- WHERE ARE THE VICTIMS LOCATION? _____
- ARE THERE ANY EXPOSURE PROBLEMS?
 - HOW FAR AND WHAT DIRECTION? _____ FT N S E W
- DO I NEED ANY ADDITIONAL EQUIPMENT/VEHICLES? **YES OR NO** (CIRCLE ONE)
- DO I NEED TO VENTILATE IMMEDIATELY? **YES OR NO**

SEARCH AND RESCUE

- HAVE METRO DISPATCH START INCIDENT CLOCK
- CONFIRM RIGHT OR LEFT SEARCH PATTERN: **RIGHT OR LEFT (CIRCLE ONE)**
- SET UP VENTILATION FANS
- INITIATE LEVEL II ACCOUNTABILITY
- RIT TEAM IN PLACE
- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER:** _____
 - LOCATION:** _____
- PRIMARY SEARCH COMPLETE
- SECONDARY SEARCH COMPLETE
- CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

INITIATE INTERIOR ATTACK

- ESTABLISH A STAGING OFFICER

LEVEL I	GO DIRECTLY TO THE SCENE
LEVEL II	IC DETERMINES LOCATION
STAGING OFFICER	

- ESTABLISH SECTORS

INTERIOR SECTOR	
RESCUE SECTOR	
EXTERIOR SECTOR	

VENTILATION SECTOR	
TRIAGE SECTOR	

- UTILITY SHUTDOWN (**CONTACT CITY UTILITY**)
- INITIATE VENTILATION (PPV, VERTICAL, HORIZONTAL)
- ARE TWO INITIAL ATTACK LINES IN PLACE?
- IS THERE A BACKUP LINE IN PLACE?
- DOES THE ENGINE HAVE A CONSTANT WATER SUPPLY?
- IS RIT TEAM IN PLACE?
- DO I NEED TO EVACUATE AN AREA/STRUCTURE?
- IF MUNITIONS ARE INVOLVED USE MUNITIONS STORAGE CHECKLIST
- ESTABLISH REHAB

IF YES, WHERE IS THE LOCATION?	
CALL FOR ON CALL OFFICER TO BRING OUT FOOD/WATER	
CALL TRANS FOR HEATED/AC BUSES	
HAVE EMS MONITOR CONDITION	
REHAB OFFICER:	

- PERSONAL ACCOUNTABILITY REPORTS EVERY 30 MINUTES

30 MIN				
___ U-11	___ E-1	___ E-2	___ E-3	___ E-4
___ L-1	___ R-1	___ R-2	___ TANKER 1	___ R-3

60 MIN				
___ MCKINLEY COUNTY F.D. MUTUAL AID	___	___	___	___
___	___	___	___	___
___	___	___	___	___

SALVAGE AND OVERHAUL

- DO WE HAVE COMPLETE EXTINGUISHMENT?
- INITIATE FIRE INVESTIGATION
- NOTIFY A/C OF FIRE PREVENTION
- NOTIFY STATE FIRE (IF APPLICABLE)
- TAKE DIGITAL PHOTOS OF THE SCENE

DEFENSIVE OPERATIONS

- APPLY WATER ON EXPOSURE
- ESTABLISH SECTORS AS NEEDED
- ESTABLISH COLLAPSE ZONES
- USE OF MASTER STREAMS
- LEVEL II ACCOUNTABILITY
- ASSIGN STAGING OFFICER
- ESTABLISH TRIAGE AREA

- ESTABLISH REHAB/AIR SUPPLY
- CONSIDER USING ARFF VEHICLES
- UTILITY SHUTDOWN
- NOTIFY CE DAMAGE ASSESSMENT
- UNDER CONTROL
- LOSS STOPPED

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>3</u>
	VEHICLE ACCIDENT RESPONSE	INITIATED
		22 APRIL 2015
		REVIEWED
		REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

NUMBER OF PATIENTS: _____ NUMBER OF VEHICLES: _____

NUMBER OF LOCAL NATIONAL PATIENTS _____

HAZARDOUS MATERIALS INVOLVED? **CIRCLE YES OR NO** TYPE OF HAZARDS: _____

NEED FOR EXTRICATION: **CIRCLE YES OR NO**

WINDS: _____ @ _____ TEMP: _____

VICTIM #S: D _____ I _____ M _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (I.E., 1ST AND MESA)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (IE, 1ST STREET)

WE WILL BE OPERATING IN THE _____ MODE
(WHEN HAZARDOUS MATERIALS INVOLVED, OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (I.E., NORTHBOUND 1ST AND MESA, ETC)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____

(SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I OR THE SAFETY OFFICER)

INITIAL ACTIONS

PRIMARY RESPONSE	COMPLEX RESPONSE
ENGINE, R-1 AND U-11	ASSIGNED UNITS PER O.I.C.
<u>PROVIDE A MANNED HOSELINE FOR PROTECTION</u>	
LEVEL II STAGING FOR REPORTED HAZARDIOUS MATERIALS INVOLVED W/ REPORT OF SERIOUS INJURY OR DEATH, EXECUTE <u>(THE ELEVATED CHECKLIST)</u>	

**ESTABLISH AN IMMEDIATELY DANGEROUS TO LIFE AND HEALTH (IDLH) HAZARD ZONE
BASED ON THE EXTENT OF THE ACCIDENT**

**UTILIZE THE NAERG IF HAZARDOUS MATERIALS ARE INVOLVED AND CONTACT
ENVIRONMENTAL**

- INNER & OUTER CIRCLE COMPLETED
- INITIAL CORDON SIZE: _____ FEET
- COMMAND POST _____
- _____ / _____
- _____ / _____
- SAFE ROUTE IS: _____
- REQUEST THE FOLLOWING AGENCIES TO RESPOND FOR A LEVEL 1 RESPONSE:
 - AMBULANCE (ADDITIONAL FOR MULTIPLE PATIENTS)**
 - ENVIRONMENTAL (IF NECESSARY)**
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP FOR LEVEL II RESPONSE:
 -
 -
- COORDINATE TRAFFIC CONTROL POINTS WITH LAW ENFORCEMENT
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON

MITIGATING HAZARDS

- SCENE STABILITY
- ARE THERE ANY FIRES?
- ARE THERE ANY VICTIMS?
- HOW MANY VICTIMS ARE TRAPPED? _____
- WHAT IS THE STATUS OF THE VICTIMS? _____
- ARE THERE ANY EXPOSURE PROBLEMS?
 - HOW FAR AND WHAT DIRECTION? _____ FT N S W E
- DO I NEED ANY ADDITIONAL EQUIPMENT/VEHICLES? YES OR NO (CIRCLE ONE)
- TRAFFIC CONTROL
- DOWNED POWER LINES
- VEHICLE STABILITY
- FUEL LEAKS
- NON-DEPLOYED AIR BAGS
- VEHICLE ELECTRICAL SYSTEM
- SHOCK ABSORBING BUMPERS
- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER: _____
 - LOCATION: _____
- CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

SALVAGE AND OVERHAUL

- DO WE HAVE COMPLETE EXTINGUISHMENT?**
- INITIATE FIRE INVESTIGATION**
- NOTIFY FIRE MARSHALL**
- NOTIFY LAW ENFORCEMENT FOR SITE CONTROL AND EVIDENCE PRESERVATION**

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET		<u>4</u>
	FUEL SPILL RESPONSE		INITIATED
			22 APRIL 2015
			REVIEWED
			REVISED

FUEL SPILL RESPONSE INFORMATION

DETERMINE / DEMENSION OR SPILL CLASSIFICATION:

- CLASS 1:** **LESS THAN 2' IN ANY PLANE DIMENSION.**
(1 MCV)

- CLASS 2:** **LESS THAN 10' IN ANY PLANE DIMENSION, LESS THAN 50' SQ FT.**
(1 MCV)

- CLASS 3:** **GREATER THAN 10' IN ANY PLANE DIMENSION, GREATER THAN 50'**
SQ FT AND OR OF CONTINUOUS NATURE. (FULL CRASH RESPONSE)

- (ALL OTHER AREAS RESPOND 1 ENGINE CREW)**

LOCATION: _____ **AIRCRAFT INVOLVED:** _____

TYPE OF SUBSTANCE: _____

OF VICTIMS: _____ **CONDITION:** _____

AREA AFFECTED: _____ **SURR/DOWNWIND POPULATION:** _____

TOPOGRAPHY: _____

WINDS: _____ **@** _____ **MPH TEMP:** _____ **F HUMIDITY:** _____ **%**

INVERSION: YES OR NO _____ **FT PRECIPITATION: YES OR NO TYPE:** _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (i.e., south side of Bldg 2712)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (i.e., nothing showing, smoke, fire, etc)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (i.e., F-16 Command)

WE WILL BE OPERATING IN THE _____ MODE
OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (i.e., Facility, Spot Number, etc)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I or THE F&ES SAFETY OFFICER)

INITIAL ACTIONS

LEVEL I	LEVEL II
ONE MAJOR CRASH VEHICLE (MCV)	FULL CRASH RESPONSE
ALL OTHER AREAS RESPOND 1 ENGINE CREW	

BASED ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL

- INITIAL CORDON SIZE: _____ / _____ FT
- COMMAND POST LOCATION: _____
- _____ / _____
- ACCIDENT SITE _____ / _____
- SAFE ROUTE IS (APPROACH UPHILL/UPWIND): _____
- CONTAIN/CONTROL SPREAD OF FUEL

- ENSURE FUEL DOES NOT LEAVE THE HARD SURFACE OR ENTER DRAINS (IF IT HAS DETERMINE THE QUANTITY)
- DRUMS/OVERPACKS/SALVAGE SUPPLIES ARE LOCATED IN HAZMAT TRAILER.
- SPILL KITS ARE LOCATED THROUGHOUT THE PARKING AREAS
- DETERMINE OFFENSIVE OR DEFENSIVE OPERATIONS
- ENSURE EXPOSURE PROTECTION
 - LIFE
 - ENVIRONMENT
 - PROPERTY
- PREVENT CONTAINER FAILURE
- CONTROL AND CONFINE THE LEAK
 - STOP LEAK
 - REMOVE IGNITION SOURCES
 - DAM, DIKE, DIVERT AND RETAIN
 - NO ACTION
- EXTINGUISH IGNITED MATERIALS (CONSIDER RUN-OFF)
- HAS FUEL SPILLED & ENTERED ANY OF THE DRAINS? YES OR NO (CIRCLE ONE)
 - IF YES CALL FOR CEV AND EQUIPMENT TO STOP THE FLOW AND SHUT OFF VALVES.
- DETERMINE IF RESCUE IS NECESSARY AND/OR FEASIBLE
 - BASED ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL
- SUPPORT AGENCIES:
 - NM STATE POLICE ERO
 - EMS
 - MCKINLEY COUNTY MUTUAL AID

READINESS

ENVIRONMENTAL

- CONTACT COMMAND POST AND HAVE USING ORGANIZATION RESPOND TO THE SPILL AREA**
- EVALUATE IMPACT ON FLYING MISSION: CONTACT TOWER TO DIVERT TAXIING AIRCRAFT**
- REQUEST CRASH RECOVERY TO RESPOND (IF AIRCRAFT NEEDS TO BE RELOCATED)**
- REQUEST CE ENVIRONMENTAL RESPONSE (IF SPILL ENTERS SOIL/WATER OR IF ADDITIONAL CLEANUP SUPPLIES ARE NEEDED**
- IN A CONFINED SPACE OR WATER SYSTEM)**
- REQUEST CE LIQUID FUELS RESPONSE (IF SPILL IS CAUSED BY MALFUNCTIONING FUELING SYSTEM AIRCRAFT OR VEHICLE)**
- CE SPILL TEAM (RECALL ROSTER IN ECC)**
- COORDINATE TRAFFIC CONTROL POINTS WITH SFS**
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON**
- POSITION VEHICLES UPWIND AND UPHILL IF POSSIBLE**
- INITIATE INVESTIGATION**
- REMOVE ALL IGNITION SOURCES (UTILIZE COMBUSTIBLE GAS INDICATOR TO OBTAIN LEL-UEL RANGE)**
 - **CONSIDER BLANKETING EXPOSED FUEL WITH FOAM**
- A SAFE ISOLATION PERIMETER HAS BEEN ESTABLISHED AT _____ . NO UNAUTHORIZED PERSON WILL BE ALLOWED INTO THIS AREA.**
- BLOCK ACCESS TO INCIDENT SITE/ACCESS CONTROLLED BY ON SCENE COMMAND**
- ISOLATE HAZARD AREA**

