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# Columbia County, Oregon **HAZARDOUS MATERIALS TRANSPORTATION BY RAIL RESPONSE PLAN**

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Prepared for:



Columbia Emergency  
Planning Association (CEPA)



By:

**Henle Hazmat Training & Consulting, Inc.**



*"Presenting a real world approach to hazardous materials from experience."*

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## INTRODUCTION

This Hazardous Material Transportation by Rail Response Plan has been developed under a grant from the U.S. Department of Transportation, administered by the Oregon State Police, Office of State Fire Marshal. The grant documents require the plan to identify the three most hazardous substances shipped by rail line through Columbia County. These materials are crude oil, both regular and Bakken, ethanol, and anhydrous ammonia. Sodium Chlorate has been added as a fourth hazardous material shipped by rail in Columbia County. The planning process is designed to offer awareness/operations level participation by the local jurisdictions and agencies that are most likely to be affected by a hazardous materials by train incident. The response plan is specifically applicable to the three fire districts that are crossed by the main north south rail-line through the county. The plan also provides maps of the rail line in Columbia County and plume projections of key areas with high public exposure potentials. Input from many County Agencies, Fire Districts, the Railroad, State Hazmat Teams and the State Fire Marshal have been included in the Plan.

The plan is organized into three parts, **Part 1 Operational Guidelines**, **Part 2**, the basic plan administration, and **Part 3** the Response Packet. **Part 1** addresses basic response criteria to successfully respond to and mitigate a hazardous materials rail incident. **Part 2** consists of administrative supporting material. **Part 3** includes checklists, appendixes and worksheets designed for on-scene use.



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## II. Part 1

### Operational Guidelines

**Part 1, Operational Guidelines**, presents information for the First Responder to assist in the formulation of a comprehensive response to a hazardous materials rail incident in Columbia County. **Part 1** is designed to give basic information and tools for the First Responder to successfully respond to and mitigate a hazardous materials rail incident. The information presented in **Part 1** are basic guidelines that may not address every aspect of a hazardous materials rail emergency because an incident has its own variables and conditions that are impossible to predict. **Part 1** addresses basic response criteria that assist the appropriately trained First Responder in developing a safe, organized and common sense “game plan” to mitigate the emergency. It is recommended that Incident Commanders (IC) be trained to the Hazardous Materials Incident Commander Level required by OSHA (29CFR1910.120) and be DPSST/NFPA 472 certified.



## **Part 1 Operational Guidelines**

### **Preliminary Information:**

#### **A. Classification of Incident**

A response to a hazardous materials transportation incident by rail can be classified by 3 Levels. The purpose of this classification is to give dispatch and all responders a general idea of how serious or how complex the incident may be. The 3 Level concept increases awareness, adds to safety and helps in resource allocation. This concept is being adopted and used more frequently by emergency response organizations across the U.S. for hazardous materials response and planning. The numbers and types of units dispatched will reflect this Level concept.

### **Hazardous Material Transportation by Rail**

#### **Level of Incident:**

##### **Level 1 – Potential Emergency Condition (HZS)**

- Investigative Call
- Limited Caller Information
- “Something doesn’t look right”
- Minor derailment/No Spill or Fire/no ignition source/product contained in car
- Local response
- No or unknown threat to life, environment, property

##### **Level 2 – Limited Emergency Condition (HZM)**

- Greater than a Level 1
- Potential threat to life, environment, property
- Above capabilities of first responder
- Require Hazmat Team/Railroad assets
- Limited Protective Action (Evacuation/Shelter-In-Place of community)
- Train derailment with a leak/no fire
- No ignition source or source controlled
- Multi-unit response (Mutual Aid Type Response)
- May require Mutual Aid

##### **Level 3 - Full Emergency Condition-Fire (HZL)**

- Extreme hazard to life, environment, property
- Requires extensive resources
- May require large scale evacuation/shelter-in-place
- Train derailment with a leak and fire.
- State/Federal involvement
- Multi-jurisdictional involvement
- Specialists/technical teams involved
- Extensive resource management and allocation
- Multiple emergency operations

## **Part 1**

### **Operational Guidelines**

#### **A. 6 Step Process for the Incident Commander (IC)**

The following is a 6 step process for commanding a hazardous materials incident. These are the basic steps an IC should follow (in a logical order) for successfully mitigating a hazardous materials incident after the scene is secured.

1. Size-up
2. Hazard analysis
3. Risk Assessment
4. Strategic Goals (Objectives)
5. Tactics and Strategies
6. Debriefing

**The 3 Levels of Incidents and the 6 Step Process from above will be covered in detail in Procedural Guidelines Section of the Operational Guidelines as well as Checklists provided. All decisions and operations are based upon 3 priorities (in order): LIFE, ENVIRONMENT, PROPERTY**

## **Part 1**

### **Operational Guidelines**

#### **Procedural Guidelines:**

##### **A. Size-Up First Arriving Unit – Size-Up**

1. Announce arrival and give brief size-up and location of Command. Confirm Level of Incident or upgrade/downgrade Level, over the air, if necessary. Example: “All units- Engine 2 is on scene and Engine 2 is in Command. We may have a leaking tank car of anhydrous ammonia. Confirming this is a Level 3 Incident, responding units approach from the South and stage at the high school. Command is located at 1<sup>st</sup> and Johnson.”
2. Secure the scene – Keep people and vehicles from entering the scene. Give incoming units approach and staging directions i.e. upwind etc. Contact Rail Crew ASAP.
3. Complete a detailed size-up. Include everything the incident “touches”. Includes-
  - a. Population/environment/resources at risk-water ways, ship channels, burial grounds, wildlife refuge
  - b. Weather
  - c. Time of day
  - d. Flow of material
  - e. Container Size
  - f. Container Condition
  - g. Fire/ No Fire
  - h. Attempt to identify the material involved via placards, shipping papers, train list/consist, train crew etc.
4. Announce results of the detailed size-up to all units over the radio. Example “All units from Command. We have confirmed we have a leaking railroad tank car of anhydrous ammonia with a vapor cloud headed toward the downtown area. The vapor cloud covers a 2 block square area. Wind is from the South at 5 mph. All personnel don full turnouts and SCBA.”
5. Prepare to transfer Command. Try to do a Face-to-Face briefing with incoming IC as information transfer is critical.

See “First Arriving Unit Checklist” in Response Packet.

##### **B. Hazard Analysis**

1. Once the material has been identified, the IC must complete a Hazard Analysis of the product. This analysis evaluates the physical and chemical hazards of the product from information found on SDS’s, DOT ERG, WISER etc. **(See SDS’s in Response Packet).**
2. The basic physical and chemical hazards of the product pertinent to an emergency include:
  - a. Flash Point

- b. Flammable/Explosive range
  - c. Vapor Pressure
  - d. Vapor Density
  - e. Corrosivity
  - f. Solubility
  - g. Toxicity
3. Knowing and understanding the important physical and chemical hazards of the product will assist the IC in making decisions/tactics regarding:
  - a. Safety
  - b. Evacuation/Shelter-In-Place
  - c. Fire Control
  - d. Levels of PPE
  - e. Environmental Control
  - f. Decontamination
  - g. Hot, Cold, Warm Zone parameters
4. Without knowing and understanding the physical/chemical properties of a material, the IC **cannot** make many encompassing tactical directives in a safe, efficient and pertinent manner. If need be, contact technical experts to assist in interpreting this data.
5. If a product cannot be identified assume a worst case scenario and protect exposures/public until this data becomes available. See “Physical/Chemical Data Checklist” in Response Packet.

### **C. Risk Assessment**

1. Risk Assessment is an evaluation of harm that may occur to life, the environment and property. This harm is variable and changes with every incident. The risks are a component to be evaluated in determining incident objectives.
2. Factors that influence the degree of risk include:
  - a. Hazardous Material Involved – Physical/Chemical Properties
  - b. Type of Container and its Integrity
  - c. Quantity
  - d. Environmental Exposure (Location)
  - e. Exposures – Community, Responders, Property, Environment
  - f. Resources and Responder Capabilities
  - g. Rate of ReleaseSee “Risk Assessment Checklist”, “Plume Projections”, “Maps of Exposures” in Response Packet.

### **D. Strategic Goals(Objectives)**

1. Strategic Goals is another name for OBJECTIVES.
2. Objectives are the end result accomplishments, initially selected by the IC, to mitigate the emergency. They are selected early in the incident.
3. Objectives should be short, concise and reasonable and communicated in simple terms.
4. Objectives are the IC’s overall game plan.

5. Common objectives for a hazardous materials transportation emergency would be:

- a. Safety
- b. Rescue
- c. Public Protection
- d. Spill Control (Confinement)
- e. Leak Control (Containment)
- f. Fire Control
- g. Recovery

Additional “objectives” would be based upon the incident and local factors.

6. Hazmat objectives and associated tactics can be implemented from 3 Operational Modes:

- a. Offensive – Highly aggressive, quick acting, higher risk.
- b. Defensive – Less aggressive, less risk, employed in early stages of the incident.
- c. Non-Intervention – No action other than isolating the area. Letting incident run its course before intervening.

7. **SAFETY is always an Objective at every hazmat scene!**

See “Strategic Goals (Objectives) Checklist” in Response Pckt.

### **E. Tactics**

1. Tactics are methods to achieve the Incident Objectives and are implemented from the three Operational Modes – Offensive, Defensive, Non-Intervention.

2. IC develops the Objectives, then subordinate groups, divisions, resources etc., will establish specific tactics to meet the Objectives.

**3. Tactics** should be **precise** (with little interpretation), **reasonable**, **achievable**, **easily evaluated and within specified time frames**.

4. Hazmat Tactics examples:

- a. Rescue of trapped train crew - Rescue
- b. Foam application – Fire Control
- c. Extinguish or let fire burn. – Fire Control
- d. Evacuation/Shelter-In-Place – Public Protection
- e. Dispersing Vapors with hose streams – Fire Control or Public Protection
- f. Diking or Damming – Spill Control (confinement)
- g. Patching a leaking rail car – Leak Control (containment)

#### **5. Foam Application Guidelines – Hydrocarbon scenario**

#### **SINGLE CAR RELEASE. CONTAINED SPILL. WITH FIRE**

If fire suppression operations are initiated, responders need sufficient foam concentrate supplies, adequate water supply, foam appliances, equipment and properly trained personnel to effectively implement and sustain fire suppression and post-fire suppression operations.

**CRITICAL QUESTION:** Do you have the ability to extinguish a single tank car containing 30,000 gallons of crude oil? Based on the guidance in NFPA 11, *Standard for Low-Medium- and High- Expansion Foam* (2011 edition) -- for a spill scenario greater than one (1) inch in depth, agencies will need a minimum of approximately **216 gallons of 3% foam concentrate** available for the first 15 minutes of the operation based on a spill area of approximately 3,000 sq. ft. In addition, reapplication of foam will normally be necessary to maintain an adequate foam blanket.

***Note: If 1% foam concentrate is available and used, approximately 72 gallons of foam concentrate would be required for the first 15 minutes of the operations.***

**If you do not have the capability to safely and effectively implement and sustain this tactic, defensive or non-intervention strategies should be pursued.**

When large quantities of cooling water are being applied, rather than foam, an initial guideline is 1,500 gallons-per-minute (GPM) for a single car. If flame impingement is involved, 500 gpm per point of flame contact is recommended.

### **MULTIPLE CARS, RELEASE, SPILL WITH FIRE**

The resource requirements to safely and effectively respond to an incident of this magnitude will exceed the capabilities of most emergency response organizations. In situations of this nature, the amount of foam concentrate that is required to be available on-site to begin suppression operations per NFPA 11 (2011 edition), -- for a spill scenario greater than one (1) inch in depth, is approximately **26,000 gallons of 3% foam concentrate** for the first 15 minutes of the operation based on a spill area of approximately 360,000 sq. ft. In addition, reapplication of foam will normally be necessary to maintain an adequate foam blanket.

***Note: If 1% foam concentrate is available and used, approximately 8,666 gallons of foam concentrate would be required for the first 15 minutes of the operations.***

**NOTE: THE TACTIC FOR THIS TYPE OF INCIDENT THAT PROVIDES THE HIGHEST LEVEL OF SAFETY TO RESPONDERS IS DEFENSIVE TO PROTECT EXPOSURES OR NON-INTERVENTION.**

When large quantities of cooling water are being applied, rather than foam, an initial guideline is 1,500 gallons-per-minute (GPM) for each car. If flame impingement is involved, 500 gpm per point of flame contact is recommended.

**Inhalation Hazard Guidelines:** Those hazardous materials which are toxic and present an inhalation hazard require strict adherence to the recommended initial isolation distances for first responders. Until qualified individuals with the proper detection instruments arrive, it is not possible to determine if an Immediately Dangerous to Life and Health (IDLH) atmosphere is present.

See “Tactical Worksheet” and Appendix D “Foam Application Guide” in Response Packet

## **F. Debriefing**

1. According to OSHA, the IC is responsible for conducting a “Debriefing” at the end of scene operations or when certain units leave the scene before the end of operations. The IC may appoint a representative in his/her place to conduct the Debriefing.
2. Elements of a Debriefing:
  - a. Informing personnel of what they may have been exposed to, and the signs and symptoms of exposure.
  - b. Identifying contaminated/damaged equipment.
  - c. Identify any unsafe work conditions left behind.
  - d. Assign information-gathering responsibilities for post-incident analysis.

- e. Thanking personnel – Positive Message
- f. Conducted before leaving scene, take no more than 15-30 min.  
See “Debriefing Checklist” in Response Packet.

## **Incident Command Guidelines:**

### **A. Single Command**

1. A Single Command structure is used when one response agency has total responsibility for the overall incident. **In most cases, for a Columbia County Hazmat Rail Response, the local fire jurisdiction would be a Single Incident Command for a Level 1 incident.**
2. A Single Command individual is responsible for the management of on-scene emergency response operations.
3. The IC must be trained to assume the responsibilities necessary for incident mitigation.
4. The IC may elect to have a Public Information Officer, Liaison Officer and a Safety Officer if required by the incident.
5. The Incident Command Post must be located in a safe area preferably uphill and upwind with its location broadcast to all scene personnel.
6. The IC is OSHA mandated for appointing an Incident Safety Officer who is knowledgeable with the operations at hand.
7. If the incident escalates or becomes unmanageable, it may be necessary to form a Unified Command.
8. A Single Command should follow NIMS scene management doctrine if at all possible.

### **B. Unified Command (UC)**

1. A Unified Command Structure is used when more than one organization/entity shares incident management responsibility. The makeup of a Unified Command shall be based upon the needs of the incident and each “player” in the Unified Command shall have a legitimate stake or jurisdictional responsibility in the command process.
2. **For all Level 2 or Level 3 Hazmat Transportation by Rail Incidents, a Unified Command shall be established with the following 3 entities at a minimum – Fire, Railroad, Law Enforcement. More entities may be added to the Unified Command if required by the incident.**
3. **Fire shall be the lead agency of the Unified Command or “Chairman of the Board”. Unified Command is not management by committee.**
4. Unified Command, led by Fire, shall jointly make decisions and speak as “one” voice as well as following prescribed NIMS doctrine for Unified Command.
5. Depending on Incident factors, additional members of a Unified Command besides Fire, Railroad, Law Enforcement might be DEQ, State Fire Marshal etc.
6. The makeup of a Unified Command should be kept to a necessary minimum with no more than 5-6 members if possible.
7. Members of a Unified Command should only perform “command level tasks”.
8. Experienced Incident Management Teams (IMT) can be requested through the State Fire Marshal. State IMTs have formal certification and qualification, notification, deployment, and operational procedures in place, and can be a valuable asset at a complex scene. One primary “trigger point” for requesting an IMT would be when UC realizes “We’ve exhausted our mutual aid resources, and we still need...”



See “Single Command Worksheet”, “Unified Command Worksheet”, “Possible Agencies for Unified Command” in Response Packet.

### **Resource Guidelines:**

1. Resources required at a hazardous materials rail incident are many and mainly dependent on the needs of the incident itself. A Level 3 Incident will most likely require more resources than a Level 2 Incident etc.
  2. A hazardous materials incident requires **3 basic types of resources:**
  3. **a. Human Resources** – responders, support personnel, specialists.  
**b. Equipment Resources** – Foam Units, Rail Equipment, Aircraft Crash Trucks, Water Tenders etc.  
**c. Supply Resources** – Usually expendable items – Foam concentrate, limited-use PPE, medical supplies etc.
  4. Usually the Logistics Section Chief will manage Equipment and Supply Resources and the Liaison Officer will manage Human Resources.
  5. **Ordering resources:**
    - a. Order as soon as possible. Time is critical and a delay in resource allocation can have a negative impact on incident operations.
    - b. If unsure about a resource need, order anyway – resources can always be turned around if not needed.
    - c. Predict future resource needs to get “ahead of the curve”. This will aid in a faster resource response.
    - d. When ordering resources, provide information on where to stage or report when on scene and the best approach direction to the rail incident.
    - e. Refer to the “Short List” and “Long List” of possible resources in the Response Packet. The “Short List” are basic resources that are most likely needed at a Hazmat Rail Incident and the “Long List” includes resources for the larger, more complex incident.
  6. Staging Areas are established for the temporary location of available resources. A Staging Area can be any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment. Beneficial to be uphill and upwind from scene.
- See “Resource Checklist” and “Possible Required Resources” (Short and Long Lists) in the response Packet.

### **Communications (Dispatch) Guidelines**

The following are guidelines and criteria for the dispatching of initial responses to a hazardous materials rail incident in the County. These guidelines and criteria are based upon the 3 Levels of Response found in Part 1, page 4 of the Plan. Listed below are guidelines and criteria for Dispatchers to follow when taking reporting calls from the public, agencies or the railroad as well as requests from fire agencies to upgrade or downgrade an incident to another Level. If initial reporting information is vague or incomplete or the dispatcher is in doubt about determining an appropriate dispatch level, he/she should always take a safe approach and initially dispatch a higher level until more data is received to make a more accurate determination.

Listed below are basic dispatch criteria for the 3 Levels of Hazmat Response. (There may be other criteria not listed that might be used to determine an appropriate Level selection. Please see Levels of Incidents in Part 1, page 4 of Plan. Those criteria marked with an \* are key criteria in determining the Level.):

**Level 1 - Potential Emergency Condition (HZS)**

- Investigative Call (initial limited caller information)\*
- Minor derailment\*
- No Spill or Fire\*
- No presence of ignition sources
- No or unknown threat to life, environment, property
- Local Response

**Level 2 - Limited Emergency Condition (HZM)**

- Potential threat to life, environment, property
- Requires Hazmat Team/Railroad assets\*
- Derailment with a Leak but No Fire\*
- No presence of ignition sources\*
- May require limited evacuation/shelter-in-place
- May require Mutual Aid

**Level 3 - Full Emergency Condition (HZL)**

- Extreme hazard to life, environment, property
- Derailment with Fire\*
- Non-Derailment with Fire\*
- Requires extensive resources
- May require large-scale evacuation/shelter-in-place
- Multiple emergency operations\*

**Questions for Initial Caller(s)**

The following recommended questions, to ask initial caller(s), may help dispatch to make a determination of an appropriate Level.

1. Is there a fire? Yes (Level 3) No (Level 1 or 2)
2. Is there a leak? Yes (Level 2) No (Level 1)
3. Is there a smell or odor? Yes (Level 2) No (Level 1)
4. Can you see vapors or mists? Yes (Level 2) No (Level 1)
5. Are there ignition sources/people in the immediate area if there is a leak?  
Yes (Level 3) No (Level 2)

**Unit Dispatch (Fire Agencies)**

Clatskanie RFPD:

- Level 1 - Eng. 481
- Level 2 - Eng. 481, Water Tender 486, Hazmat Trailer 491, Astoria  
Hazmat Team (OSFM), Medic (?)

Level 3 - Eng's 481, 461, 471, Water Tender 486, Hazmat Trailer 491, Medic (?), Astoria Hazmat Team (OSFM), Portland Hazmat Team (OSFM), Columbia Pacific Bio Refinery Global Foam Trailer.

Columbia River Fire and Rescue:

Level 1 - 1 Engine, 1 CRDO

Level 2 - 1 Engine, 1 CRDO, Portland Hazmat Team (OSFM)

Level 3 - 1 Engine, 1 CRDO, Portland Hazmat Team (OSFM), Astoria Hazmat Team (OSFM)

Scappoose Rural Fire Protection District:

Level 1 - 1 Engine

Level 2 - 1 Engine, 1 Rescue, 1 Logistics, Portland Hazmat Team (OSFM)

Level 3 - 2 Engines, 1 SDO, 1 Rescue, 1 Medic, 1 Logistic, 1 SGEN,

1 SPIO, Portland Hazmat Team, TVF&R Hazmat Team (OSFM)

**Radio Interoperability Issues:** After initial requests, there have not been any radio interoperability issues reported.

### III. Jurisdictional (Lead) Agencies

*(List those agencies that have a lead (jurisdictional) role during an emergency and describe/address the strategies, emergency functions, and incident-specific tasks and procedures they are responsible for implementing. The level of detail varies according to the needs of each agency. Those with detailed Standard Operating Procedures/Standard Operating Guides [SOPs/SOGs] may not need much information in this portion of the plan.)*

#### RAIL RESPONSE ZONES

Rail Response Zones (RRZ) are used to define areas of railroad track adjacent to Highway 30 that have unique emergency response jurisdictional concerns. These zones identify areas of impact and ensure that all agencies with responsibility to mitigate an incident are notified.