IDENTIFICATION OF FUEL

- TYPE OF FUEL MAY BE OBTAINED FROM:
 - PERSONNEL ON SCENE: FACILITY MGR, DRIVER OR VICTIMS
 - OCCUPANCY AND LOCATION
 - CONTAINER SHAPE
 - PLACARDS/LABELS
 - MATERIAL SAFETY DATA SHEETS/SHIPPING DOCUMENTS
 - PRE-FIRE PLANS
- THE LOCATION OF THE TRIAGE POINT _____
- ARE THERE ANY EXPOSURE PROBLEMS?
 - HOW FAR AND WHAT DIRECTION? _____ FT N S E W
- DO I NEED ANY ADDITIONAL EQUIPMENT?
- DO I NEED TO VENTILATE IMMEDIATELY?
- REQUEST AMBULANCE RESPOND TO ECP
- REQUEST SF/LE RESPOND TO ECP FOR TRAFFIC/CROWD CONTROL

HAZARD AND RISK ASSESSMENT

THE FOLLOWING ARE ENVIRONMENTS THAT MUST BE EVALUATED BEFORE ANY COMMITMENT OF PERSONNEL FOR ANY REASON:

- LARGE CONTAINERS OR TANKS THAT MUST BE ENTERED
- CONFINED SPACES (MANHOLES, TRENCHES, ETC) THAT MUST BE ENTERED
- SUIT/CHEMICAL COMPATABILITY
- POTENTIALLY EXPLOSIVE OR FLAMMABLE SITUATIONS
- ARE MUNITIONS INVOLVED? YES OR NO (CIRCLE ONE)

THE FOLLOWING ARE RESOURCES THAT SHOULD BE USED WHEN PERFORMING HAZARD AND RISK ASSESSMENT:

BASES ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL

- DOT, NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK
- CHEMTREC
- NIOSH POCKET GUIDE TO CHEMICAL HAZARDS
- CAMEO
- CHRIS MANUAL
- FIRE PROECTION GUIDE TO HAZMAT

OBTAIN THE FOLLOWING PERTINENT INFORMATION TO COMPUTE THE TOXIC CORRIDOR VIA ALOHA PROGRAM

- NAME OF CHEMICAL
- TYPE OF RELESE-CONTINOUS OR INSTANTANEOUS
- HIGHT OF LEAK ABOVE GROUND
- SOURCE STRENGTH-RATE OF SPILL
- STATIS OF LEAK
- ESTIMATED TIME OF SPILL
- PHYSICAL STATE OF HAZARD-LIQUID, GAS OR SOLID
- SQUARE FOOTAGE OF SPILL

COORDINATION OF RESOURCES

BASES ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL

- RESTRICT SITE ENTRY
- ESTABLISH A DECON PLAN
- COORDINATE A SITE SAFETY PLAN WITH SAFETY OFFICER
- LEVEL OF PROTECTIVE CLOTHING REQUIRED:
 - RECON: _____ ENTRY: _____ DECON: _____
- DECON AREA ESTABLISHED (EMERGENCY OR FORMAL)
- RECON PERSONNEL BRIEFED ON:
 - HAZARDS

- ASSIGNMENT OBJECTIVE
- EMERGENCY DECON PROCEDURES
- I/C CONFIRM ENTRY OF RECON TEAM TO PERFORM INITIAL RECONNAISSANCE OR RESCUE
- MONITOR COMMUNICATIONS
- DEBRIEF RECON TEAM, RETRIEVE INFORMATION (SITE PICTURE, DIGITAL PHOTOS, ETC.) AND BRIEF I/C

ENTRY PREPARATION

- DO YOU NEED ANY ADDITIONAL EQUIPMENT/MUTUAL AID?
BASES ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL
 - AGE SUPPORT (LIGHT ALLS, FUEL BOWSERS, ETC)
 - PUBLIC AFFAIRS (MEDIA RELATIONS)
 - BIO-ENVIRONMENTAL (AIR MONITORING)
 - HYDRAZINE TEAM
 - EOD (SAFETY MUNITIONS)
 - G.P.D. (ESTABLISH CORDON/SECURITY)
 - CITY UTILITY (ENVIROMENTAL, READINESS, UTILITY SHUTOFF)
- HAVE YOU ESTABLISHED RESUPPLY (FOAM & WATER)? **YES OR NO *(CIRCLE ONE)**
BASES ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL

RESUPPLY POINT	
HOW MUCH FOAM?	
HOW MUCH WATER?	
RESUPPLY OFFICER	

DECONTAMINATION

DETERMINE LEVEL OF DECON REQUIRED
BASED ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL

- THE DECON OFFICER WILL BE RESPONSIBLE FOR ALL DECON PROCEDURES
- ISOLATE EQUIPMENT AT ENTRY TO DECON AREA
- COORDINATE ON-SCENE MEDICAL EVALUATIONS WITH MEDICS
- ENSURE DECON OF DECON PERSONNEL

IF EMERGENCY RESPONDERS OR CITIZENS REQUIRE IMMEDIATE DECON PRIOR TO THE DECON AREA BEING SET UP, FLUSH THEM OFF WITH WATER AND ATTEMPT TO CONTAIN THE RUNOFF AT A LATER TIME

ALWAYS DECON PATIENTS BEFORE TREATING THEM. LIFE SAVING PROCEDURES, SUCH AS THE ABC'S, MAY NEED TO BE CONDUCTED IN CONJUNCTION WITH DECON

TERMINATION ACTIVITIES

- USING ORGNAIZATION IS RESPONSIBLE FOR THE CLEANUP AND DISPOSAL OF THE CONTAMINATED MATERIALS
- CONSIDER DOWNGRADING TO A STANDBY BASES ON THE EMERGENCY SCENE AND THE SIZE OF THE SPILL
- TURN OVER TO USING ORGANIZATION ONCE DECLARED FIRE SAFE AND NO ADDITIONAL ENVIRONMENTAL DAMAGE WILL BE INCURRED
- A DEBRIEF SHOULD BE CONDCUTED AS SOON AS THE EMERGENCY PHASE OF THE OPERATION IS OVER. IDEALLY BEFORE THE FIRST RESPONDERS LEAVE THE SCENE
- ENSURE EMERGENCY RESPONDERS ARE BRIEFED ON THE SIGNS AND SYMPTOMS OF A PARTICULAR POISON OR SPECIAL DECON PROCEDURES
- SERVICES TEAM IN PLACE AND BRIEFED ABOUT EVIDENCE PRESERVATION.
- MUST CLEARLY DEFINE THE TRANSFER OF RESPONSIBILITY OF THE INCIDENT SITE FROM OUR CONTROL THE CONTROL OF THE CLEAN UP ACTIVITY.
- ENSURE THE NAME OF THE INDIVIDUAL ASSUMING CONTROL OF THE SITE IS LOGGED IN THE ECC/NFIRS EVENT LOG FOR HISTORICAL REFERENCE
- GET VEHICLES BACK IN SERVICE

- INSPECT/WASH BUNKERS**
- TRAINING REPORTS**
- COMPLETE FIRE INCIDENT REPORT AND NOTIFY CEV, SAFETY AND USAFE**

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

5

**BOMB THREAT
SUSPICIOUS PACKAGE**

INITIATED

22 APRIL 2015

REVIEWED

REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

NAME OF CALLER _____ TIME: _____

DATE: _____

CALLERS IDENTITY (CIRCLE ALL THAT APPLY) MALE FEMALE

WHAT KIND OF BOMB? _____ WHEN WILL THE BOMB GO OFF? _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (i.e., south side of Bldg 2712)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (i.e., nothing showing, smoke, fire, etc)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (i.e., Bldg 2721 Command)

WE WILL BE OPERATING IN THE _____ MODE
OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (i.e., Facility, Spot Number, etc)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I or THE FES SAFETY OFFICER)

INITIAL ACTIONS

NOTE:
THE REPORT OF A SUSPICIOUS PACKAGE IS AN EOD INCIDENT UNTIL CONCLUSIVE EVIDENCE ELIMINATES THE POSSIBILITY OF EXPLOSIVES, BOOBY TRAPS, AND/OR INITIATORS. ONCE IT IS PROVEN THAT EXPLOSIVES, BOOBY TRAPS, AND/OR INITIATORS ARE ABSENT, THE PACKAGE WILL BE TREATED AS A HAZMAT RESPONSE. THE SENIOR FIRE OFFICIAL (SFO) IS RESPONSIBLE FOR COMMAND AND CONTROL AT THE IMMEDIATE INCIDENT SITE. THE DESIGNATED ON-SCENE COMMANDER HAS OPERATIONAL CONTROL OF THE OVERALL EMERGENCY RESPONSE

- U-11 THE ENGINE COMPANY WILL BE AT LEVEL I STAGING OR (AT THEIR ASSIGNED STATION IN FULL BUNKERS). ANY ADDITIONAL FIRE VEHICLE RESPONSE WILL BE AT THE DIRECTION OF IC.

WARNING:
BE AWARE OF SECONDARY DEVICES LOCATED WITHIN THE VICINITY OF THE ON-SCENE COMMAND POST. AVOID ESTABLISHING THE OSCP NEAR DUMPSTERS, MAIL BOXES, TRASH CANS, ETC.

- THE GALLUP POLICE DEPARTMENT WILL BE THE IC THROUGHOUT THE DURATION OF THE INCIDENT. THE IC WILL COORDINATE SFS CORDON AND EVACUATION ACTIVITIES OPERATIONS, DEVELOP A PLAN OF ACTION WITH EOD TECHNICIANS, AND OTHERWISE DIRECT ALL ACTIVITIES ASSOCIATED WITH THE SAFE MITIGATION OF THE SITUATION.
- CORDON SIZE. UPON NOTIFICATION THE IC WILL PLOT A 500 FT CORDON FOR BRIEFCASE SIZE PACKAGES. CORDON FOR LARGE PACKAGES IS 1000 FT (COMMAND MAY ADJUST BASED ON EOD'S RECOMMENDATIONS). PASS-ON THE ON SCENE COMMAND POST (OSCP) LOCATION (BASED ON BLAST PROTECTION AND WINDS) TO THE SFS, EOD AND ALL RESPONDING UNITS.
- COMMAND POST LOCATION: _____
- _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS: _____

RADIO USE. DO NOT ALLOW THE USE OF PORTABLE RADIOS WITHIN 25' OR MOBILE RADIOS WITHIN 100' OF THE DEVICE.

- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP: (IF APPLICABLE)
- NM STATE POLICESFS (REQUEST K-9 UNIT)
- EOD/BOMB TEAM - KIRTLAND
- BIO-ENVIRONMENTAL
- READINESS
- EMS

- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- SHUTDOWN FACILITY VENTILATION SYSTEM
- COORDINATE SFS CORDON AND EVACUATION ACTIVITIES. CONSIDER IN-PLACE SHELTERING.
- DEVELOP A PLAN OF ACTION WITH EOD TECHNICIANS AND G.P.D
- COORDINATE TRAFFIC CONTROL POINTS WITH G.P.D
- COORDINATE WITH G.P.D TO EVACUATE FACILITY AND ENSURE YOU ASSIGN AN ACCOUNTABILITY OFFICER BEFORE EVACUATION IS INITIATED.
- CONSIDERATION MUST BE GIVEN TO THE LOCATION AND SIZE OF THE DEVICE. IN-PLACE SHELTERING WILL BE USED IN ALL POSSIBLE CASES.
- IF THE LOCATION OF THE DEVICE IS KNOWN, CONSIDER IN-PLACE SHELTERING AND EVACUATE THE IMMEDIATE THREAT AREA.
- IF THE LOCATION OF THE DEVICE IS NOT KNOWN, COORDINATE WITH SFS AND EOD FOR A SWEEP OF THE FACILITY TO TRY AND DETERMINE LOCATION. GIVEN THE TYPE OF THREAT (PHONED IN OR INTEL), EVACUATION OF THE ENTIRE FACILITY WILL HAVE TO BE TAKEN INTO CONSIDERATION.
- IF THE ITEM IS DETERMINED TO BE FREE OF EXPLOSIVES, BOOBY TRAPS, AND/OR INITIATORS BUT EXHIBITS, CHARACTERISTICS OF AN UNKNOWN SUBSTANCE, EOD WILL NOTIFY THE O.I.C SENIOR FIRE OFFICIAL (OR INCIDENT COMMANDER) AND SUBSEQUENT ACTIONS WILL FOLLOW HAZARDOUS MATERIAL EMERGENCY RESPONSE GUIDELINES.

ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>6</u>					
	MEDICAL RESPONSE	<table border="1"> <tr> <td>INITIATED</td> <td>28 JUN 13</td> </tr> <tr> <td>REVIEWED</td> <td>28 JUN 13</td> </tr> <tr> <td>REVISED</td> <td>10 APR 14</td> </tr> </table>	INITIATED	28 JUN 13	REVIEWED	28 JUN 13	REVISED
INITIATED	28 JUN 13						
REVIEWED	28 JUN 13						
REVISED	10 APR 14						

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

NUMBER OF PATIENTS: _____

LOCATION OF VICTIMS: _____

NATIONALITY OF PATIENTS: _____

NEED FOR EXTRICATION: **CIRCLE YES OR NO**

WINDS: _____ @ _____ TEMP: _____

VICTIM #S: D _____ I _____ M _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (I.E., SOUTH SIDE OF BLDG 2712)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (IE, F-16 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
(WHEN HAZARDOUS MATERIALS INVOLVED, OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
(GIVE LOCATION (I.E., FACILITY, SPOT NUMBER, ETC)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

INITIAL ACTIONS

PRIMARY RESPONSE	COMPLEX RESPONSE
RESCUE UNIT , ENGINE	ASK FOR ADDITIONAL RESOURCES

- REQUEST THE FOLLOWING AGENCIES TO RESPOND FOR A LEVEL 1 RESPONSE:**
 - REQUEST SECURITY FORCES (G.P.D)**
 -
 -
 - MEDSTAR AMBULANCE**
 - MCKINLEY COUNTY MUTUAL AID (IF ADDITIONAL AMBULANCE IS NEEDED)**
 - FORMULATE A SAFE APPROACH AND ENTRY FOR INITIAL RESPONSE PERSONNEL AND EQUIPMENT**
 - IF MORE THAN 5 VICTIMS DECLARE A MASS CASUALTY (NOTIFY COMMAND POST IMMEDIATELY) (USE MAJOR ACCIDENT RESPONSE CHECKLIST#1)**
 - ESTABLISH TRIAGE AREA AND ASSIGN TRIAGE OFFICER**
 - PROVIDE SAFE APPROACH ROUTE FOR OTHER RESPONDING FORCES TO THE CP OR STAGING AREAS**
 - OBTAIN ADDITIONAL INFORMATION FROM BYSTANDERS/RELATIVES**
 - EVENTS LEADING UP TO THE INJURY**
 - PERTINENT INFORMATION ON PATIENT**
 - FOLLOW ESTABLISHED PROCEDURES FOR DISPOSAL OF ALL MEDICAL WASTE**
 - ENSURE NO RESPONSE PERSONNEL ARE EXPOSURE TO INFECTIOUS DISEASE (IF IN DOUBT REPORT IT)**

MITIGATING HAZARDS

- SCENE STABILITY**
- ARE THERE ANY FIRES?**
- ARE THERE ANY VICTIMS?**

- HOW MANY VICTIMS ARE TRAPPED? _____
- WHAT IS THE STATUS OF THE VICTIMS? _____
- ARE THERE ANY EXPOSURE PROBLEMS?
 - HOW FAR AND WHAT DIRECTION? _____ FT N S W E
- DO I NEED ANY ADDITIONAL EQUIPMENT/VEHICLES? YES OR NO (CIRCLE ONE)
- TRAFFIC CONTROL
- DOWNED POWER LINES
- VEHICLE STABILITY
- FUEL LEAKS
- NON-DEPLOYED AIR BAGS
- VEHICLE ELECTRICAL SYSTEM
- SHOCK ABSORBING BUMPERS
- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER: _____
 - LOCATION: _____
- CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

ERIC G. BABCOCK
 FIRE CHIEF
 CITY OF GALLUP

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>7</u>
	HOT BRAKES RESPONSE	INITIATED
		22 APRIL 2015
		REVIEWED
		REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

TYPE OF A/C: _____ CALL SIGN: _____

ETA: _____ RUNWAY: **R** **L** **R** **L** **CIRCLE 1**

EPU ACTIVATION? **YES** or **NO**

HAZARDOUS CARGO ON BOARD: _____ FUEL: _____ LBS

LOCATION: _____ MUNITIONS: _____

WINDS _____ @ _____ TEMP _____

CONSIDER SELECTIVE RESPONSE IAW FIRE DEPARTMENT SOP

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (i.e., Bravo 1)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (i.e., NOTHING SHOWING, SMOKE, FIRE ETC)

I AM ESTABLISHING _____
COMMAND
NAME YOUR COMMAND (i.e., F-16 COMMAND)

WE WILL BE OPERATING IN THE _____ **MODE**
(OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
(GIVE LOCATION (i.e., FACILITY, SPOT NUMBER, GRID COORDS, etc)

AND UTILIZING LEVEL _____ **ACCOUNTABILITY**
(LEVEL I = STAY ON VEHICLE LEVEL 2 = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____

(SAFETY OFFICER MAYBE IC, FIRE OFFICER I or FES SAFETY OFFICER)

INITIAL ACTIONS

- INITIATE FULL CRASH RESPONSE
- COORDINATE WITH TOWER TO DIRECT AIRCRAFT TO THE HOT BRAKE AREA.
- REQUEST G.P.D. TO SET-UP INITIAL 300' CORDON AND COMMAND POST.
- INITIAL CORDON SIZE _____ FEET
- CP LOCATION _____
- CP GRID COORDINATES _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS _____
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO STAGING AREA OR ECP:
 - G.P.D
 - EOD /BOMB TEAM KIRTLAND (IF MUNITIONS ARE INVOLVED)
 - CRASH RECOVERY
 - MILITARY TECHNICIAN CREW FOR SAFETY OF WEAPONS
 - GALLUP FLYING SERVICE (IF TUG IS REQUESTED)
 - AIRCRAFT MAINTENANCE

SIZE-UP

(NOTE: ENSURE MOC DISPATCHES TUG IF AIRCRAFT SHUTS DOWN)

- CONTACT TOWER TO REQUEST ACCESS TO UHF CHANNEL AFTER THE AIRCRAFT LANDS TO COORINATE EMERGENCY ACTIONS WITH THE PILOT
- ASSESS THE INCIDENT; ANALYZE THE IMMEDIATE ACTIONS (RESCUE, FIRE CONTROL, ETC.)
- CLEAR IN RESCUE TO CHOCK THE APPROPRIATE WHEELS AND DETERMINE IF A/C IS FIRE SAFE

- ONCE A/C IS DECLARED FIRE SAFE, CLEAR IN RECOVERY TO EVALUATE (IF HOT BRAKES ARE DECLARED, INITIATE 30 MIN COUNTDOWN)
- INITIATE 45 MIN. COOL DOWN FOR AIRCRAFT / FOR F-16 A/C, 45-60 MIN. COOL DOWN
- AV/8 INVOLVED DO NOT APPROACH, HAVE A/C COMMANDER DIRECT ENGINE NOZZLES ON BRAKES.
- IS THE PILOT OK?
- IS THE AIRCRAFT FIRE SAFE?
- DO I NEED ANY ADDITIONAL EQUIPMENT?

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>8</u>
	HIGHWAY/VEHICLE RESPONSE	INITIATED
		22 APRIL 2015
		REVIEWED
		REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION / MILE MARKER: _____

NUMBER OF PATIENTS: _____

LOCATION OF VICTIMS: _____

NEED FOR EXTRICATION: **CIRCLE YES OR NO**

WINDS: _____ @ _____ TEMP: _____

VICTIM #S: D _____ I _____ M _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
(IDENTIFY LOCATION (I.E., MILE MARKER 22))

I HAVE PERFORMED A 360 DEGREE CHECK _____
(SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC))

I AM ESTABLISHING _____ COMMAND
(NAME YOUR COMMAND (IE, MILE MARKER 22 COMMAND))

WE WILL BE OPERATING IN THE _____ MODE
(WHEN HAZARDOUS MATERIALS INVOLVED, OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
(GIVE LOCATION (I.E., WESTBOUND SHOULDER @ MM22))

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

INITIAL ACTION ITEMS (WITHIN FIRST 15 MINUTES)

PRIMARY RESPONSE	COMPLEX RESPONSE
ENGINE, RESCUE AND U-11	ASK FOR ADITIONAL RESOURCES

- ESTIMATE MAGNITUDE/EXPECTED DURATION OF INCIDENT
- ESTIMATE VEHICLE QUEUE (BACKUP) LENGTH
- ESTABLISH INCIDENT COMMAND/UNIFIED COMMAND POST
- ASSIGN TRAFFIC CONTROL OFFICER
- IDENTIFY THE NEED FOR AND REQUEST SECONDARY RESPONSE AGENCIES: TRANSPORTATION OPERATIONS CENTER (TOC), HAZ-MAT, TOWING/RECOERY, DPW, DOT, ACCIDENT RECONSTRUCTION, MEDICAL EXAMINER, ETC.
- SET-UP APPROPRIATE TEMPORARY TRAFFIC CONTROL (TTC) ZONE COMPONENTS BASED ON ESTIMATES. UPGRADE TTC EVERY 15 MINUTES (SEE BELOW FOR DIAGRAM)
- SET INITIAL TAPER IN DIRECTION OF TRAFFIC TRAVEL
- REMOVE TAPER IN OPPOSITE DIRECTION OF TRAFFIC TRAVEL

VEHICLES:

- LIMIT NUMBER OF RESPONDING VEHICLES
- STAGE UNNECESSARY VEHICLES OFF ROADWAY
- PARK ALL VEHICLES ON SAME SIDE OF ROADWAY
- POSITION APPARATUS TO PROTECT RESPONDERS
- MINIMIZE EMERGENCY LIGHTING
- CREATE WORK AREA LARGE ENOUGH TO ACCOMMODATE APPARATUS AND RESPONDERS SAFELY!

PERSONNEL:

- ALL RESPONDERS IDENTIFIABLE & IN HIGH VISIBILITY APPAREL (5 POINT BREAK-AWAY VESTS THAT MEED ANSI/ISEA 207 STANDARDS IAW NFPA 1901
- ALWAYS: BE ALERT - MINIMIZE EXPOSURE - FACE TRAFFIC
- PLACE SPOTTER AT INCIDENT SCENE

MITIGATING HAZARDS

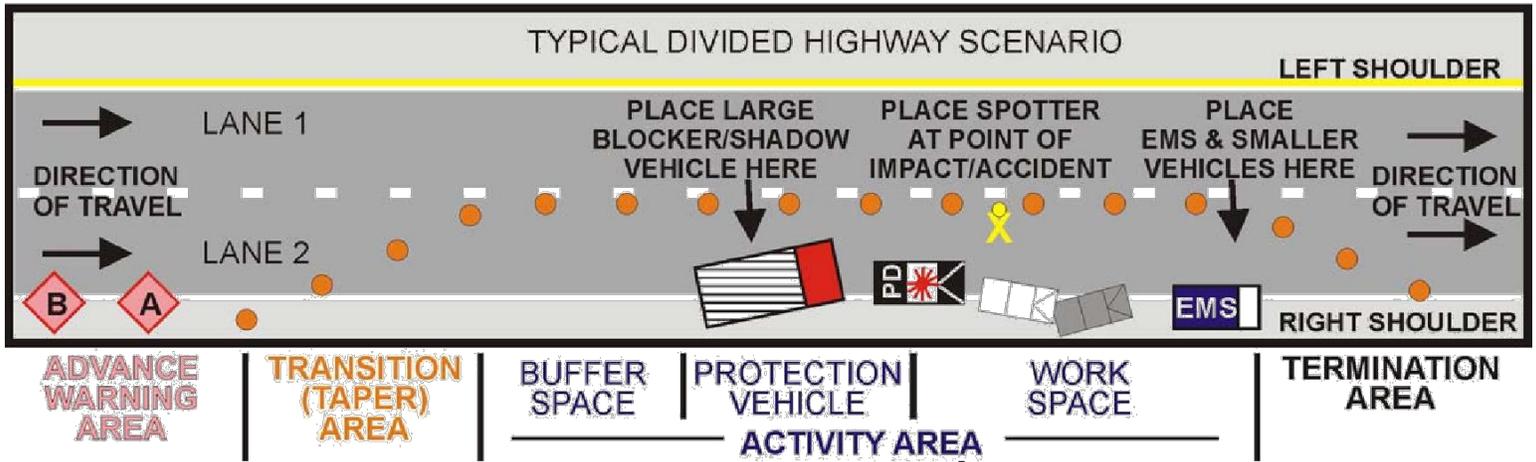
- SCENE STABILITY
- ARE THERE ANY FIRES?
- ARE THERE ANY VICTIMS?