**NOTE: FOR ANY LEVEL 2 (H2M) OR LEVEL 3 (H3L) INCIDENT ADD TO THE FOLLOWING NOTIFY LISTINGS: Oregon State Fire Marshal, OERS, Oregon Office of Emergency Management.**

**FOR ANY LEVEL 2 (H2M) OR LEVEL 3 (H3L) INCIDENT WITHIN ONE-QUARTER MILE OF THE COLUMBIA RIVER ADD TO THE FOLLOWING NOTIFY LISTINGS: United States Coast Guard (USCG), Oregon Department of Environmental Quality (ODEQ)**

#### **Rail Response Zones North (RRZN): Clatskanie Rural Fire Protection District (CRFPD) Lead fire Jurisdiction**

RRZN 1 Columbia/Clatsop County Line (milepost 70) to Clatskanie (milepost 62)

Notify: CRFPD, ODOT, CORD (Columbia County Road Department), Clatskanie Police, Clatskanie Public Works, Clatsop County Emergency Management

#### **Rail Response Zones Central (RRZC): Columbia River Fire & Rescue (CRFR) lead fire Jurisdiction**

RRZC 2 Clatskanie (milepost 62) to Heath Road (milepost 52). (From milepost 51 north of Rainier to milepost 62 outside of Clatskanie on Highway 30, Portland & Western (P&W) Railroad track moves into primarily rural country, at least over one-half mile from highway 30

and in some cases several miles. **For the majority of this distance the track runs within one-quarter mile of the Columbia River.**

Notify: CRFPD, ODOT, CORD, Clatskanie Police, Clatskanie Public Works, Columbia County Sheriff's Office (CCSO)

RRZC 3 Heath Road (milepost 52) to Larsen Road (milepost 51)

Notify: CRFPD, ODOT, CORD, CCSO

RRZC 4 Larsen Road (milepost 51) to Lindberg Road (milepost 44)

Notify: CRFR, ODOT, CORD, Rainier Police, Rainier Public Works

RRZC 5 Lindberg Road (milepost 44 to Milepost 33). **For the majority of this zone, the track is within one-quarter mile of the Columbia River.**

Notify: CRFR, ODOT, CORD, CCSO

RRZC 6 Milepost 33 to Deer Island Road (milepost 29). **For the majority of this zone, the track is within one-quarter mile of the Columbia River.**

Notify: CRFR, ODOT, CORD, CCSO

RRZC 7 Deer Island Road (milepost 29) to Bennett Road (milepost 25). **For the majority of this zone, the track is within one-quarter mile of the Columbia River.**

Notify: CRFR, ODOT, CORD, St Helens Police, St Helens Public Works

RRZC 8 Bennett Road (milepost 25) to Wikstrom Road (milepost 22)

Notify: CRFR, ODOT, CORD, CCSO

### **Rail Response Zones South (RRZS): Scappoose Rural Fire Protection District (SRFPD) Lead fire Jurisdiction**

RRZS 9 Wikstrom Road (milepost 22) to Columbia/Multnomah County Line (milepost 18)

Notify: SRFPD, ODOT, CORD, Scappoose Police, Scappoose Public Works

RRZS 10 Columbia/Multnomah County Line (milepost 18) to Cornelius Pass (milepost 13)

Notify: SRFPD, ODOT, Multnomah County

## **Fire Agencies.**

### **Clatskanie Rural Fire Protection District**

- Provide initial Incident Command and act as the lead agency in the North County area
- Coordinate additional medical response with the outside ambulance transport services and C911CD.
- Support EOC management.
- Coordinate evacuation and shelter-in-place operations with the Sheriff's Office.
- Perform fire suppression, rescue and EMS duties.
- Develop public information messages and function within the JIC when established.
- Support the Sheriff's Office in rural SAR.
- Provide initial Incident Command, participate in Unified Command
- 

### **Columbia River Fire and Rescue**

- Provide initial Incident Command and act as the lead agency in the Central County area
- Coordinate additional medical response with the outside ambulance transport services and C911CD.
- Support EOC management.
- Coordinate evacuation and shelter-in-place operations with the Sheriff's Office.
- Perform fire suppression, rescue and EMS duties.
- Develop public information messages and function within the JIC when established.
- Support the Sheriff's Office in rural SAR.
- Provide initial Incident Command, participate in Unified Command
-

**Scappoose Rural Fire Protection District**

- Provide initial Incident Command and act as the lead agency in the South County area
- Coordinate additional medical response with the outside ambulance transport services and C911CD.
- Support EOC management.
- Coordinate evacuation and shelter-in-place operations with the Sheriff's Office.
- Perform fire suppression, rescue and EMS duties.
- Develop public information messages and function within the JIC when established.
- Support the Sheriff's Office in rural SAR.
- Provide initial Incident Command, participate in Unified Command
-

## **Law Enforcement**

Law enforcement agencies share common functions based on the County EOP:

- Determine road closures, roadblocks, and detours. Provide staff to set up and coordinate with Road Departments for detours.
- Coordinate all Law Enforcement activities on and off-scene relative to the incident.
- Provide on-scene security for the personal effects of incident victims.
- Coordinate all off-scene SAR activities to include land- based SAR and dive rescue.
- Initiate and coordinate the evacuation of personnel as deemed necessary.
- Provide site traffic plan that includes routes of ingress, egress, and evacuation; and continual updating of the Traffic Plan to the IC and Operations Chief.

### **PRIMARY LAW ENFORCEMENT AGENCY**

(Many of these duties may be delegated to other law enforcement agencies)

- Coordinate alert and warning of the public with support from the BOCC and Emergency Management.
- Support damage assessment.
- Support emergency medical activities with Fire Services, EMS, and Public Health.
- Coordinate evacuation and shelter-in-place operations with support from Fire Services and the Road Department.
- Coordinate missing persons locator activities.
- Support mass fatality operations with Public Health.
- Support public information with the JIC/JIS and the BOCC.
- Coordinate rural search and rescue (SAR) operations.
- Support traffic planning with the Road Department.
- Coordinate intelligence investigation information activities with other law enforcement agencies, as needed.
- Participate in Unified Command.

**Columbia County Sherriff's Office**

**Clatskanie Police Department**

**Columbia City Police Department**

**Rainier Police Department**

**St Helens Police Department**

**Scappoose Police Department**



## Emergency Management

### Columbia County Department of Emergency Management

- Activate the EOC.
- Implement the Rail Response Plan and County EOP, when appropriate.
- Coordinate EOC management.
- Coordinate with Countywide EOCs and DOCs.
- Support alert and warning of the public.
- Coordinate communications with impacted organizations.
- Coordinate communications with the Columbia 9-1-1 Communications District (C911CD).
- Coordinate with Multnomah and Clatsop counties Emergency Management as needed, and ensure they are notified if in their jurisdiction.
- Coordinate direction and control with the BOCC, appropriate department heads, and elected officials.
- Support environmental services with Land Development Services.
- Support public information dissemination.

### Emergency Medical (EMS)

EMS agencies share common functions in the County EOP:

- Triage, treatment and transport operations

**Clatskanie Rural Fire Protection District**

**Columbia River Fire & Rescue**

**Mist-Birkenfield Rural Fire Protection Dist**

**Scappoose Rural Fire Protection**

**American Medical Response (AMR)**

**Metro West Ambulance**

**Medix Ambulance**

**Lifeguard Air Ambulance**

**Life Flight Helicopter**

### Columbia County Road Department

- Coordinate damage assessment of county roads and bridges at the derailment
- Support evacuation operations with the Sheriff's Office.
- Support heavy rescue with the Fire Services.
- Establish detour routes for non-responding traffic (general public) in coordination with ODOT, IC and the EOC.

## Public Health

### Public Health Foundation of Columbia County

- Evaluate and inform the public about health hazards
- Coordinate provision of health and medical services during an emergency.

- Facilitate assistance to special needs populations.
- Provide assistance to the State Medical Examiner's Office as required.

## **Railroad**

### **Portland and Western Railroad (PNWR)**

- Perform initial on-site emergency duties at the scene of a hazardous materials spill when caused by PNWR operations.
- Utilize PNWR resources for the immediate administration of its own emergency response plan and the Columbia County Hazardous Materials Transportation by Rail Response Plan when a hazardous materials spill was caused by PNWR operations.
- Function as a member of Unified Command at a hazardous materials spill when caused by PNWR operations.

## **State Agencies**

### **Oregon State Police**

- Coordinate with law enforcement resources.
- Support traffic control, performance and maintenance of evacuation.
- Assist in the dissemination of warning and evacuation information to the public.

### **Oregon Department of Environmental Quality (DEQ)**

- Represent state laws and interests in oil and hazardous substances incidents by acting as the State On-Scene Coordinator in the Unified Command System.
- Coordinate response efforts with other local, tribal, state and federal agencies.
- Maintain resource list of cleanup contractors, equipment and technical/scientific personnel.
- Provide on-scene coordination and technical assistance on containment, cleanup, disposal, recovery, natural resource damage assessment, laboratory analysis and evidence collection for enforcement actions.
- Establish cleanup standards for the incident in accordance with federal and state law.
- Ensure source control, containment, cleanup and disposal are accomplished.
- Provide equipment and manpower to assist in the containment of a hazardous material release.
- Provide equipment and manpower to repair essential, jurisdictional facilities damaged as a result of a hazardous material release.
- Provide assistance to law enforcement with regard to traffic control on evacuation routes and at the incident scene.

### **Oregon Emergency Response System (OERS)**

- Coordinate and notify state resources as requested in response to an emergency.
- Dispatch a Regional HazMat Team as requested.

**Oregon Office of Emergency Management (OEM)**

- OEM coordinates with local jurisdictions to develop and maintain city and county emergency operations plans.
- Serves as the state's twenty-four hour central reporting point for the notification of oil and hazardous materials spills.
- Through OERS, OEM provides a single point of contact to obtain the assistance of any state emergency response agency 24 hours a day, 7 days a week.

**Oregon Office of the State Fire Marshal (OSFM)**

- Oversee training, equipment and response activities of the state's 14 Regional HazMat teams.
- Provide a Rail Specialist to assist at the scene of railroad emergencies.
- 

**Portland Area HazMat Team #7/ Astoria HazMat Team #11**

- Provide telephonic technical advice to on-scene hazardous materials responders
- Respond to the scene of hazardous materials emergencies to support local responders with hazardous materials technician skills and equipment

## **IV. Supporting Agencies**

*(List those agencies that have a support role during an emergency and describe/address the strategies, emergency functions, and incident-specific tasks and procedures they are responsible for implementing. The level of detail varies according to the needs of each agency. Those with detailed Standard Operating Procedures/Standard Operating Guides [SOPs/SOGs] may not need much information in this section.)*

### **Fire Departments**

#### **Mist-Birkenfield Rural Fire Protection District**

#### **Vernonia Fire Department**

### **Communications**

#### **Columbia 9-1-1 Communications District**

- Activate alert and warning systems at the 9-1-1 center
- Coordinate communications with emergency management and other responder agencies

#### **Amateur Radio Emergency Service (ARES)**

- Provide additional communications links to assist all echelons of local government and volunteer emergency relief agencies

### **County/City Agencies**

#### **County Counsel**

- Support EOC management
- Manage legal problems and policies
- Coordinate the declaration process

### **Federal Agencies**

#### **U.S. Coast Guard (USCG)**

- Act as the Federal On-Scene Coordinator at hazardous materials spills affecting waters under USCG jurisdiction
- Respond to the scene of hazardous materials spills bordering waters under USCG jurisdiction for technical advice and support

**U.S. Environmental Protection Agency****U.S. Army Corps of Engineers****State Agencies/Regional Teams****Tualatin Valley HazMat Team # 9****Gresham-Multnomah County HazMat Team # 3****Private Agencies****Chemical Transportation Emergency Center (CHEMTREC)**

- Provide 24/7 hazardous materials technical advice
- Assist public safety agencies in contacting chemical shippers and manufacturers

**Area Hospitals**

- Treats the injured
- Maintain contamination control procedures
- Develop and exercise emergency response plans
- Maintain adequate medical supplies

**Non-Governmental Organizations (NGOs)****American Red Cross**

- Coordinate and provide shelter and care.
- Support damage assessment by providing information on human impact.
- Support evacuation with the Sheriff's Office and Fire Services.
- Support missing persons location activities.
- Support public information with the BOCC and the JIC.
- Support transportation needs with the Road Department.
- Support volunteer coordination.

# VI. Basic Plan Administration

## Letter of Promulgation

Government at all levels has the responsibility to plan for and respond to disasters resulting from all hazards. In view of this fact, the Board of County Commissioners has established an Emergency Management Program, through its Department of Emergency Management, to provide overall planning and coordination for disasters. This Rail Response Plan provides specific guidance to County Departments, emergency responders, and other agencies operating within Columbia County during disasters.

It is hereby directed that Emergency Management annually review this Rail Response Plan, and their disaster responsibilities. Plan activation or exercise participation will serve as review. Thorough familiarity with this plan will result in the efficient and effective execution of disaster responsibilities and in better service to the citizens of Columbia County.

Government entities complying with this Rail Response Plan shall not be liable for injury, death, or loss of property except in the case of willful misconduct or gross negligence.

Promulgated herewith and officially adopted is the Rail Response Plan for railroad emergencies in Columbia County. This Plan supersedes any previous Rail Response Plan.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2016.

BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

By:

\_\_\_\_\_  
Anthony Hyde, Chair

\_\_\_\_\_  
Henry Heimuller, Commissioner

\_\_\_\_\_  
Earl Fisher, Commissioner

## Record of Changes

All updates and revisions to the plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by emergency response personnel.

| Change Number | Date of Change | Person Making Change | Change Summary |
|---------------|----------------|----------------------|----------------|
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## Record of Distribution

Copies of this plan have been provided to the following jurisdictions, agencies and persons. Updates will be provided when available. Recipients will be responsible for updating their respective Rail Response Plans when they receive changes. The County Emergency Manager is ultimately responsible for all plan updates.

| Date | Copies | Jurisdiction/Agency/Person/Title |
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## Purpose

The primary purpose of this plan is to outline the County Emergency Responders approach to railroad emergency operations in order to protect the safety, health, and welfare of its citizens. The goal of developing and maintaining a Columbia County Rail Response Plan is to coordinate local agency Standard Operating Procedures/Standard Operating Guides (SOPs/SOGs), define disaster-specific procedures, and outline roles and limitations.

**Section I Immediate Action Checklist** addresses action required to initiate an immediate response to a railroad emergency incident. **Section II Jurisdictional (Lead) Agencies** lists those agencies with a lead role in a rail emergency, and addresses their responsibilities. **Section III Supporting Agencies** identifies those agencies that have a support role during a rail emergency, and describes the emergency functions they are responsible for implementing. **Section IV Schools, Nursing Homes and Hazardous Materials** gives critical information emergency responders may need to reference. **Section V Basic Plan** contains the plan purpose, administrative information, and legal authorities and references.

## Scope

This plan is activated whenever the County must respond to an emergency railroad incident whose size or complexity is beyond that normally handled by routine operations. This plan is intended to guide the County Emergency Responders emergency operations while complementing and supporting the emergency response plans and procedures of responding agencies, other local governments, special districts, and other public, nonprofit/volunteer, and private-sector entities, but not taking precedence over them.

The primary users of this plan are elected officials, department heads and their senior staff members, emergency management staff, leaders of local volunteer support organizations, and others who may participate in emergency operations. The general public is also welcome to review non-sensitive parts of this plan to better understand how the County manages railroad emergency operations. The geographic area to which this plan applies is the route which generally parallels State Highway 30 of the approximately 53 miles of track owned and operated by the Portland & Western Railroad, starting from about Highway 30 and Cornelius Pass Road in Multnomah County to the Wauna Paper Mill in Clatsop County (rail mileposts 11.5 to 73).

## Situation Overview

Columbia County is located in the northwestern corner of Oregon and is bordered by the state of Washington across the Columbia River to the north and east, Washington and Multnomah Counties to the south, and Clatsop County to the west. As of July 1, 2015, the estimated County population was approximately 49,600, with a large portion of the population living in rural areas. St. Helens, consisting of 13,158 residents, is the largest population center and the County Seat. State Highway 30 and the Portland & Western Railroad (PNWR) run parallel to the Columbia River along the eastern and northern edges of the County and divide the cities of Scappoose, St. Helens, Columbia City, Rainier, and Clatskanie. These transportation routes enter the County from the south through Multnomah County and leave the County at Westport to the west through

Clatsop County. Highway 30 is a major transportation route between the northern coastal area and the Portland metropolitan area. At the time of the final draft the Portland & Western Inc. is the county's only railroad operating on the rail line.

Conducting a Hazard Analysis, each of the hazards and threats described below is scored using a formula with four independently weighted rating criteria (history, vulnerability, maximum threat, probability) and three levels of severity (low, moderate, and high). The hazards are in descending order of total score: (highest possible score is 340, lowest possible score is 24)

|                                 |     |
|---------------------------------|-----|
| • Flood                         | 290 |
| • Severe weather                | 255 |
| • Earthquake                    | 217 |
| • Transportation accident       | 190 |
| • Hazardous material            | 180 |
| • Multiple casualty incident    | 110 |
| • Volcanic eruption             | 109 |
| • Drought                       | 105 |
| • Wildland/urban interface fire | 105 |
| • Civil disorder/terrorism      | 29  |

A railroad derailment (transportation accident) involving hazardous material thus falls midway in the total score ranking of hazards.

Columbia County does not have a state Regional HazMat Team stationed within its boundaries, and depends on support from either the Portland Team #7 (primary) or Astoria Team #11.

In 2008, Columbia County's Community Emergency Planning Association (CEPA) Community Awareness Emergency Response (CAER) group evolved into the first Local Emergency Planning Committee (LEPC) in Oregon. The LEPC continues to be proactive and involves representation from industry and local government.

Vulnerable critical facilities (nursing homes, schools, hospitals), and the three most critical hazardous materials transported by rail are addressed in **Section IV** of this plan.

## Planning Assumptions

- Outside assistance will be available in most emergency situations affecting the County.
- Major railroad derailments and hazardous materials spills occur with little or no warning.
- Columbia County government will have adequate communications necessary to respond to a disaster. The regional Tactical Interoperable Communications Plan procedures will be used when necessary for multi-discipline/jurisdictional response.
- Some residents will not evacuate regardless of the imminent danger presented by a hazardous materials release.
- Residents with access and functional needs may require assistance to evacuate.
- Hazardous materials could potentially enter water or sewer systems and necessitate the shutdown of those systems.

## Concept of Operations

Agencies responding to the release will do so only to the extent of their personnel's training and qualification, available resources and capabilities. The incident commander will request the assistance of mutual aid partners and the hazardous materials regional response team when the size and scope of the release exceeds the response capabilities of Columbia County responders.

The closest Regional HazMat Response Teams are located in Portland (primary) and Astoria and provide hazardous material emergency response to incidents that exceed the resources of local jurisdictions. They are a technical resource for incident command. Team members are trained to the technician level and are equipped to provide any assistance from phone consultation to Level A response.

The first priority for the Incident Commander will be to determine the appropriate protective actions to protect first responders and the public, disseminate the recommendations and implement them. Consult the **US DOT Emergency Response Guide** to determine initial isolation and protective action distances, and the factors to consider for determining the protective action. The Incident Commander should coordinate with the Safety Officer and the HazMat Team to determine the appropriate protective action.

The Portland & Western Railroad is the responsible party for any railroad hazardous material incident in Columbia County. As the responding jurisdictional (lead) agencies arrive on the scene, the initial Incident Command should prepare to transition to Unified Command, which will include the responsible party.

Primarily due to the lack of sufficient foam concentrate in the county, a defensive strategy is indicated for the initial stages of any railroad incident involving significant spills of flammable liquids from leaking tank cars.

A synopsis of major emergency response resources is available in **Section II Jurisdictional (Lead) Agencies** and **Section III Supporting Agencies**.

## Organization and Assignment of Responsibilities

This section is an overview of the key functions that jurisdictional (lead) agencies will accomplish, the roles of support organizations, and identifies existing mutual aid agreements (MAA) for the quick activation and sharing of resources during an emergency.

## JURISDICTIONAL (LEAD) AGENCIES

### **Fire Service: Fire suppression, rescue, EMS, Incident Command**

- Clatskanie Rural Fire Protection District

- Clatskanie Rural Fire Protection District
- Columbia River Fire and Rescue
- Scappoose Rural Fire Protection District

**Law Enforcement: Scene security, traffic control, personnel evacuation**

- Columbia County Sheriff's Office
- Clatskanie Police Department
- Columbia City Police Department
- Rainier Police Department
- St Helens Police Department
- Scappoose City Police Department
- Oregon State Police

**Emergency Management: Coordinate Incident Command support activities**

- Columbia County Emergency Management
- Multnomah County Emergency Management (notify if incident is in their county)
- Clatsop County Emergency Management (notify if incident is in their county)
- Oregon Office of Emergency Management

**Outside Emergency Medical (EMS): Triage/treatment/transport casualties**

- Metro West Ambulance
- Medix Ambulance Service
- AMR
- Life Flight
- Life Guard
- Mist-Birkenfield Rural Fire Protection District

**Railroad:**

- Portland and Western Inc.

**State Agencies: Support on-scene operations**

- Oregon Emergency Response System (OERS)
- Oregon Department of Transportation (ODOT)
- Oregon Office of the State Fire Marshal (OSFM)
- Oregon Department of Environmental Quality (DEQ)

## SUPPORTING AGENCIES

**County/District Agencies: Support on-scene operations**

- Columbia 9-1-1 Communications District (C911CD)
- Columbia County Road Department
- Public Health Foundation of Columbia County
- County Counsel

**State Agencies: Support operations with regional team hazmat technicians**

- Portland Area HazMat Team # 7/Astoria HazMat Team # 11
- Gresham-Multnomah County HazMat Team # 3/Tualatin Valley HazMat Team # 9

**Federal Agencies: Support on-scene operations**

- US EPA
- US Coast Guard (USCG)

**Private Sector: Support on-scene operations**

- CHEMTREC
- Legacy Urgent Care Center

**Mutual Aid Agreements (MAA)**

- Omnibus Mutual Aid Agreement for Emergency Management
- Multnomah County Fire Agencies – Oregon
- Washington County Fire Agencies – Oregon
- Clatsop County Fire Agencies – Oregon
- Cowlitz County Fire Agencies – Washington
- Clark County Fire #3 (Fireboat) – Washington
- MORE (Managing Oregon Resources Efficiently)
- Columbia County – ODOT
- Columbia County – UASI/RDPO (Urban Area Security Initiative / Regional Disaster Preparedness Organization)

**Direction, Control and Coordination**

The National Incident Management System (NIMS) has been adopted by public safety emergency response agencies throughout Columbia County. In Oregon, implementation of NIMS and an Incident Command System (ICS) is mandatory during an emergency incident. The Columbia County Board of County Commissioners is tasked with ensuring County NIMS compliance.