- REQUEST AMBULANCE
 - FORMULATE A SAFE APPROACH AND ENTRY FOR INITIAL RESPONSE PERSONNEL AND EQUIPMENT
 - IF MORE THAN 5 VICTIMS DECLARE A MASS CASUALTY (NOTIFY EOC IMMEDIATELY) (USE MAJOR ACCIDENT RESPONSE CHECKLIST #1)
 - ESTABLISH TRIAGE AREA AND ASSIGN TRIAGE OFFICER
 - PROVIDE SAFE APPROACH ROUTE FOR OTHER RESPONDING FORCES TO THE COMMAND POST OR STAGING AREAS
 - OBTAIN ADDITIONAL INFORMATION FROM BYSTANDERS/RELATIVES
 - EVENTS LEADING UP TO THE INJURY
 - PERTINENT INFORMATION ON PATIENT
 - FOLLOW ESTABLISHED PROCEDURES FOR DISPOSAL OF ALL MEDICAL WASTE
 - ENSURE NO RESPONSE PERSONNEL ARE EXPOSED TO INFECTIOUS DISEASE (IF IN DOUBT REPORT IT)
- HOW MANY VICTIMS ARE TRAPPED? _____
- WHAT IS THE STATUS OF THE VICTIMS? _____
- ARE THERE ANY EXPOSURE PROBLEMS?
- HOW FAR AND WHAT DIRECTION? _____ FT N S W E
- DO I NEED ANY ADDITIONAL EQUIPMENT/VEHICLES? YES OR NO
- (CIRCLE ONE)
- TRAFFIC CONTROL
- DOWNED POWER LINES
- VEHICLE STABILITY

- FUEL LEAKS
- NON-DEPLOYED AIR BAGS
- VEHICLE ELECTRICAL SYSTEM
- SHOCK ABSORBING BUMPERS
- TRIAGE ESTABLISHED?
- TRIAGE OFFICER: _____
- LOCATION: _____
- CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

← UPSTREAM **TEMPORARY TRAFFIC CONTROL (TTC) ZONE** DOWNSTREAM →



INCIDENT MAGNITUDE		
MAGNITUDE	DURATION	STEPS TO TAKE
Minor	<30 Minutes	<ul style="list-style-type: none"> Notify TOC if incident is on roadway where a minor delay can create significant traffic impact Establish Advance Warning Area and other TTC Components as time/personnel permits
Intermediate	30 minutes - 2 hours	<ul style="list-style-type: none"> Notify Transportation Operations Center (TOC) Establish TTC Components Consider DOT Response
Major	2+hours	<ul style="list-style-type: none"> Notify Transportation Operations Center (TOC) Request DOT Response Early Establish Full Work Zone (Same as Non-Emergency)

ADVANCE WARNING AREA		TRANSITION AREA	
SPEED	SIGN DISTANCE	TAPER LENGTH	TYPICAL #CONES
40	A 350	320 ft.	8
55	A 750	660 ft.	16
65	A/B 1000/1500	780 ft.	18



RULES OF THUMB: 1. Travel lanes numbered from left-to-right. 2. Skip line is 10 ft. long with 30 ft. between skips. Taper cones at start of each skip line (40 ft.) 3. Length of Advance Warning Area = 8 x Roadway MPH. Use 12x factor for rural roads due to limited sight distance. Sign distance is from start of taper/transition.



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

9

ANTI-HIJACKING RESPONSE

INITIATED
22 APRIL 2015
REVIEWED
REVISÉ

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

TYPE OF A/C: _____ CALL SIGN: _____

SOB: _____ ETA: _____ RUNWAY: L R L R Circle 1

CATCHING THE BARRIER? YES or NO Circle 1 EPU ACTIVATION? YES or NO Circle 1

HAZARDOUS CARGO ON BOARD: _____ FUEL: _____ LBS

LOCATION: _____ MUNITIONS: _____

WINDS _____ @ _____ TEMP _____

NUMBER OF SUSPECTED HIJACKERS _____

CONSIDER SELECTIVE RESPONSE IAW FIRE DEPARTMENT SOP

LIASON WITH SECURITY FORCES

ESTABLISH COMMAND & INCIDENT ACTION PLAN

FIRE U-11 IS ON SCENE AT _____
(IDENTIFY LOCATION (I.E., DELTA 1))

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE ETC)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (I.E., F-16 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
OFFENSIVE, DEFENSIVE, INVESTIGATIVE

I WILL BE POSITIONED _____
GIVE LOCATION (I.E., FACILITY, SPOT NUMBER, GRID COORDS, ETC)

AND UTILIZING LEVEL _____ ACCOUNTABIITY

(LEVEL 1 = STAY ON VEHICLE LEVEL 2 = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAYBE IC, FIRE OFFICER I OR FES SAFETY OFFICER)

INITIAL ACTIONS

- INITIAL CORDON SIZE _____ FEET
- COMMAND POST LOCATION _____
- CP GRID COORDINATES _____ / _____
- SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS _____
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO CP:
 - G.P.D.
 - COUNTY MUTUAL AID
 - GALLUP FLYING SERVICE
 - EOD / KIRTLAND BOMB TEAM (IF MUNITIONS ARE INVOLVED)
 - CRASH RECOVERY
 - MILITARY TECHNICIANE CREW FOR SAFETY OF WEAPONS
 - FLYING SERVICE (IF TUG IS REQUESTED)
 - AIRCRAFT MAINTENANCE

SIZE-UP

- REQUEST ACCESS TO RUNWAY FOR ALL CREWS?
- IS THE VEHICLE SETUP APPROPRIATE?
 - THE FIRST ARRIVING MCV WILL POSITION IN SECTOR 1 AT A 45-DEGREE ANGLE
 - THE SECOND ARRIVING MCV WILL POSITION IN SECTOR 2 AT A 45-DEGREE ANGLE
 - THE THIRD ARRIVING MCV WILL POSITION IN SECTOR 3 AT A 45-DEGREE ANGLE OR STAGE AT THE IC'S DISCRETION

- RESCUE WILL POSITION IN SECTOR 1, LEFT OF THE AIRCRAFT, IN A MANNER, WHICH WILL NOT IMPEDE MCV SET-UP
- IC WILL POSITION IN THE MOST ADVANTAGEOUS POSITION FOR COMMAND AND CONTROL

- IS THE PILOT OK?
- IS THE AIRCRAFT FIRE SAFE?
- DO I NEED ANY ADDITIONAL EQUIPMENT?
- CONTACT CE FOR ADDITIONAL EQUIPMENT NECESSARY TO BLOCK RUNWAYS/TAXIWAYS (IF NEEDED)

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

10

RAILWAY EMERGENCY RESPONSE

INITIATED
22 APRIL 2015
REVIEWED
REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

TRAIN DIRECTION OF TRAVEL: _____

RAILROAD MILEPOST: _____

NAME OF CALLER _____ TIME: _____

DATE: _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
(IDENTIFY LOCATION (i.e., south side of Bldg 2712))

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (i.e., nothing showing, smoke, fire, etc)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (i.e., F-16 Command)

WE WILL BE OPERATING IN THE _____ MODE
(OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (i.e., Facility, Spot Number, etc)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
SAFETY OFFICER MAYBE THE IC, A FIRE OFFICER I or THE FES SAFETY OFFICER)

INITIAL ACTIONS

- TRAIN INFORMATION: _____
- DIRECTION OF TRAVEL: _____
- RAILROAD
- NUMBER OF LOCOMOTIVE
- DESCRIPTION AND TYPE OF CAR(S) INVOLVED
- LETTERS & NUMBERS ON AFFECTED CAR(S) – ON LEFT SIDE
- LOCATION OF TRAIN CREW
- HEAD END CREW WILL HAVE TRAIN LIST
- PUSHER OR HELPER LOCOMOTIVES MAY HAVE SEPARATE CREW
- MID-TRAIN LOCOMOTIVES USUALLY HAVE NO CREW

RAIL EMERGENCY HAZARD CONSIDERATIONS CHECKLIST

ELECTRICAL HAZARDS

AC FREIGHT / AMTRAK LOCOMOTIVES (3,000 VOLTS STORED CHARGE)

PASSENGER EQUIPMENT HAS ADDITIONAL 480 VOLT AC LINE THROUGH TRAIN AND EMERGENCY BATTERIES ON EACH CAR

72 VOLT DC BATTERY POWER ON BOTH DC AND AC LOCOMOTIVES

HAZARDOUS CARGO ON TRAIN

- CP LOCATION: _____
- CP GRID COORDINATES: _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____

- SAFE ROUTE IS: _____
- COORDINATE TRAFFIC CONTROL POINTS WITH LAW ENFORCEMENT
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP: **(IF APPLICABLE)**
 - LAW ENFORCEMENT
 - RAILROAD MANAGER
 - AMBULANCE
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- DEVELOP A PLAN OF ACTION

REPORT TO RAILROAD

- ADVISE METRO DISPATCH CENTER TO HAVE RAILROAD STOP/DIVERT ALL RAIL TRAFFIC
- BURLINGTON NORTHERN SANTA FE: 1 (800) 832-5452 (FORT WORTH, TEXAS)
- REQUEST RAILROAD REPRESENTATIVES RESPOND TO THE SCENE
- HAVE RAILROAD FAX TRAIN LIST

IF HAZARDOUS CARGO INVOLVED, PROCEED TO HAZARDOUS MATERIALS CHECKLIST

ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP

	GALLUP FIRE DEPARTMENT INCIDENT COMMANDER WORKSHEET	<u>11</u>
	COMPOSITE MATERIALS RESPONSE	INITIATED
		22 APRIL 2015
		REVIEWED
		REVISED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

TYPE OF A/C: _____ CALL SIGN: _____

AIRCRAFT TAIL #: _____ LOCATION: _____

NEAREST NATURAL LANDMARK: _____

MUNITIONS: _____ HAZARDOUS CARGO ON BOARD _____

EPU ACTIVATION? **YES OR NO** CIRCLE 1 FUEL ON BOARD _____

IF HYDRAZINE OR COMPOSITE FIBERS ARE PRESENT, ESTABLISH GROSS DECON FOR PATIENTS / RESPONDERS

WINDS _____ @ _____ TEMP _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
(IDENTIFY LOCATION (I.E., DELTA 1))

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE ETC)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (I.E., F-16 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
OFFENSIVE, DEFENSIVE, INVESTIGATIVE

I WILL BE POSITIONED _____
GIVE LOCATION (I.E., FACILITY, SPOT NUMBER, GRID COORDS, ETC)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL 1 = STAY ON VEHICLE LEVEL 2 = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____

(SAFETY OFFICER MAYBE IC, FIRE OFFICER I OR FES SAFETY OFFICER)