The designated Incident Commanders (ICs) for jurisdictions within the Columbia County are selected from fire departments, as provided in the County Emergency Operations Plan. The Incident Commander will direct the activities of deployed emergency response elements through the Incident Command Post (ICP). The response will initially concentrate on the immediate needs at the incident. Immediate needs include, isolating the area, implementing traffic controls, notifying Oregon Emergency Response System (OERS) of the need to dispatch a Regional Hazardous Materials Emergency Response Team to contain the spill, if beyond the local responders training and abilities, and formulating and implementing protective actions for emergency responders and the public at risk.

The Public Information Officer (PIO) will convey protective measures to the public by utilizing Emergency Alert System (EAS) messages, the Columbia Alert Network (CAN), and the County Public Inquiry Center (PIC) established by the EOC to provide PIO-approved information to the public regarding incident activity, impacts, and available resources. The PIO is also responsible for conducting media briefings, and coordinating the development of door-to-door protective action statements. The PIO will be assisted by the EOC in coordinating public information collection and dissemination.

The Columbia County Emergency Operations Center (EOC) will activate according to local policies and procedures, or when requested to support Incident Command (IC) actions. The EOC is generally responsible for coordinating public information, strategic resource allocation, and policy decisions on a countywide basis in support of Incident Command. The authority to activate the County EOC resides with the Chair of the Board of County Commissioners (BOCC), the Sheriff, the Director of the Road Department, the Emergency Manager, or their designees.

Effective exchange of critical information between the EOC and ICP is essential for overall response efforts to be successful. The EOC is responsible for establishing initial contact with the Incident Commander to begin their coordination and support process. The ICP is responsible for advising the EOC of changes to the situation, and requirements for information or resources. The Incident Commander has tactical and operational control of response assets.

## **Information Collection, Analysis, and Dissemination**

The County Emergency Operations Center (EOC) is the primary facility for management of County—and oversight of Countywide—activities and coordination. It establishes strategic goals for County and Countywide activities, manages resources and information, and coordinates with the State and other outside agencies (see ESF 5 – Emergency Management).

Critical or essential information for on-scene operations at the incident consists of hazard and response information from the train consist, train manifest, train list, shipping papers, Safety Data Sheet (SDS), placards, name of commodity stenciled on car, CHEMTREC, local, state, and federal authorities and shipper/manufacturer contacts to allow a hazard analysis.

A **Hazard Analysis** is the use of a model or methodology to estimate the movement of hazardous materials at a concentration level of concern from an accident site, either at a fixed site or on a transportation route to the surrounding area in order to determine which portions of a community may be at risk by a release of such materials. The fastest field method is to utilize the US DOT Emergency Response Guidebook Table of Isolation and Protective Action Distances to determine the appropriate protective action.

The choice of protective actions for a given situation depends on a number of factors. For some cases, evacuation may be the best option; in others, sheltering in-place may be the best course. Sometimes, these two actions may be used in combination. In any emergency, officials need to quickly give the public instructions. The public will need continuing information and instructions while being evacuated or sheltered in-place. Proper evaluation of factors involving the hazardous material, population threatened and weather conditions will determine the effectiveness of evacuation or in-place protection (shelter in-place).

## **Communications**

- Emergency calls from the public are received by the Public Safety Answering Point (PSAP). This PSAP, commonly referred to as the 9-1-1 center, also dispatches public safety agencies in response to calls received. Columbia 9-1-1 Communications District (C911CD) is the PSAP for calls for service in Columbia County and dispatches for all public safety agencies based in Columbia County.

- Non-public safety agencies are usually self-dispatched during business hours, e.g., County Road Department, city public works, Columbia County Rider assets, school buses, etc. After hours, dispatched by C911CD.
- There are numerous public safety/service radios regularly operated by County and city personnel. In the event of telephone line failure, these daily operations radios will continue to be used, as much as possible, as the primary means of communication. The public safety radio system may be widely impacted due to the number of radios trying to use the available frequencies.
- The Emergency Alert System (EAS) may be activated to disseminate emergency information via radio and television.
- The Amateur Radio Emergency Services (ARES), composed of radio operators licensed by the FCC for non-commercial (amateur) communications, has voluntarily registered its services and formed an organized pool of trained communication specialists to assist Columbia County Emergency Management in providing alternate emergency and disaster communications including, among other services, packet radio (e-mail using radios instead of telephone lines).
- Columbia 9-1-1 Communications District (C911CD) will coordinate communications with Emergency Management and all responder agencies.
- Columbia County government and responder agencies have adequate communications necessary to respond to an emergency. The regional Tactical Interoperable Communications Plan procedures will be used when necessary for multi-discipline jurisdictional response.
- Incident Commanders will establish required radio communications networks utilizing their agency tactical operational radio systems to support their on-scene operations.
- Columbia Alert Network (CAN) is a high-speed telephone emergency notification system that enables safety officials to provide critical information to large numbers of people in a short period of time by geographical area and/or predetermined lists.

## **Administration, Finance, and Logistics**

State law (ORS 402.010 and 402.015) authorizes local governments to enter into Cooperative Assistance Agreements with public and private agencies in accordance with their needs (e.g., the Omnibus Mutual Aid Agreement). Personnel, supplies, and services may be used by a requesting agency if the granting agency cooperates and extends such services. However, without a mutual aid pact, both parties must be aware that State statutes do not provide umbrella protection, except in the case of fire suppression pursuant to ORS 476 (the Oregon State Emergency Conflagration Act).

Copies of these documents can be accessed through individual departments. During an emergency situation, a local declaration may be necessary to activate these agreements and allocate appropriate resources. Liability issues and potential concerns among government agencies, private entities, and other response partners and across jurisdictions are addressed in existing mutual aid agreements and other formal memoranda established for the County and its surrounding areas.

An **Emergency Management Assistance Compact (EMAC)** is a congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently, resolving two key issues up front: liability and reimbursement.

Emergency operations will be conducted by County departments, augmented as required by trained reserves, volunteer groups, forces supplied through mutual aid agreements, and private contractors. County, State, and federal support will be requested if the situation dictates.

Proper documentation and reporting during an emergency is critical for the County to receive proper reimbursement for emergency expenditures and to maintain a historical record of the incident. County staff will maintain thorough and accurate documentation throughout the course of an incident or event. Incident documentation should include:

- Incident and damage assessment reports
- Incident Command logs
- Cost recovery forms
- Incident critiques and After-Action Reports (AARs)

All documentation related to the County's emergency management program will be maintained in accordance with Oregon's public records and meetings law (ORS 192), subject to applicable exemptions such as for "Public Safety Plans," as appropriate.

## Plan Development and Maintenance

At a minimum, this plan will be formally reviewed and re-promulgated every five years to comply with State requirements. This review will be coordinated by the County Emergency Manager and will include participation by members from each of the departments assigned as lead agencies in this plan. This review will:

- Verify contact information;
- Review the status of resources noted in the plan; and
- Evaluate the procedures outlined in this plan to ensure their continued viability.

In addition, lead agencies will review the sections assigned to their respective departments. A more frequent schedule for plan review and revision may be necessary. **Recommended changes should be forwarded to:**

Columbia County Emergency Management  
ATTN: Emergency Manager  
230 Strand Street  
St. Helens, OR 97051

The Columbia County EOP Plan Development, Maintenance and Implementation section contains a complete discussion of the regular cycle of training, evaluating, reviewing and updating of emergency response plans.



## **Legal Authorities and References**

### **Legal Authorities**

This plan is issued in accordance with, and under the provisions of, Oregon Revised Statutes (ORS) Chapter 401, which establishes the authority for Board of County Commissioners (BOCC) to declare a state of emergency.

As approved by the BOCC, per County Order Number 35-99, County Emergency Management has been identified as the lead agency in the Emergency Management Organization (EMO). Emergency Management has the authority and responsibility for the organization, administration, and operations of the EMO.

The following Table sets forth the Federal, State, and local legal authorities upon which the organizational and operational concepts of this plan are based: (see next page)

| <b>Legal Authorities Table</b>   |  |
|--|--|
| <b>Federal</b>   |  |
| <ul style="list-style-type: none"> <li>- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288) as amended, April 2013, Accessed on 30 May 2016 at: <a href="http://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended">http://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended</a></li> <li>- Homeland Security Act of 2002 (Public Law 107-296), Accessed on 30 May 2016 at: <a href="http://www.dhs.gov/key-dhs-laws">http://www.dhs.gov/key-dhs-laws</a></li> <li>- Post-Katrina Emergency Management Reform Act of 2006 (Public Law 109-295), Accessed on 30 May 2016 at: <a href="http://www.dhs.gov/key-dhs-laws">http://www.dhs.gov/key-dhs-laws</a></li> <li>- Homeland Security Policy Directive/HSPD-5: Management of Domestic Incidents, Accessed on 30 May 2016 at: <a href="http://www.fas.org/irp/offdocs/nspd/hspd-5.html">http://www.fas.org/irp/offdocs/nspd/hspd-5.html</a></li> <li>- Presidential Policy Directive/PPD-8: National Preparedness, Accessed on 30 May 2016 at: <a href="http://www.dhs.gov/presidential-policy-directive-8-national-preparedness">http://www.dhs.gov/presidential-policy-directive-8-national-preparedness</a></li> </ul>  |  |
| <b>FEMA Policy</b>   |  |
| <ul style="list-style-type: none"> <li>- National Incident Management System, December 2008, Accessed on 30 May 2016 at: <a href="http://www.fema.gov/national-incident-management-system">http://www.fema.gov/national-incident-management-system</a></li> <li>- Developing and Maintaining Emergency Operations Plan, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, November 2010, Accessed on 30 May 2016 at: <a href="http://www.fema.gov/media-library/assets/documents/25975">http://www.fema.gov/media-library/assets/documents/25975</a></li> </ul>   |  |
| <b>State of Oregon</b>   |  |
| <ul style="list-style-type: none"> <li>- Oregon Revised Statutes (ORS) 2011 Edition, Chapters 401 through 404, Accessed on 30 May 2016 at: <a href="https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx">https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx</a></li> <li>- State of Oregon Emergency Operations Plan, as revised November 2013, Accessed on 30 May 2016 at: <a href="http://www.oregon.gov/OMD/OEM/Pages/plans_train/EOP.aspx">http://www.oregon.gov/OMD/OEM/Pages/plans_train/EOP.aspx</a></li> <li>- Emergency Declaration Guidelines for Local Elected and Appointed Officials, September 2011, Accessed on 30 May 2016 at: <a href="http://www.oregon.gov/OMD/OEM/docs/library/ea_officials_guide_sept_2011.pdf">http://www.oregon.gov/OMD/OEM/docs/library/ea_officials_guide_sept_2011.pdf</a></li> <li>- Oregon Administrative Rules (OAR) 104: Oregon Military Department, Accessed on 30 May 2016 at: <a href="http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_104/104_tofc.html">http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_104/104_tofc.html</a></li> <li>- Oregon Regional Tactical Interoperable Communications Field Operations Guide (TICFOG) Version 1.17 Dated: July 1, 2014, Accessed on 30 May 2016 at: <a href="http://www.oregon.gov/SIEC/Docs/OREGON_REGIONAL_TICFOG_July_1_2014_Version_1.17_Updated(1).pdf">www.oregon.gov/SIEC/Docs/OREGON_REGIONAL_TICFOG_July_1_2014_Version_1.17_Updated(1).pdf</a></li> </ul> |  |
| <b>Columbia County (document copies available from Emergency Manager)</b>  |  |
| <ul style="list-style-type: none"> <li>- Columbia County Order Number 4-99, January 27, 1999 (establishing internal work priorities during times of emergency)</li> <li>- Columbia County Order Number 35-99, June 9, 1999 (establishing an Emergency Management Department separate from the General Services Department)</li> <li>- Emergency Operations Plan (EOP)</li> <li>- Natural Hazard Mitigation Plan</li> <li>- Community Wildfire Protection Plan</li> <li>- Memoranda of Agreement / Understanding</li> <li>- Mutual Aid Agreements (MAAs)</li> </ul>   |  |

## Acronyms

|          |  |
|----------|--|
| AAR      | After-Action Report                      |
| ARES     | Amateur Radio Emergency Services         |
| BOCC     | Board of County Commissioners            |
| CHEMTREC | Chemical Transportation Emergency Center |
| C911CD   | Columbia 9-1-1 Communications District   |
| EAS      | Emergency Alert System                   |
| EMAC     | Emergency Management Assistance Compact  |
| EMO      | Emergency Management Organization        |
| EMS      | Emergency Medical Services               |
| EOC      | Emergency Operations Center              |
| EOP      | Emergency Operations Plan                |
| FEMA     | Federal Emergency Management Agency      |
| IAP      | Incident Action Plan                     |
| IC       | Incident Commander                       |
| ICS      | Incident Command System                  |
| JIC      | Joint Information Center                 |
| LEPC     | Local Emergency Planning Committee       |
| MOU      | Memorandum of Understanding              |
| MAA      | Mutual Aid Agreement                     |
| MSDS     | Material Safety Data Sheet               |
| NGO      | Nongovernmental organization             |
| NIMS     | National Incident Management System      |
| ODOT     | Oregon Department of Transportation      |
| OERS     | Oregon Emergency Response System         |
| ORS      | Oregon Revised Statutes                  |
| OSFM     | Oregon State Fire Marshal                |

|      |                               |
|------|-------------------------------|
| PIO  | Public Information Officer    |
| PPE  | Personal Protective Equipment |
| PNWR | Portland & Western Railroad   |
| PSAP | Public Safety Answering Point |
| SAR  | Search and Rescue             |
| SOG  | Standard Operating Guidelines |
| SOP  | Standard Operating Procedure  |
| UC   | Unified Command               |

## Glossary

**Assistant:** Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications, and responsibility subordinate to the primary positions. Assistants may also be assigned to Unit Leaders.

**Branch:** The organizational level having functional or geographical responsibility for major aspects of incident operations. A Branch is organizationally situated between the Section Chief and the Division or Group in the Operations Section, and between the Section and Units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

**Chief:** The Incident Command System (ICS) title for individuals responsible for management of functional Sections: Operations, Planning, Logistics, Finance & Administration, and Intelligence/Investigations (if established as a separate Section).

**Command:** The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

**Command Staff:** The staff who report directly to the Incident Commander, including the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required. They may have an assistant or assistants, as needed.

**Deputy:** A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or to perform a specific task. In some cases a deputy can act as relief for a superior, and therefore must be fully qualified in the position. Deputies generally can be assigned to the Incident Commander, General Staff, and Branch Directors.

**Emergency Operations Center (EOC):** The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central

or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

**Evacuation:** The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

**General Staff:** A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief. An Intelligence/Investigations Chief may be established, if required, to meet incident management needs.

**Incident Action Plan (IAP):** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Command System (ICS):** A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

**Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

**Incident Objectives:** Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

**Joint Information Center (JIC):** A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.

**Jurisdiction:** A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, local boundary lines) or functional (e.g., law enforcement, public health).

**Liaison Officer:** A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.

**Multi-jurisdictional incident:** An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In the Incident Command System, these incidents will be managed under a Unified Command.

**Mutual Aid Agreement (MAA) or Assistance Agreement:** Written or oral agreement between and among agencies or organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

**National Incident Management System (NIMS):** A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

**Nongovernmental organization (NGO):** An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

**Operational Period:** The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12 to 24 hours.

**Operations Section:** The Incident Command System (ICS) Section responsible for all tactical incident operations and implementation of the Incident Action Plan. In ICS, the Operations Section normally includes subordinate Branches, Divisions, and/or Groups.

**Oregon Emergency Response System (OERS)** – The purpose of the Oregon Emergency Response System (OERS) is to coordinate and manage state resources in response to natural and

technological emergencies and civil unrest involving multi-jurisdictional cooperation between all levels of government and the private sector.

**Private Sector:** Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

**Public Information Officer (PIO):** A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

**Resources:** Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an Emergency Operations Center.

**Safety Officer:** A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.

**Section:** The Incident Command System organizational level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence/Investigations (if established)). The Section is organizationally situated between the Branch and the Incident Command.

**Staging Area:** Temporary location for available resources. A Staging Area can be any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.

**Standard Operating Guidelines (SOGs):** A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure without loss of effectiveness.

**Standard Operating Procedure (SOP):** A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

**Unified Command (UC):** An Incident Command System application used when more than one agency has incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior persons from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan.

# Hazardous Materials Transportation By Rail

## Response Plan

### Columbia County, Oregon

## **CHECKLISTS**

The following Checklists are provided to give County responders a quick view of operational functions that may be needed at a rail hazardous materials incident.

These checklists are general in nature and may not include all functions or considerations necessary to be undertaken at an incident. They are presented in a manner as a “Quick Guide” to remind responders of actions that may be necessary to consider or implement. There are many aspects to be addressed at an incident and remembering all aspects is difficult and these Checklists will aid in addressing those aspects. Some items on a Checklist may not be applicable to a specific incident and may not require an action on the part of the responder.

The Checklists are numbered in order of the 6 Step Response Process described in the Plan and follows this prescribed order.

The Checklists are designed to be reproduced as part of the Response Packet in this plan, and carried in all public safety agency vehicles which respond to railroad emergencies.



# Checklist #1

## First Arriving Unit – Size-Up

\_\_\_\_ Announce Incident via Radio, quick size-up, establish Command and name

\_\_\_\_ Announce, via radio, the quick size-up info to all incoming units with approach instructions for incoming units. (up wind etc.)

\_\_\_\_ Secure the scene. Set roadblock parameters.

\_\_\_\_ Contact RR Crew, Identify need for Coast Guard/DEQ/OERS

\_\_\_\_ Confirm Haz Mat level and confirm team response.

\_\_\_\_ Identify Product. (Placards, Shipping Paper [Train Consist], Train Crew, Car Number etc.)

Product Name: \_\_\_\_\_

DOT 2016 ERG Guide No.: \_\_\_\_\_ (Orange border pages)

\_\_\_\_ Complete a Detailed Size-Up

*Area impacted by vapors, spills etc.* \_\_\_\_\_

*Public Exposed* \_\_\_\_\_

*Fire or Fire potential* \_\_\_\_\_

*Exact nature of release/fire* \_\_\_\_\_

*Type of Container and its Condition* \_\_\_\_\_

*Wind Speed/Direction* \_\_\_\_\_

*Level of PPE (TO's, SCBA, etc.)* \_\_\_\_\_

*Miscellaneous* \_\_\_\_\_

\_\_\_\_ Announce, via radio, the results of the Detailed Size-Up

\_\_\_\_ Prepare for Transfer of Command

# Checklist #2

## Hazard Analysis

Product Name: \_\_\_\_\_

Flash Point: \_\_\_\_\_

Flammable/Explosive Range: \_\_\_\_\_

Vapor Pressure: (water=25 mm/Hg) \_\_\_\_\_

Vapor Density: (Air=1 <1 Rise >1 Sink) \_\_\_\_\_

Corrosivity: (Acid or Caustic) \_\_\_\_\_

Solubility: (Soluble-Yes or No) \_\_\_\_\_

Toxicity: (TLV, IDLH) \_\_\_\_\_

DOT 2016 ERG Guide Number: \_\_\_\_\_ (Orange border pages)

PPE requirements:

\_\_\_\_\_ Contact Hazmat Team for assistance in interpretation of data.

\_\_\_\_\_ If product is not identified or data is inconclusive, assume a worst case scenario and protect public/exposures.

\_\_\_\_\_ Set Cold, Warm and Hot Zones if possible.

# Checklist #3

## Risk Assessment

\_\_\_\_\_ Survey Scene from a 360 degree perspective

\_\_\_\_\_ Identify Areas of Risk\*

a. Public (Who and Where) \_\_\_\_\_

b. Environment (Location to waterways, sewers etc.) \_\_\_\_\_

c. Responders (location and PPE) \_\_\_\_\_

d. Container and its integrity (Damage, fire impingement, explosion potential) \_\_\_\_\_

e. Quantity of material involved or at risk \_\_\_\_\_

f. Rate of release (Estimated) \_\_\_\_\_

\*See “Maps of Schools and Nursing Homes” in Appendix A, “Plume Projections” in Appendix B, “Railroad Mile Post Maps” Appendix C of the Response Packet.

# Checklist #4

## Incident Objectives (Strategic Goals)

☒ Safety (Public and Personnel)

☐ Rescue

☐ Public Protection

☐ Spill Control

☐ Leak Control

☐ Fire Control

☐ Recovery

☐ Additional Objectives (List)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

☐ **SAFETY is always an Objective.** OSHA requires that an Incident Safety Officer be appointed who is knowledgeable about the operations at hand. Has one been appointed and who? \_\_\_\_\_

# Checklist #5

## Tactics

Tactics are specific methods to meet the Objectives. The following is a list of general tactics that may be selected to meet Incident Objectives. Since every incident has its own variables and conditions, some of the tactics listed below may not be applicable and additional unlisted tactics may have to be added to the list on the lines called "Additional Tactics". Tactics may include:

\_\_\_\_\_ Evacuation (Specified area)

\_\_\_\_\_ Shelter-In-Place (Specified Area)

\_\_\_\_\_ Foam Application (See Foam Application Guide – in Appendix D)

(Consider two 500 lb PKW Dry Chemical Skid Mounted units)

\_\_\_\_\_ Rescue (Example: Entry and Rescue of Train Crew)

\_\_\_\_\_ Fog or Master Stream Applications (Fire Suppression/Vapor Control)

\_\_\_\_\_ Fire Extinguishment vs. Letting Fire Burn

\_\_\_\_\_ Diking/Damming of spilled product or firefighting runoff (Confinement)

\_\_\_\_\_ Patching or Stopping Leak (Containment)

\_\_\_\_\_ Venting/Flaring

Additional tactics (write in):

- \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_

# Checklist #6

## Debriefing

To be conducted at the end of the incident or before units leave the scene.