INITIAL ACTIONS

- INITIATE ELEVATED CHECKLIST
- INITIAL SURVEY (REFER TO T.O. 00-105E-9 FOR SPECIFIC INFO ON COMPOSITE FIBERS)
- IF ACCIDENT SITE IS KNOWN AND WITHIN CLOSE PROXIMITY OF THE BASE, THE O.I.C, WITH THE CONCURRENCE OF THE FIRE CHIEF OR DEPUTY FIRE CHIEF, WILL DISPATCH THE APPROPRIATE TYPE AND AMOUNT OF VEHICLES TO THE SCENE.
- IF THE LOCATION IS UNKNOWN OR BEYOND PRACTICAL RESPONDING LIMITS, RESPOND TO THE EOC AND COORDINATE RESPONSE WITH OFF BASE FIRE DEPT. STAGE ALL EQUIPMENT IN THEIR RESPECTIVE STATIONS UNTIL NEEDED.
- CONSIDER GENERAL ALARM PAGE OUT
- SIGNS OF FIRE DAMAGED COMPOSITES
- PRESENCE OF LOSS/AIRBORN FIBERS AND PARTICULATE
- DEGREE OF SITE EXPOSED TO FIRE/IMPACT/EXPLOSIONS
- LOCAL/PROXIMAL EQUIPMENT/ASSET DAMAGE AND HAZARDS
- EXPOSED PERSONNEL
- FORMULATE A SAFE APPROACH AND ENTRY FOR INITIAL RESPONSE PERSONNEL AND EQUIPMENT
- PROVIDE SAFE APPROACH ROUTE FOR OTHER RESPONDING FORCES TO THE CP OR STAGING AREAS
- EVACUATE FROM SMOKE PLUME/ALTER FLIGHT OPERATION/RESTRICT DOWNWIND ASSEMBLY
- GROUND/FLIGHT OPERATION NOT PERMITTED WITHIN:
 - 500FT ABOVE GROUND LEVEL (AGL)
 - 1000' HORIZONTALLY
- TURN OVER POTENTIALLY EXPOSED PERSONNEL TO MEDICS FOR EVALUATION
- EXTINGUISH FIRE AND COOL TO 300F/149C
 - ONLY FIREFIGHTERS WITH SCBA ARE ALLOWED IN THE IDLH UNTIL AREA IS FIRE SAFE
- ESTABLISH CONTAMINATION REDUCTION ZONE IN COORDINATION WITH THE OIC
 - CORDON OFF MISHAP SITE WITH SINGLE ENTRY/EXIT POINT

- 25 FEET (AS A GUIDE ONLY) FROM DAMAGED COMPOSITES, MAY VARY WITH ENVIRONMENTAL CONDITIONS
- ENTER MISHAP SITE, IDENTIFY HAZARD, AVOID DISTURBANCE
- TEMPORARILY SECURE SMALL PARTICULATE/FIBER/ASH WITH WATER MIST
- COORDINATE ISOLATION/CLEANUP PLAN WITH CRASH RECOVERY
 - CRASH RECOVERY HAS RESPONSIBILITY FOR APPLICATION FIXANT AND/OR PLASTIC
- FOLLOW ENTRY/EXIT GUIDELINES

IMMEDIATE RESPONSE OUTSIDE THE BASE

- FULL CRASH RESPONSE UNLESS DIRECTED BY SFO, ADDITIONAL VEHICLES AND RESOURCES WILL BE DISPATCHED AT THE DISCRETION OF THE SFO ON SCENE
 - O.I.C. SHALL DIRECT FIREFIGHTING ACTIONS
 - SWITCH UNITS TO DIRECT TACTICAL NET
 - ESTABLISH CORDON SIZE
 - PROVIDE ACCIDENT SITE GRID COORDINATES IF FEASIBLE. OTHERWISE, PROVIDED GPS COORDINATES.

IMMEDIATE ACTIONS ONCE ON SCENE

- INITIAL CORDON SIZE: **3,000 FT**
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- COMMAND POST LOCATION _____
- CP GRID COORDINATES _____ / _____
- ACCIDENT SITE GRID COORDINATES _____ / _____
- SAFE ROUTE IS _____

SIZE-UP

- DO I NEED TO EVACUATE ANY STRUCTURES? **YES or NO**
 - HOW FAR AND WHAT DIRECTION? _____ FT N S E W

HAVE YOU ESTABLISHED RESUPPLY (FOAM & WATER)? **YES or NO**

RESUPPLY POINT	
HOW MUCH FOAM?	
HOW MUCH WATER?	
RESUPPLY OFFICER	

ARE COMPOSITE FIBERS PRESENT? **YES or NO**

IF YES, USE FOAM, TARPS, PLASTIC SHEETING OR FLOOR WAX TO MITIGATE. NOTIFY BIO-ENV.	
ALTER FLIGHT OPERATIONS (NO FLY ZONE IS 500' ABOVE GROUND LEVEL AND 1,000 FEET HORIZONTALLY)	
DO NOT ALLOW ENTRY INTO SMOKE PLUME AND EVACUATE ALL PERSONNEL DOWNWIND	

ARE MUNITIONS INVOLVED? **YES or NO**

IF YES, CONTACT EOD.

WITHDRAWAL DISTANCE	
_____ 1.1 (Unknown Quantity, Over 500 lbs or large diameter).....	4,000 FEET
_____ 1.1 (500 LBS OR LESS)	2,500 FEET
_____ 1.2	2,500 FEET
_____ 1.3	600 FEET
_____ 1.4	300 FEET

HAS EPU BEEN ACTIVATED?

IF YES, CONTACT HYDRAZINE RESPONSE TEAM

HAS FUEL SPILLED & ENTERED ANY OF THE DRAINS?

- DO I NEED ANY ADDITIONAL EQUIPMENT?
- DO I HAVE ENOUGH WATER/FOAM?
- DO I NEED TO VENTILATE IMMEDIATELY?
- DO I NEED TO ESTABLISH SECTORS?

INTERIOR SECTOR	
RESCUE SECTOR	
EXTERIOR SECTOR	

FIREFIGHTING ACTIONS

- RIT TEAM IN PLACE
- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER: _____
 - LOCATION: _____
- KNOCK DOWN THE FIRE
- ENSURE RESCUE PATH IS ESTABLISHED BY TURRETS AND MAINTAINED BY HANDLINES
- ENSURE FUSELAGE/COCKPIT IS COOLED
- ENSURE THAT THE FOAM BLANKET IS IN GOOD CONDITION
- ESTABLISH FOAM RE-SUPPLY POINT
 - HAVE HQ DELIVER FOAM TO SCENE (FOAM TRAILER AT HQ)
- ESTABLISH WATER RE-SUPPLY POINT
- STATUS OF RESCUE EFFORTS?
 - GAINED ENTRY?
 - AIRCRAFT SHUTDOWN?
 - EJECTION SEATSAFETIED? EOD MUST SAFE ALL EJECTED SEATS.
 - OXYGEN SYSTEM OFF?
 - BATTERIES DISCONNECTED?

ENSURE PILOT IS ON AIR (VIA CREW 60 BOTTLE) PRIOR TO REMOVING FROM AIRCRAFT

CASUALTIES/INJURIES?

D=DEAD	
I=INJURED	
M=MISSING	

ESTABLISH REHAB

IF YES, WHERE IS THE LOCATION?	
CALL FOR SVS TO BRING OUT FOOD/WATER	
CALL TRANS FOR HEATED/AC BUSES	
HAVE MEDSTAR MONITOR CONDITION	
REHAB OFFICER:	

PERSONAL ACCOUNTABILITY REPORTS EVERY 30 MINUTES

30 MIN				
___ U-11	___ CRASH 1	___ E-4	___ E-5	___ E-1
___ E-2	___ E-3	___ TANKER 1	___ R-1	___ R-2
___ R-3	HAZMAT TRAILER			

60 MIN				
MCKINLEY COUNTY VOUNTEER F.D. MUTUAL AID	---	---	---	---
---	---	---	---	---

SALVAGE AND OVERHAUL

- INITIATE FIRE INVESTIGATION
- NOTIFY PERSONNEL BASED ON FIRE CHIEFS RECOMMENDATIONS
- NOTIFY OSI
- TAKE DIGITAL PHOTOS OF THE SCENE
- NOTIFY G.P.D FOR SITE CONTROL AND EVIDENCE PRESERVATION

POST TERMINATION

- CISM OF SEARCHERS, AVAILABILITY OF CHAPLAIN
- PROCEDURES IF EXPLOSIVES/HAZMAT MATERIALS ENCOUNTERED
- GET VEHICLES BACK IN SERVICE
- INSPECT/WASH BUNKERS
- UPDATE MEDICAL/EXPOSURE RECORDS
- TRAINING REPORTS
- SERVICES TEAM IN PLACE AND BRIEFED ABOUT EVIDENCE PRESERVATION.
- COLD STORAGE TRUCKS ON SCENE?

- NEED TO NOTIFY INVESTIGATION OFFICIALS BEFORE MOVING WRECKAGE FOR REMAINS RECOVERY.**
- MORTUARY LOCATION/PROCEDURES.**
- TRANSFER OF RESPONSIBILITY TO INTERIM SAFETY BOARD**
- COMPLETE FIRE INCIDENT REPORT AND NOTIFY HQ**

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

12

HAZARDOUS MATERIALS
RESPONSE

INITIATED

22 APRIL 2015

REVIEWED

REVISED

HAZARDOUS MATERIALS RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____ SUBSTANCE: _____

OF VICTIMS: _____ CONDITION: _____

HAZARDS:

- EXPLOSIVES: CLASS 1
- COMPRESSED GAS: CLASS 2
- FLAMMABLE LIQUID: CLASS 3
- FLAMMABLE SOLID: CLASS 4
- OXIDIZER: CLASS 5
- POISON: CLASS 6
- RADIOACTIVE: CLASS 7
- CORROSIVE: CLASS 8
- ORM: CLASS 9
- UNKNOWN: _____

AREA AFFECTED: _____ SURR/DOWNWIND POPULATION: _____

TOPOGRAPHY: _____

WINDS: _____ @ _____ MPH TEMP: _____ F HUMIDITY: _____%

INVERSION: YES OR NO _____ FT

PRECIPITATION: YES OR NO TYPE: _____

OBTAIN PERTINENT INFORMATION FROM DISPATCH _____

LOCATION: _____ NEAREST NATURAL LANDMARK: _____

TYPE OF CHEMICAL _____ NUMBER OF VICTIMS _____

VICTIMS STATUS _____ VICTIMS LOCATION _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
(IDENTIFY LOCATION (I.E., I-40, MILE MARKER 18))

I HAVE PERFORMED A 360 DEGREE CHECK _____
(SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE ETC))

I AM ESTABLISHING _____ COMMAND
(NAME YOUR COMMAND (I.E., I-40 COMMAND))

WE WILL BE OPERATING IN THE _____ MODE
(OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
(GIVE LOCATION (I.E., FACILITY, GRID COORDS, ETC))

AND UTILIZING LEVEL _____ ACCOUNTABILITY
(LEVEL 1 = STAY ON VEHICLE LEVEL 2 = IC LOCATION LEVEL III = ECP)

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAYBE IC, FIRE OFFICER I OR FES SAFETY OFFICER)

INITIAL ACTIONS

LEVEL I HAZMAT (DEFENSIVE)	LEVEL II HAZMAT (OFFENSIVE)
O.I.C, RESCUE, ENGINE. HAZMAT TRAILER	GENERAL ALARM PAGEOUT – MCKINLEY COUNTY MUTUAL AID
LEVEL II STAGING: COUNTY AIR TRAILER	

- CONSIDER GENERAL ALARM PAGE OUT
- CONSIDER ELEVATED CHECKLIST
- REQUEST MEDICS TO RESPOND

IMMEDIATE ACTIONS ONCE ON SCENE

- INITIAL CORDON SIZE: **500 FT**; THE INCIDENT COMMANDER CAN ADJUST THE CORDON BASED ON LEARNED INFORMATION AND THE ERG (CONSIDER IN-PLACE SHELTERING)
- INITIAL CORDON SIZE: _____ / _____ FT
- INCIDENT COMMAND POST (ICP) LOCATION: _____

- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- ICP GRID COORDINATES (USE WISER APP) _____ / _____
- ACCIDENT SITE COORDINATES _____ / _____
- SAFE ROUTE TO SCENE IS _____
- ASSESS THE INCIDENT; ANALYZE THE IMMEDIATE RISKS AND DETERMINE NEED FOR IMMEDIATE ACTIONS (RESCUE, FIRE CONTROL, ETC.)
- EVALUATE IMPACT ON AIRPORT OPERATIONS; COORDINATE WITH UNICOMM/ GALLUP FLYING SERVICE TO CURTAIL OR CANCEL FLYING
- REQUEST THE FOLLOWING AGENCIES TO RESPOND TO ECP:
 - NM STATE POLICE ERO
 - MCKINLEY COUNTY MUTUAL AID FOR ADDITIONAL AMBULANCE
 - MCKINLEY COUNTY OFFICE OF EMERGENCY MANAGEMENT
 - EOD/ KIRTLAND BOMB TEAM (IF MUNITIONS ARE PRESENT)
- COORDINATE TRAFFIC CONTROL POINTS WITH POLICE
- EVACUATE ALL NON-ESSENTIAL PERSONNEL WITHIN CORDON
- DO I NEED TO EVACUATE ANY STRUCTURES? **YES or NO**
 - HOW FAR AND WHAT DIRECTION? _____ FT N S E W
 - IF YOU CAN'T EVACUATE ADVISE TO PROTECT IN PLACE. USE POLICE TO ASSIST WITH NOTIFICATION. HAVE OCCUPANTS SHUT OFF A/C AND PLACE TOWELS UNDER DOOR SILLS.
- POSITION VEHICLES UPWIND AND UPHILL IF POSSIBLE
- DEVELOP WRITTEN SITE SAFETY AND ACTION PLANS; BRIEF RESPONDERS AND TASK INCIDENT SECTOR OFFICERS

OBTAIN THE FOLLOWING PERTINENT INFORMATION TO COMPUTE THE TOXIC CORRIDOR VIA ALOHA PROGRAM

- NAME OF CHEMICAL
- TYPE OF RELEASE-CONTINUOUS OR INSTANTANEOUS
- HEIGHT OF LEAK ABOVE GROUND
- SOURCE STRENGTH-RATE OF SPILL
- STATUS OF LEAK
- ESTIMATED TIME OF SPILL
- PHYSICAL STATE OF HAZARD-LIQUID, GAS OR SOLID
- SQUARE FOOTAGE OF SPILL

8 STEP PROCESS

OFFENSIVE ACTIONS

STEP 1: SITE MANAGEMENT (ISOLATE/DENY ENTRY)

- INITIATE A FIREFIGHTER RECALL (MIN OF 15 FOR OFFENSIVE)
- DO YOU NEED TO ACTIVATE THE EOC?
- A SAFE ISOLATION PERIMETER HAS BEEN ESTABLISHED AT _____. NO UNAUTHORIZED PERSON WILL BE ALLOWED INTO THIS AREA.
- THE ICP AND STAGING AREA HAVE BEEN ESTABLISHED IN THE COLD ZONE AT COORDINATES: _____ BY _____
- BLOCK ACCESS TO INCIDENT SITE/ACCESS CONTROLLED BY HAZARD GROUP
 - ISOLATE HAZARD AREA
 - EVACUATE ROOM
 - EVACUATE FLOOR
 - EVACUATE FLOOR ABOVE AND BELOW
 - EVACUATE ENTIRE FACILITY
- OBTAIN ISOLATION DISTANCES (INFORMATION / RESEARCH OFFICER)
- EVACUATE EXPOSURES OR CONDUCT IN-PLACE PROTECTION BASED ON SITUATION
- EVALUATE WHETHER FACILITY HVAC SYSTEMS SHOULD BE SHUT DOWN
- THE HOT ZONE, WARM ZONE, AND COLD ZONE HAVE BEEN IDENTIFIED AND DESIGNATED AS FOLLOWS:
 - HOT ZONE (RED) _____
 - WARM ZONE (YELLOW) _____
 - COLD ZONE (GREEN) _____
- THESE BOUNDARIES ARE IDENTIFIED BY: _____
- PRE-INCIDENT BRIEFING BY INCIDENT SAFETY OFFICER (SAFETY OFFICER MUST BE HAZMAT TECHNICIAN CERTIFIED) OUTSIDE THE DECONTAMINATION ZONE
- TRIAGE ESTABLISHED?
 - TRIAGE OFFICER: _____
 - LOCATION: _____
- CASUALTIES? YES OR NO (CIRCLE ONE)
 - IF YES CALL FOR MED-STAR TO ENTRY CONTROL POINT

D=DEAD	
I=INJURED	
M=MISSING	

- DO I NEED ANY ADDITIONAL EQUIPMENT?
- DO I NEED TO VENTILATE IMMEDIATELY?
- REQUEST AMBULANCE RESPOND TO ICP
- REQUEST POLICE TO RESPOND TO ICP FOR TRAFFIC/CROWD CONTROL
- INITIATE LEVEL II ACCOUNTABILITY
- ESTABLISH SECTORS & ENSURE CHECKLISTS ARE COMPLETED

IC	
SAFETY/ACCT OFFICER	
RESEARCH OFFICER	
ENTRY OFFICER	
ENTRY #1	
ENTRY #2	
BACKUP #1	
BACKUP #2	
ASSISTANT	
ASSISTANT	
DECON OFFICER	
WATER SUPPLY	
ASSISTANT	
ASSISTANT	
ASSISTANT	
ASSISTANT	
STAGING OFFICER	
MEDICAL OFFICER	
ASSISTANT	

ASSISTANT	
-----------	--

STEP 2: IDENTIFICATION OF HAZMAT

- IDENTIFICATION OF HAZMAT MAY BE OBTAINED FROM:
 - PERSONNEL ON SCENE: FACILITY MGR, DRIVER OR VICTIMS
 - OCCUPANCY AND LOCATION
 - CONTAINER SHAPE
 - HEIGHT OF LEAK ABOVE GROUND
 - PLACARDS/LABELS
 - MATERIAL SAFETY DATA SHEETS/SHIPPING DOCUMENTS
 - PRE-FIRE PLANS
 - CHEMTREC (1-800-424-9300)
 - CHEMICAL MANUFACTURER
- UTILIZE DOT EMERGENCY RESPONSE **GUIDE #11** UNTIL IDENTIFICATION IS COMPLETED
- INITIATE EXTENSIVE RESEARCH PROCEDURES UTILIZING A MINIMUM OF 3 PUBLICATIONS

STEP 3: HAZARD AND RISK ASSESSMENT

THE FOLLOWING ARE ENVIRONMENTS THAT MUST BE EVALUATED BEFORE ANY COMMITMENT OF PERSONNEL FOR ANY REASON:

- LARGE CONTAINERS OR TANKS THAT MUST BE ENTERED
- CONFINED SPACES (MANHOLES, TRENCHES, ETC) THAT MUST BE ENTERED
- SUIT/CHEMICAL COMPATABILITY
- POTENTIALLY EXPLOSIVE OR FLAMMABLE SITUATIONS
- PRESENCE OF EXTREMELY HAZARDOUS MATERIALS SUCH AS CYANIDE, PHOSGENE OR RADIOACTIVE MATERIALS
- TYPE OF RELEASE-CONTINUOUS OR INSTANTANEOUS
- VISIBLE VAPOR CLOUDS
- AREAS WHERE BIOLOGICAL INDICATORS SUCH AS UNCONSCIOUS PERSONS, DEAD ANIMALS OR VEGETATION IS LOCATED
- ARE MUNITIONS INVOLVED? **YES OR NO (CIRCLE ONE)**

- IF YES, CONTACT KIRTLAND EOD

WITHDRAWAL DISTANCE	
____ 1.1 (UNKNOWN QUANTITY, OVER 500 LBS OR LARGE DIAMETER)	4,000 FEET
____ 1.1 (500 LBS OR LESS)	2,500 FEET
____ 1.2	2,500 FEET
____ 1.3	600 FEET
____ 1.4	300 FEET

- HAS FUEL OR MATERIAL SPILLED ENTERED ANY OF THE DRAINS? YES OR NO (CIRCLE ONE)
 - IF YES CALL WATER DEPARTMENT TO STOP THE FLOW AND SHUT OFF VALVES.

THE FOLLOWING ARE RESOURCES THAT SHOULD BE USED WHEN PERFORMING HAZARD AND RISK ASSESSMENT:

- DOT, NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK
- CHEMTREC
- NIOSH POCKET GUIDE TO CHEMICAL HAZARDS
- CAMEO
- CHRIS MANUAL
- FIRE PROECTION GUIDE TO HAZMAT

STEP 4: COORDINATION OF RESOURCES

- RESTRICT SITE ENTRY
- ESTABLISH A DECON PLAN
- COORDINATE A SITE SAFETY PLAN WITH SAFETY OFFICER
- LEVEL OF PROTECTIVE CLOTHING REQUIRED:
 - RECON: _____ ENTRY: _____ DECON: _____
- DECON AREA ESTABLISHED (EMERGENCY OR FORMAL)
- RECON PERSONNEL BRIEFED ON:
 - TYPE OF PPE

- SUSPECTED HAZARDS (IF KNOWN) & MULTI-GAS DETECTOR USE
- ASSIGNMENT OBJECTIVE
- EMERGENCY SIGNALS (HAND, AUDIBLE)
- EMERGENCY ESCAPE PLAN
- EMERGENCY DECON PROCEDURES
- I/C CONFIRM ENTRY OF RECON TEAM TO PERFORM INITIAL RECONNAISSANCE OR RESCUE
- MONITOR COMMUNICATIONS
- DEBRIEF RECON TEAM, RETRIEVE INFORMATION (SITE PICTURE, DIGITAL PHOTOS, ETC.) AND BRIEF I/C
- PERSONAL ACCOUNTABILITY REPORTS EVERY 30 MINUTES

30 MIN				
___ U-11	___ E-1	___ E-2	___ E-3	___ E-4
___ R-1	___ R-2	___ R-3	___ HAZMAT TRAILER	___

60 MIN				
___ MCKINLEY COUNTY F.D. MUTUAL AID	___	___	___	___
___	___	___	___	___

DETERMINE OFFENSIVE OR DEFENSIVE OPERATIONS

BEHAVIOR MODEL					
CONTAINER SYSTEM ID:			MATERIAL:		
STRESS	BREACH	RELEASE	ENGULF	CONTACT	HARM
PREDICTION STEPS					
IDENTIFY THE TYPE OF STRESS	PREDICT THE TYPE OF BREACH	PREDICT THE TYPE OF RELEASE	PREDICT THE DISPERSION PATTERN	PREDICT THE LENGTH OF EXPOSURE	PREDICT THE HAZARD CAUSING HARM
BEHAVIOR OPTIONS					
THERMAL	DISINTEGRATE	DETONATION	HEMISPHERE	SHORT TERM	<u>PHYSICAL:</u>
MECHANICAL	RUNAWAY LINER	VIOLENT RUPTURE	CLOUD	MEDIUM TERM	THERMAL
CHEMICAL	CRACKING	RAPID RELIEF	PLUME	LONG TERM	MECHANICAL
	CLOSURES OPENING UP	SPILL OR LEAK	CONE		<u>HEALTH:</u>
	PUNCTURES		STREAM		POISONOUS
	SPLITS OR TEARS		POOL		CORROSIVE
			IRREGULAR		ASPHYXIATION
					RADIATION
					ETIOLOGIC

ENSURE EXPOSURE PROTECTION

LIFE

ENVIRONMENT

PROPERTY

PREVENT CONTAINER FAILURE

CONTAIN HAZARD

STOP LEAK

REMOVE IGNITION SOURCES

DAM, DIKE, DIVERT AND RETAIN

NO ACTION

EXTINGUISH IGNITED MATERIALS (CONSIDER RUN-OFF)

- DETERMINE IF RESCUE IS NECESSARY AND/OR FEASIBLE

STEP 6: ENTRY PREPARATION

- ESTABLISH REHAB? **YES OR NO (CIRLCE ONE)**

IF YES, WHERE IS THE LOCATION?	
CALL FOR EOC TO BRING OUT FOOD/WATER	
CALL EOC FOR HEATED/AC BUSES	
HAVE MED-STAR MONITOR CONDITION	
REHAB OFFICER:	

- ENSURE LEVEL OF TRAINING IS ADEQUATE FOR TASK ASSIGNED
 - HOT ZONE PERSONNEL MUST BE TECHNICIANS**
- ENSURE ALL CHECKLISTS ARE COMPLETED PRIOR TO ENTRY INTO THE **HOT ZONE**
- ENSURE SAFETY BRIEFING IS COMPLETED PRIOR TO ENTRY
- DO YOU NEED ANY ADDITIONAL EQUIPMENT/MUTUAL AID?
 - MUTUAL AID (NONE)
 - PA (VIDEO/PHOTO EVIDENCE)
 - CASUALTY COLLECTION, SEARCH/RESCUE
 - TRAUMATIC STRESS RESPONSE SUPPORT
 - PUBLIC INFORMATION OFFICER (MEDIA RELATIONS)
 - EMERGENCY MANAGEMENT (AIR MONITORING)
 - EOD KIRTLAND/ BOMB TEAM (SAFETY MUNITIONS)
 - NM STATE POLICE (ESTABLISH CORDON/SECURITY)
 - CITY PUBLIC WORKS (NM GAS, WATER, UTILITY SHUTOFF)
- HAVE YOU ESTABLISHED RESUPPLY (FOAM & WATER)? **YES OR NO *(CIRCLE ONE)**

RESUPPLY POINT	
HOW MUCH FOAM?	
HOW MUCH WATER?	