Debriefing Elements:

- \_\_\_\_\_ Name and type of material involved
- \_\_\_\_\_ Symptoms of Exposure
- \_\_\_\_\_ Any damaged equipment ?
- \_\_\_\_\_ Any contaminated equipment, PPE, supplies?
- \_\_\_\_\_ Who to contact if symptoms develop (Medical follow-up) ?
- \_\_\_\_\_ Critical Incident Stress Debriefing (If applicable)
- \_\_\_\_\_ Point of Contact for Post Incident Information?
- \_\_\_\_\_ Thank personnel before leaving scene

# Single Command Worksheet

**Incident Commander:** \_\_\_\_\_

**Command Staff:**

**PIO:** \_\_\_\_\_

**Liaison:** \_\_\_\_\_

**Safety Officer:** \_\_\_\_\_

**Section Chiefs:**

**Operations:** \_\_\_\_\_

**Logistics:** \_\_\_\_\_

**Planning:** \_\_\_\_\_

**Finance:** \_\_\_\_\_

**Incident Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

# Unified Command Worksheet

(For All Level 2 and 3 Incidents)

**Unified Command Members:**

Fire: \_\_\_\_\_

Law Enforcement: \_\_\_\_\_

Railroad: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Section Chiefs:**

Operations: \_\_\_\_\_

Logistics: \_\_\_\_\_

Planning: \_\_\_\_\_

Finance: \_\_\_\_\_

**Incident Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_



## Other Possible Agencies for Unified Command

United States Coast Guard

Federal Railroad Administration

Office of the State Fire Marshal

County Health (Medical)

Oregon DEQ (EPA)

# Resource Worksheet

The type and kinds of resources are dependent on the nature of the incident. Resources should be managed by 3 basic types: Human, Equipment, Supplies. Resources listed on this worksheet may only be part of the resources required.

## **Probable Resources (Short List):**

- \_\_\_\_\_ Railroad Operating Specialists
- \_\_\_\_\_ Hazmat Team and Specialists
- \_\_\_\_\_ Foam Application Apparatus – Airport Crash Units, Engines, etc.
- \_\_\_\_\_ Railroad Heavy Equipment (track clearing etc.)
- \_\_\_\_\_ Environmental Specialists (DEQ) and Railroad Contractor
- \_\_\_\_\_ Firefighters, Police, EMS, from mutual aid and other jurisdictions
- \_\_\_\_\_ County Emergency Management Officials
- \_\_\_\_\_ County Public Works Equipment

**Possible Resources (Long List):** In addition to the “Short List” resources, some of the following resources may be needed.

- \_\_\_\_\_ Tank Car Specialists
- \_\_\_\_\_ Foam Caches – State Fire Marshal, Clean Rivers Coop., Tank farms
- \_\_\_\_\_ EMS Units
- \_\_\_\_\_ State Emergency Management Officials

- \_\_\_\_\_ State Public Works Equipment
- \_\_\_\_\_ Product (Chemical) Specialists
- \_\_\_\_\_ State Incident Management Teams
- \_\_\_\_\_ National Transportation Safety Board
- \_\_\_\_\_ Federal Railway Administration
- \_\_\_\_\_ Federal EPA
- \_\_\_\_\_ Salvation Army
- \_\_\_\_\_ American Red Cross
- \_\_\_\_\_ Local Merchants (Food, Motel, Hardware etc.)
- \_\_\_\_\_ Safety Equipment Suppliers
- \_\_\_\_\_ Fish and Wildlife
- \_\_\_\_\_ County Health Dept.
- \_\_\_\_\_ US Coast Guard
- \_\_\_\_\_ Water and Sewage Departments
- \_\_\_\_\_ Oregon DOT

**SCHOOLS:**

Clatskanie Elementary School  
815 S Nehalem St  
Clatskanie, OR 97016

Clatskanie Middle/High School  
471 SW Bel Air Drive  
Clatskanie, OR 97016

Piercing Arrow Private School  
330 N Nehalem  
Clatskanie, OR 97016

Columbia City Elementary School  
2000 Second Street  
Columbia City, OR 97018

Hudson Park Elementary School  
28176 Old Rainier Rd  
Rainier, OR 97048

North Columbia Academy  
28168 Old Rainier Rd  
Rainier, OR 97048

Rainier Jr/Sr High School  
28170 Old Rainier Rd  
Rainier, OR 97048

Rainier Special Education  
28166 Old Rainier Rd  
Rainier, OR 97048

Creekside Jr Academy Pre-School  
2696 Columbia Blvd  
St Helens, OR 97051

St Helens High School  
2375 Gable Rd  
St Helens, OR 97051

St Helens Middle School  
354 N 15<sup>th</sup> St  
St Helens, OR 97051

CCEC High School  
474 N 16<sup>th</sup> St  
St Helens, OR 97051

Lewis & Clark Elementary School  
111 S 9<sup>th</sup> St  
St Helens, OR 97051

McBride Elementary School  
2774 Columbia Blvd  
St Helens, OR 97051

Connection Academy Pre School  
1050 Old Portland Rd  
St Helens, OR 97051

Grant Watts Elementary School  
52000 SE Third Pl  
Scappoose, OR 97056

Otto Peterson Elementary School  
52050 SE 3<sup>rd</sup> Street  
Scappoose, OR 97056

Scappoose High School  
33700 SE HS Way  
Scappoose, OR 97056

Scappoose Middle School  
52265 Col River Hwy  
Scappoose, OR 97056

Grace Christian Pre School  
51737 Col River Hwy  
Scappoose, OR 97056

Seventh Day Adventist School  
54285 Columbia River Hwy  
Scappoose, OR 97056

Warren Elementary School  
34555 Berg Rd  
Warren, OR 97053

S Columbia Family School  
34555 Berg Rd  
Warren, OR 97053

Columbia County Christian School  
56523 Columbia River Hwy  
Warren, OR 97053

**NURSING HOMES/ASSISTED LIVING & URGENT CARE CENTER:**

Amber Assisted Living, 365 SW Bel Aire Dr, Clatskanie, OR 97016 32 beds

Avamere Assisted Living, 2400 Gable Rd, St Helens, OR 97051

Meadow Park Health Specialty, 75 Shore Dr, St Helens, OR 97051 92 beds

Columbia Care Center, 33910 Columbia Ave, Scappoose, OR 97016 40 beds

Rose Valley Assisted Living, 33800 SE Fredericks, Scappoose, OR 97016

Legacy Urgent Care Center, 500 N Columbia River Highway, St Helens, OR 97051

**SMALLER SAINT HELENS ASSISTED LIVING FACILITIES:**

Alternatives CCMH, 105 S 3<sup>rd</sup> St

Company & Care Home, 2149 Columbia Blvd

Cornerstone CCMH, 271 Columbia Blvd

Creekside Center CCMH, 58646 McNulty Way

Detox Center CCMH, 185 N 4<sup>th</sup> St

Hope House Adult Foster Care, 59354 Cherrywood Dr

Our House Care Facility CCMH, 124 Forest Park Dr

Spring Meadows Assisted Living, 36070 Pittsburg Rd

Thanksgiving House Adult Foster Care, 184 N 2<sup>nd</sup> St

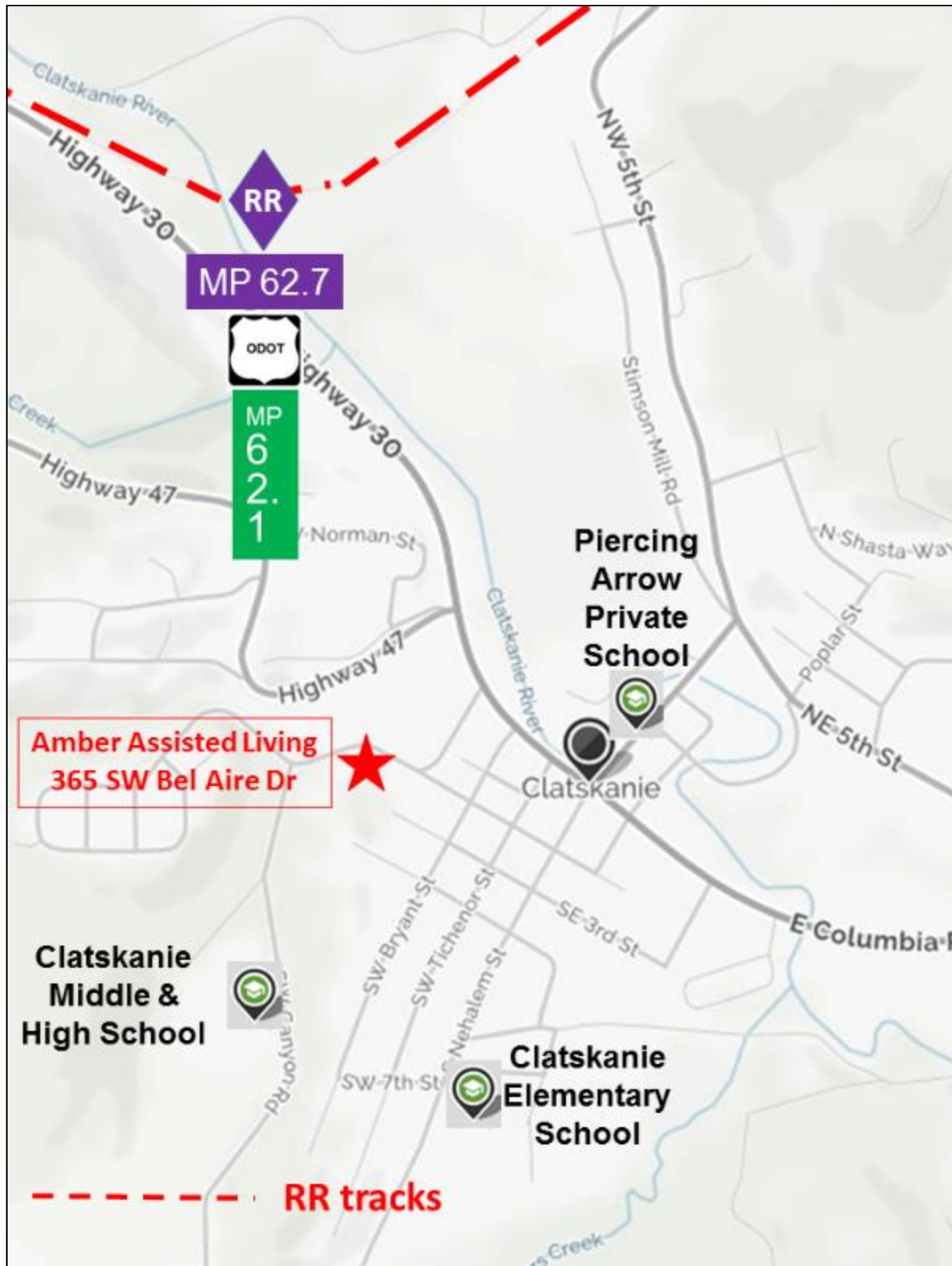


# Response Packet Appendixes

The material in these Appendixes is designed to be reproduced as part of the Response Packet in this plan, and carried in all public safety agency vehicles which respond to railroad emergencies.