RESUPPLY OFFICER

STEP 7: DECONTAMINATION

- DETERMINE LEVEL OF DECON REQUIRED. THIS DEPENDS ON THE SAFETY AND HEALTH HAZARDS OF THE CONTAMINANTS.
- ENSURE DECON TEAM IS IN POSITION BEFORE OPERATIONS BEGIN.
- A MINIMUM OF 4 PERSONNEL ARE REQUIRED FOR DECON
- THE DECON OFFICER WILL BE RESPONSIBLE FOR ALL DECON PROCEDURES
- ISOLATE EQUIPMENT AT ENTRY TO DECON AREA
- COORDINATE ON-SCENE MEDICAL EVALUATIONS WITH MEDICS
- ENSURE DECON OF DECON PERSONNEL

IF EMERGENCY RESPONDERS OR CITIZENS REQUIRE IMMEDIATE DECON PRIOR TO THE DECON AREA BEING SET UP, FLUSH THEM OFF WITH WATER AND ATTEMPT TO CONTAIN THE RUNOFF AT A LATER TIME

ALWAYS DECON PATIENTS BEFORE TREATING THEM. LIFE SAVING PROCEDURES, SUCH AS THE ABC'S, MAY NEED TO BE CONDUCTED IN CONJUNCTION WITH DECON

IF CONTAMINATED PATIENTS ARE CONSCIOUS AND COHERENT, EMERGENCY RESPONDERS MAY BE ABLE TO SAFELY PLACE A HOSELINE IN AN AREA CLOSE TO THE VICTIM AND RETREAT

STEP 8: TERMINATION ACTIVITIES

- A DEBRIEF SHOULD BE CONDUCTED AS SOON AS THE EMERGENCY PHASE OF THE OPERATION IS OVER. IDEALLY BEFORE THE FIRST RESPONDERS LEAVE THE SCENE
- CONDUCT THE DEBRIEF IN AN AREA FREE OF DISTRACTIONS
- ENSURE EMERGENCY RESPONDERS ARE BRIEFED ON THE SIGNS AND SYMPTOMS OF A PARTICULAR POISON OR SPECIAL DECON PROCEDURES
- INVESTIGATION TEAM IN PLACE AND BRIEFED ABOUT EVIDENCE PRESERVATION.
- TRANSFER OF RESPONSIBILITY TO INVESTIGATION TEAM SAFETY BOARD
- MORTUARY LOCATION/PROCEDURES.
- COLD STORAGE TRUCKS ON SCENE?
- CISD OF SEARCHERS, AVAILABILITY OF CHAPLAIN
- MUST CLEARLY DEFINE THE TRANSFER OF RESPONSIBILITY OF THE INCIDENT SITE FROM OUR CONTROL TO THE CONTROL OF THE CLEAN UP ACTIVITY.

- ENSURE THE NAME OF THE INDIVIDUAL ASSUMING CONTROL OF THE SITE IS LOGGED IN THE ECC EVENT LOG FOR HISTORICAL REFERENCE
- GET VEHICLES BACK IN SERVICE
- INSPECT/WASH CHEMICAL SUITS AND BUNKERS
- UPDATE MEDICAL/EXPOSURE RECORDS
- TRAINING REPORTS
- COMPLETE FIRE INCIDENT REPORT

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

13

CONFINED SPACE RESPONSE

INITIATED
22 APRIL 2015
REVIEWED

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

HAZARDOUS MATERIALS INVOLVED: _____

NUMBER OF OCCUPANTS: _____ CONDITION OF OCCUPANTS: _____

MUNITIONS? **CIRCLE YES OR NO** TYPE OF MUNITIONS: _____

FIRE SYMBOL: _____ LINE NUMBERS: _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (I.E., SOUTH SIDE OF BLDG 3489)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC.)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (I.E., BLDG T-773 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
(I.E., OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (I.E., FACILITY, SPOT NUMBER, ETC.)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAY BE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

CONFINED SPACE WORKSHEET

SITE DESCRIPTION: _____

BUILDING: _____

ATMOSPHERE: _____

LOCATION: _____

HAZARDS: _____

AREA AFFECTED: _____

SURROUNDING POPULATION: _____

TOPOGRAPHY: _____

INITIAL CORDON: _____

OF VICTIMS AND THEIR CONDITION: _____

LOCATION OF VICTIMS: _____

INITIAL SIZE UP: _____

WEATHER CONDITIONS (CURRENT):

➤ WINDS: _____ @ _____ MPH

➤ TEMP.: _____ °F

➤ HUMIDITY: _____ %

➤ INVERSION: YES OR NO; _____ FT.

➤ PRECIPITATION: YES OR NO

WEATHER CONDITIONS (FORECASTED):

➤ WINDS: _____ @ _____ MPH

➤ TEMP.: _____ °F

➤ HUMIDITY: _____%

➤ INVERSION: YES OR NO; _____ FT.

➤ PRECIPITATION: YES or NO (Circle One)

SITE SKETCH

North

ENTRY OBJECTIVES

RESCUE: _____

RECOVERY: _____

HAZMAT: _____

OTHER: _____

ON-SITE ORGANIZATION AND COORDINATION

THE FOLLOWING PERSONNEL ARE DESIGNATED TO CARRY OUT THE STATED JOBS FUNCTIONS ON SITE:

- INCIDENT COMMANDER: _____
- SAFETY OFFICER: _____
- RESCUE GROUP LEADER: _____
- ENTRY OFFICER: _____
- DECON OFFICER: _____
- MEDICAL OFFICER: _____
- RIGGING OFFICER: _____
- ATMOSPHERIC MONITOR: _____

SITE ACCESS CONTROL

A SAFE ISOLATION PERIMETER HAS BEEN ESTABLISHED AT _____

NO UNAUTHORIZED PERSON WILL BE ALLOWED INTO THIS AREA. THE ECP AND STAGING AREA HAVE BEEN ESTABLISHED IN THE COLD ZONE AT GRID COORDINATES: _____ by _____

THE HOT ZONE, WARM ZONE, AND COLD ZONE HAVE BEEN IDENTIFIED AND DESIGNATED AS FOLLOWS:

- HOT ZONE (RED): _____
- WARM ZONE (YELLOW) : _____
- COLD ZONE (GREEN): _____

These boundaries are identified by: _____

INITIAL HAZARD EVALUATION

SUBSTANCES INVOLVED	CONCENTRATIONS (If known)	YES OR NO
	<u>MINIMUM ACCEPTABLE LIMITS</u>	
OXYGEN	19.5 – 23.5 %	_____
FLAMMABILITY	< 10% LEL	_____
CARBON MONOXIDE	< 35 PPM	_____
HYDROGEN SULFIDE	< 10 PPM	_____

PERSONAL PROTECTIVE EQUIPMENT

Based on evaluation of potential hazards, the following levels of personnel protection have been designated for the applicable work areas or tasks:

LOCATION	JOB FUNCTION	LEVEL OF PROTECTION
HOT ZONE	ATMOSPHERIC MONITOR	PPE: _____
	RIGGING OFFICER	SCBA/SAR: _____
	ENTRY OFFICER	
	ENTRY TEAM	PPE: _____
WARM ZONE		SCBA/SAR : _____
	SAFETY OFFICER	
	DECON OFFICER	
	SAFETY OFFICER	
	BACK UP TEAM	

ON-SITE WORK PLANS

WORK PARTY(S) CONSISTING OF _____ PERSONS WILL PERFORM THE FOLLOWING TASK:

ENTRY OFFICER: _____	ENTRY TEAM: 1. _____
	2. _____
	BACK UP TEAM: 1. _____

RIGGING OFFICER: _____	RIGGER:	2. _____
		1. _____
		2. _____
DECON OFFICER: _____	DECON TEAM:	1. _____
		2. _____
STAGING OFFICER: _____	STAGING TEAM:	1. _____
		2. _____
MEDICAL OFFICER: _____	EMS TEAM MEMBERS:	1. _____
SFS: _____		2. _____
BIOENVIRONMENTAL: _____		

COMMUNICATION PROCEDURES

Channel _____ has been designated as the radio frequency for personnel in the Hot zone. All other on-site communications will use channel _____.

Personnel in the Hot zone should remain in constant radio communication or within sight of the Entry Officer. Any failure of radio communication requires an evaluation of whether personnel should leave the Hot zone.

_____ is the emergency signals to indicate that all personnel should leave the Hot zone.

In addition, a loud hailer is available if required.

The following standard hand signals will be used in case of failure of radio communications:

<u>SIGNAL</u>	<u>MEANING</u>
➤ Hand gripping throat	➤ Out of air, can't breathe
➤ Grip partner's wrist or both hands around waist	➤ Leave area immediately

- Hands on top of head
- Thumbs up
- Thumbs down

- Need assistance
- OK, I am all right, I Understand
- NO, Negative

DECONTAMINATION PROCEDURES

Personnel and equipment leaving the Hot zone shall be thoroughly decontaminated within the Contamination Reduction Corridor. The Decontamination method and solutions will be dependent upon the type of HAZMAT, the quantity of exposure, and the length of exposure. The DECON OFFICER will determine the exact procedures.

CONTAMINATION REDUCTION CORRIDOR LOCATION: _____

EMERGENCY DECON LOCATION(S): _____

SAFE REFUGE AREA LOCATION: _____

MEDICAL MONITORING AND INCIDENT REHAB

The Medical Officer is responsible for all medical monitoring, including: Post-Entry evaluations and is also responsible for ensuring that every responder is adequately rehabbed. The Post-Entry evaluations will take place right outside of the Contamination Control Line.

REHAB LOCATION: _____

SUBSTANCE	EXPOSURE SIGNS/SYMPTOMS	FIRST-AID INSTRUCTION
1. _____	_____ _____ _____	_____ _____ _____
2. _____	_____ _____	_____ _____

3. _____	_____	_____
4. _____	_____	_____

PREPARATIONS FOR ENTRY

PREPARATIONS	VENTILATION METHOD
LOCK OUT, TAG OUT, BLANK OUT	MECHANICAL
PURGE/CLEAN LINES	NATURAL
COMMUNICATION METHODS	
INERT	VISUAL
BARRIERS	VOICE
DOUBLE BLOCK AND BLEED	TUG ROPE
ISOLATION METHODS	RADIO
ELECTRICAL LOCK OUT	
MECHANICAL LOCK OUT	RETRIEVAL METHOD
ATMOSPHERIC MONITORING	HORIZONTAL
OTHER:	VERTICAL (TRIPOD OR MANUAL HOIST)
ENTRY OFFICER AND SAFETY OFFICER CHECKS	
ATMOSPHERE	LOCK OUT, TAG OUT, BLANK OUT
RIGGINGS	VENTILATION
ROPES	COMMUNICATION
KNOTS	MEDICAL EQUIPMENT
SAR/SCBA'S	RETRIVAL DEVICE
HAZARDS	SAFETY BRIEFING

ENVIRONMENTAL MONITORING

The monitoring of the environment will be performed by the ATMOSPHERIC MONITOR and supervised by the ENTRY OFFICER, and will take place continually by the placement of MULTI-GAS detector at the edge of the Hot Line. Another detector will be hand carried by the ENTRY TEAM whenever they enter the Hot zone. The following environmental conditions should be noted:

LOCATION	TYPE OF MONITOR	READINGS/TIME
_____	_____	O ₂ Level _____ Flammability: _____

		Carbon Monoxide: _____
		Hydrogen Sulfide: _____
		Time: _____
		O₂ Level _____
		Flammability: _____
		Carbon Monoxide: _____
		Hydrogen Sulfide: _____
		Time: _____
		O₂ Level _____
		Flammability: _____
		Carbon Monoxide: _____
		Hydrogen Sulfide: _____
		Time: _____
		O₂ Level _____
		Flammability: _____
		Carbon Monoxide: _____
		Hydrogen Sulfide: _____
		Time: _____
		O₂ Level _____
		Flammability: _____
		Carbon Monoxide: _____
		Hydrogen Sulfide: _____

Time: _____

EMERGENCY PROCEDURES

On-site personnel will use the following standard emergency procedures. The Safety Officer shall be notified of any on-site emergencies and be responsible for ensuring that the appropriate procedures are followed. The Safety Officer has the right to correct, suspend, or terminate any portion of the emergency deemed to be unsafe.

PERSONNEL INJURY IN THE HOT ZONE: Upon notification of an injury in the Hot zone, the designated emergency signal _____ shall be sounded. All site personnel shall assemble at the edge of the Warm zone. The rescue team will enter the Hot zone (if required) to remove the injured person to the edge of the Hot and Warm zone. The SAFETY OFFICER and the ENTRY OFFICER should evaluate the nature of the injury, and the affected person should be decontaminated to the extent possible prior to movement to the Cold zone. The MEDICAL OFFICER shall initiate the appropriate first aid, and arrange for transportation to the nearest medical facility equipped to handle the patient. No person shall reenter the Hot zone until the cause of the injury or symptoms is determined.

PERSONNEL INJURY IN THE WARM OR COLD ZONE: Upon notification of an injury in the WARM or COLD ZONEs, the ENTRY OFFICER and the SAFETY OFFICER will assess the nature of the injury. If the cause of the injury or loss of the injured person does not affect the performance of site personnel, operations may continue. The Medical Officer will initiate the appropriate first aid and necessary follow up as stated above. If the injury increases the risk to others, the designated emergency signal _____ shall be sounded and all site personnel shall move to the edge of the Warm zone for further instructions. Activities on site will stop until the added risk is removed or minimized.

FIRE/EXPLOSION: Upon notification of a fire or explosion on site, the designated emergency signal _____ shall be sounded and all site personnel shall move to a safe distance from the involved area.

PERSONAL PROTECTIVE EQUIPMENT FAILURE: If any site worker experiences a failure or alteration of protective equipment that affects the protection factor, that person and their buddy shall immediately leave the Hot zone. Reentry shall not be permitted until the equipment has been replaced and the individual screened for medical effects.

OTHER EQUIPMENT FAILURE: If any other equipment on site fails to operate properly, the ENTRY OFFICER and SAFETY OFFICER shall be notified and then determine the effect of this failure on continuing operations on site. If the failure affects the safety of personnel or prevents completion of assigned tasks, all personnel shall leave the Hot zone until the situation is evaluated and appropriate actions are taken.

The following emergency escape routes are designated for use in those situations where egress from the Hot zone cannot occur through the Contamination Reduction Corridor: _____

In all situations, when an onsite emergency results in evacuation of the Hot zone, personnel shall not reenter until:

The conditions resulting in the emergency have been corrected.

- The hazards have been reassessed.
- The Site Safety Plan has been reviewed.
- Site personnel have been briefed on any changes in the Site Safety Plan.

The Incident Safety Officer will ENSURES that ALL site personnel have been briefed on the above Site Safety Plan and that they understand ALL aspects of it.

<i>INCIDENT COMMANDER NAME</i>	<i>SIGNATURE</i>

**ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP**



GALLUP FIRE DEPARTMENT
INCIDENT COMMANDER WORKSHEET

14

ACTIVE SHOOTER RESPONSE

INITIATED
28 JUN 13
REVIEWED
28 JUN 13
REVISED
10 APR 14

RESPONSE INFORMATION

NATURE OF EMERGENCY: _____

LOCATION: _____

HAZARDOUS MATERIALS INVOLVED: _____

NUMBER OF OCCUPANTS: _____ CONDITION OF OCCUPANTS: _____

MUNITIONS? **CIRCLE YES OR NO** TYPE OF MUNITIONS: _____

FIRE SYMBOL: _____ LINE NUMBERS: _____

WINDS: _____ @ _____ TEMP: _____

ESTABLISH COMMAND & INCIDENT ACTION PLAN

U-11 IS ON SCENE AT _____
IDENTIFY LOCATION (I.E., SOUTH SIDE OF BLDG 3489)

I HAVE PERFORMED A 360 DEGREE CHECK _____
SITUATION FOUND (I.E., NOTHING SHOWING, SMOKE, FIRE, ETC.)

I AM ESTABLISHING _____ COMMAND
NAME YOUR COMMAND (I.E., BLDG T-773 COMMAND)

WE WILL BE OPERATING IN THE _____ MODE
(I.E., OFFENSIVE, DEFENSIVE, INVESTIGATIVE)

I WILL BE POSITIONED _____
GIVE LOCATION (I.E., FACILITY, SPOT NUMBER, ETC.)

AND UTILIZING LEVEL _____ ACCOUNTABILITY
LEVEL I = STAYS ON VEHICLE LEVEL II = IC LOCATION LEVEL III = ECP

THE INCIDENT SAFETY/ACCOUNTABILITY OFFICER WILL BE _____
(SAFETY OFFICER MAY BE THE IC, A FIRE OFFICER I OR THE FES SAFETY OFFICER)

INITIAL RESPONSE

TASK	COMPLETED
REQUEST LOCKDOWN OF AFFECTED AREA	_____
REQUEST EOC BE ACTIVATED	_____
ESTABLISH COMMAND	_____
• UNIT ASSUMING COMMAND	_____
• COMMAND NAME	_____
• COMMAND LOCATION	_____
• STAGING LOCATION (SAFE DISTANCE)	_____
COORDINATE SAFE AREAS W/SFS	_____
ISOLATE AREA/DENY ENTRY	_____
CONDUCT SIZE UP FROM A SAFE LOCATION	_____
DEVELOP INITIAL INCIDENT ACTION PLAN	_____
• INCIDENT DESCRIPTION	
• LOCATION OF THE SHOOTER	
• NUMBER OF REPORTED VICTIMS	
• LOCATION OF REPORTED VICTIMS	
• ESTABLISH CASUALTY COLLECTION POINT	
• PPE LEVEL	
○ CONSIDER HELMETS/BODY ARMOR	
• ACTIONS TAKEN	
• STARGEY (LIFE SAFETY / INCIDENT STABILIZATION / PROPERTY CONSERVATION)	
• IDENTIFY CONTROL ZONES (G.P.D RECOMMENDATION)	_____
○ HOT	_____
○ WARN	_____
○ COLD	_____
• ANNOUNCE CONTROL ZONES	
• RESOURCES NEEDED	
EMS TO SCENE (CONSIDER MEDICAL HELICOPTER ON STANDBY)	
MUTUAL AID TO SCENE /STAGING /STATION	
• DECLARE INCIDENT STATUS: (OFFENSIVE/DEFENSIVE)	_____

VALIDATE CONTROL ZONES

- **HOT** _____
- **WARM** _____
- **COLD** _____

SITE COMMAND POST ON HAZARD AND WIND DIRECTION _____

DETERMINE SAFE ROUTE TO CP _____

PROVIDE GRID COORDINATES FOR CP / INCIDENT / SAFE ROUTE _____

ESTABLISH CONTACT WITH FIRE CHIEF _____

REQUEST ACTIVATION OF EOC (IF NOT DONE YET) _____

TRAVEL TO INITIAL CP _____

REASSESS SITUATION _____

- **COMPLETE SECONDARY SIZE UP** _____
- **REAFFIRM MODE OF OPERATION IS APPROPRIATE** _____
- **REQUEST MUTUAL AID RESOURCES** _____
- **TACTICS CONSISTENT W/ INCIDENT ACTION PLAN** _____

CONDUCT TRANSFER OF COMMAND _____

ESTABLISH ICP & ECP _____

- **LAY OUT ICP** _____

VALIDATE INCIDENT DESCRIPTION

- **LOCATION OF THE SHOOTER** _____
- **NUMBER OF REPORTED VICTIMS** _____
- **LOCATION OF REPORTED VICTIMS** _____

- **ACTION TAKEN** _____
- **STRATEGY** _____
- **CONTROL ZONES** _____
- **UPDATE RESOUCES STATUS** _____

VERIFY STAGING OFFICER IN PLACE AND LOCATION _____

VERIFY INCIDENT OBJECTIVES STILL CURRENT _____

RESOURCES AVAILABLE APPROPRIATE FOR INCIDENT ACTION PLAN _____

- MUTUAL AID _____
- GENERAL ALARM PAGE OUT OF OFF DUTY FIREFIGHTERS _____

NOTIFY HOSPITAL OF POTENTIAL SELF-PRESENTERS (IF APPLICABLE) _____

DETERMINE LOCATION FOR SELF-RESCUE STAGING AREA (SAFE HAVEN) _____

- PROVIDE SUPPORT TEAM AT EVAC CENTER _____

ESTABLISH INFORMATION CENTER (CONTACT PA) _____

- STAFF INFORMATION CENTER _____

UPDATE EOC EVERY 10 MINUTES _____

DIRECT SFS/FIRE OPERATIONS PERSONNEL ACCOUNTABILITY REPORT (PAR) AT 30 MINU INTERVALS _____

- ANY TIME THERE IS A CHANGE IN INCIDENT SEVERITY
- REPORTED LOST OR TRAPPED FIREFIGHTER
- CHANGE OF MODE OF OPERATION
- TERMINATION

TRAUMATIC STRESS RESPONSE SYSTEM ACTIVATION (IF NEEDED) _____

CONTACT CHAPLAIN

ERIC G. BABCOCK
FIRE CHIEF
CITY OF GALLUP

Type of Construction					
<input type="checkbox"/> Type I – Fire Resistive	<input type="checkbox"/> Protected				
<input type="checkbox"/> Type II – Non-Combustible	<input type="checkbox"/> Unprotected				
<input type="checkbox"/> Type III – Ordinary	<input type="checkbox"/> Lightweight				
<input type="checkbox"/> Type IV – Heavy Timber	<input type="checkbox"/> Lightweight				
<input type="checkbox"/> Type V – Wood Frame	<input type="checkbox"/> Balloon				
<input type="checkbox"/> Size-up <input type="checkbox"/> Perform 360°	Value: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Size:(GPM= Length x Width / 3)		
Strategy: <input type="checkbox"/> Offensive <input type="checkbox"/> Defensive <input type="checkbox"/> Transitional Time: _____ Controlled at: _____					
<input type="checkbox"/> Primary Search Complete Findings: _____ _____	<input type="checkbox"/> Secondary Search Complete Findings: _____ _____	Utilities secured? Sprinklered? Activated?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
PROBLEMS	STRATEGIES	TACTICS	UNITS		
Fire		Smoke		Exposures	
Offensive	Handlines	Vertical	Open Roof	Pressurize	PPV
Defensive	Master Streams	Horizontal	PPV	Remove	Dozer/drive/etc
Transitional	Agent	Ignore	Natural	Cool	Apply Water
Ignore	Extinguisher		Hydraulics	Monitor	Observe
				Ignore	
Possible Occupants		Verified Occupants		Access	
Locate	Primary Search	Rescue	Ladder, Rope	Provide	Forcible Entry
Direct	Secondary Search	Direct	Yell, Radio, PA	Deny	Ladder
Notify	Yell, PA	Protect	Hoseline		Barricade

Determine Look, Listen, Ask	Shelter Assist	Tape, Police
------------------------------------	-----------------------	---------------------

BENCHMARK				INCIDENT COMMANDER	STATUS REPORT		NOTIFICATIONS	
Offensive	◇	Defensive	◇	COMMAND LOCATION: _____	5 MIN	◇	Recall Off-Duty FFs	◇
Combination	◇	Sprinkler / FDC	◇		10 MIN	◇	EMS	◇
Primary Search	◇	Secondary Search	◇		15 MIN	◇	Police	◇
RIT/RIC	◇	Utility Secured	◇	PRIMARY RADIO CH: _____	20 MIN	◇	Utility Company	◇
PAR	◇	Gas	◇		25 MIN	◇	Fire Investigator	◇
Rehab	◇	Electric	◇		30 MIN	◇	Activate EOC	◇
Ventilation	◇	Water	◇	SEC RADIO CH: _____	35 MIN	◇		
Water Supply	◇	_____	◇		40 MIN	◇		

OPERATIONS			
RIT/RIC			

--	--	--	--

SUPPORT UNIT	ADDITIONAL RESOURCES	STAGING	OTHER

NOTES

DIAGRAM OF HAZARD AREA

WIND _____ @ _____ MPH

SIDE: _____

NORTH: _____

SIDE: _____

SIDE: _____

SIDE: _____