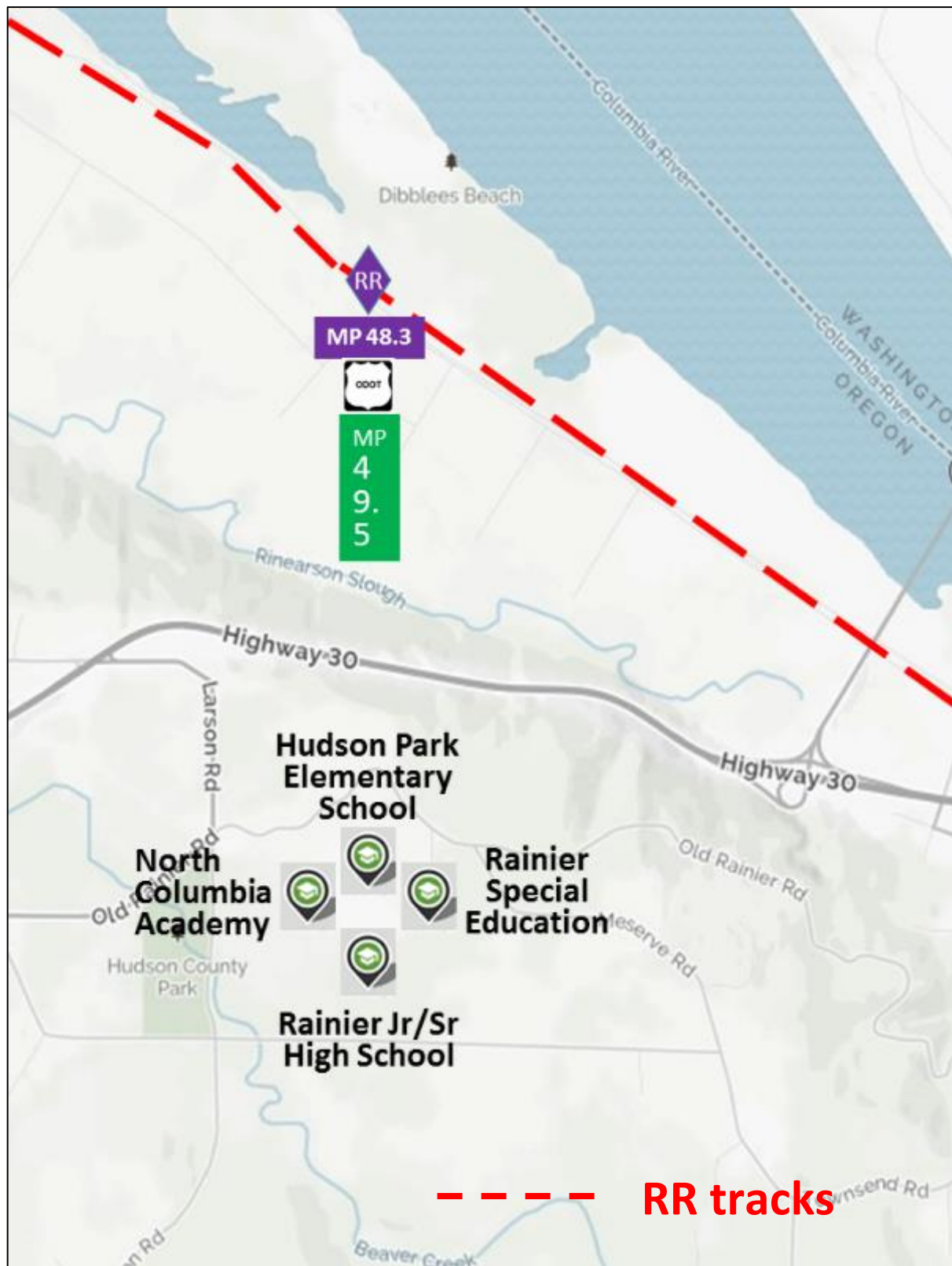
# Appendix A

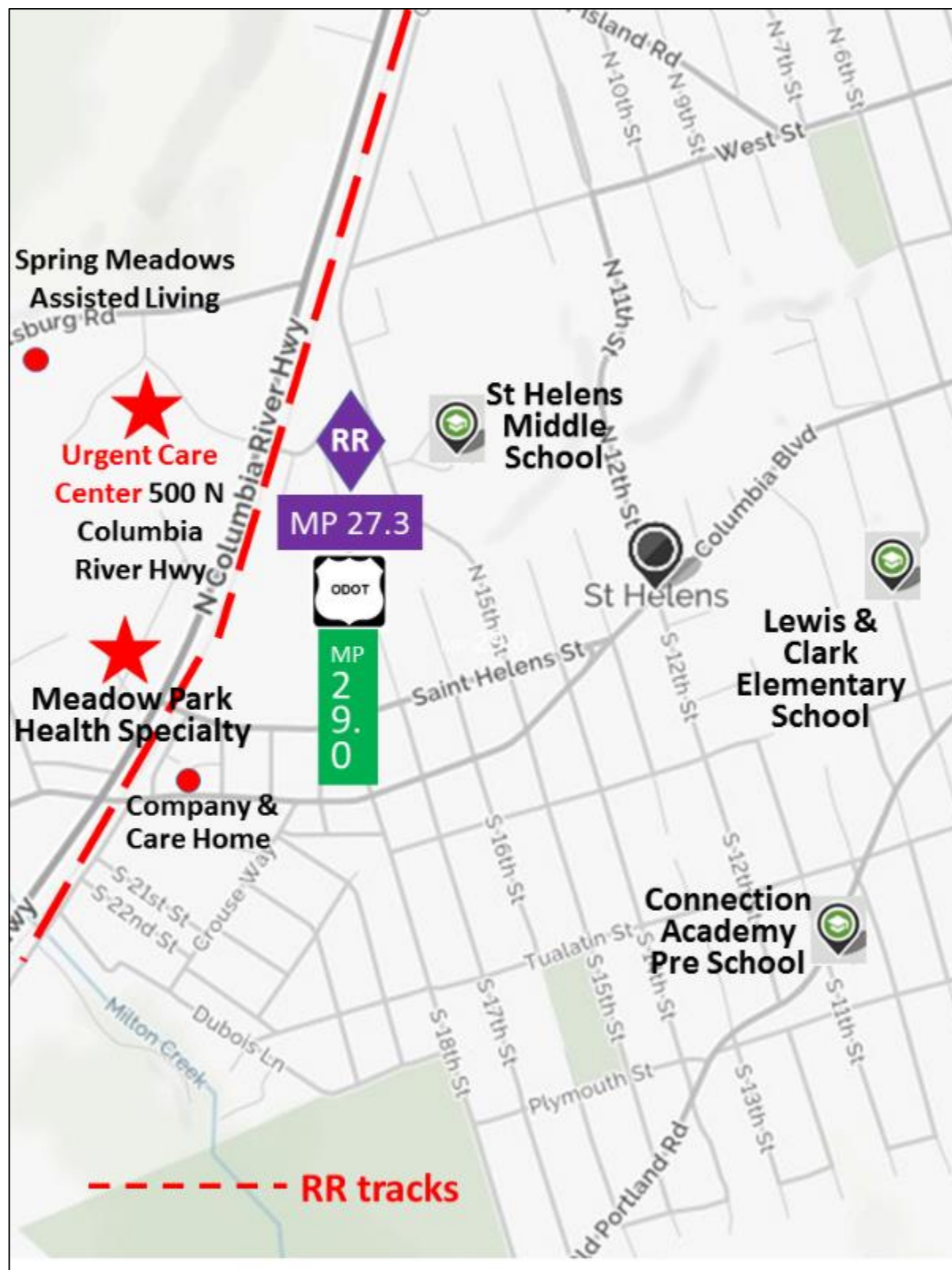
## **Maps of Schools & Nursing Homes Near RR**

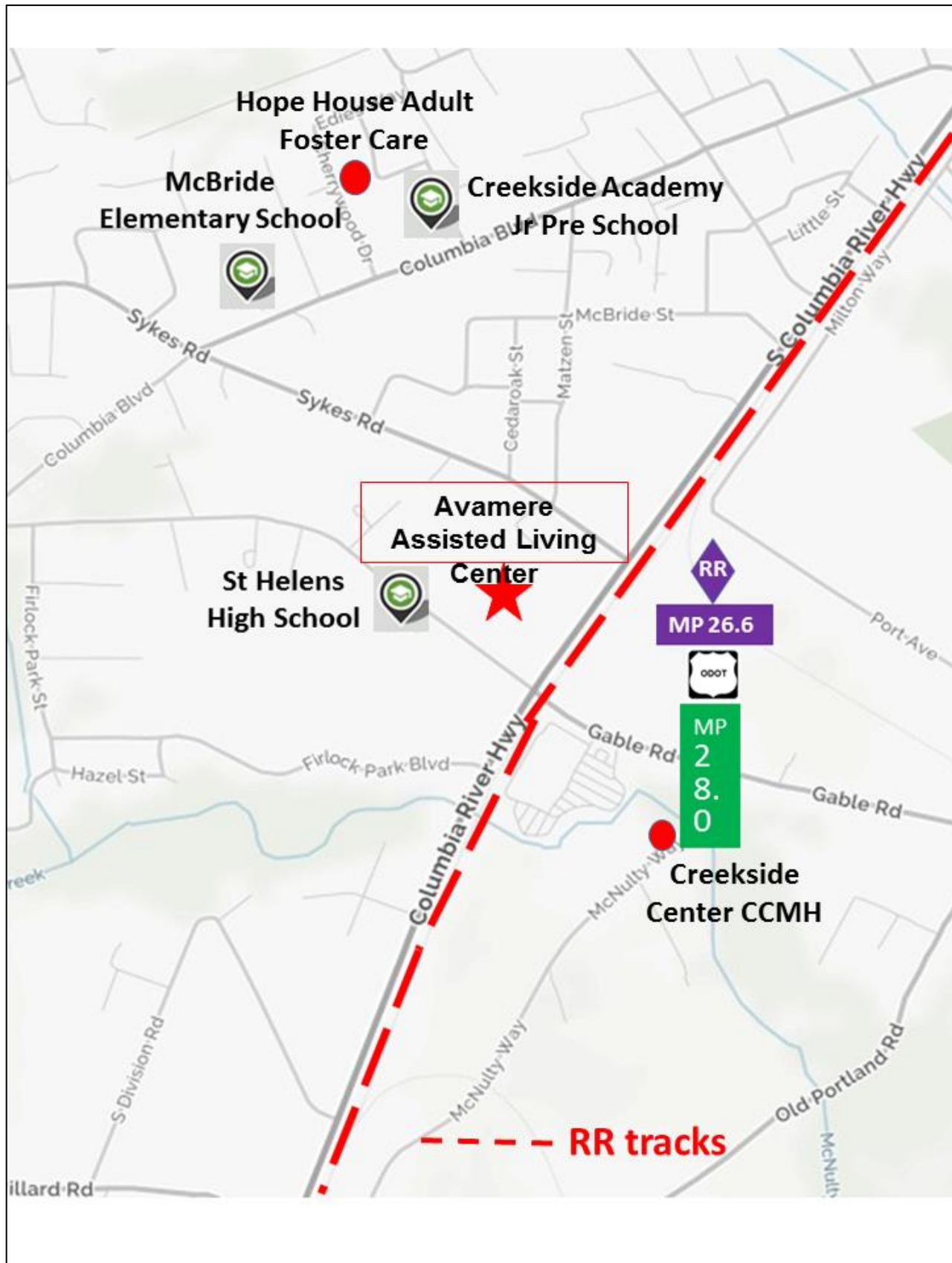


**COLUMBIA CITY SCHOOL**



**RAINIER SCHOOLS**

**SAINT HELENS SCHOOLS NORTH**

**SAINT HELENS SCHOOLS SOUTH**



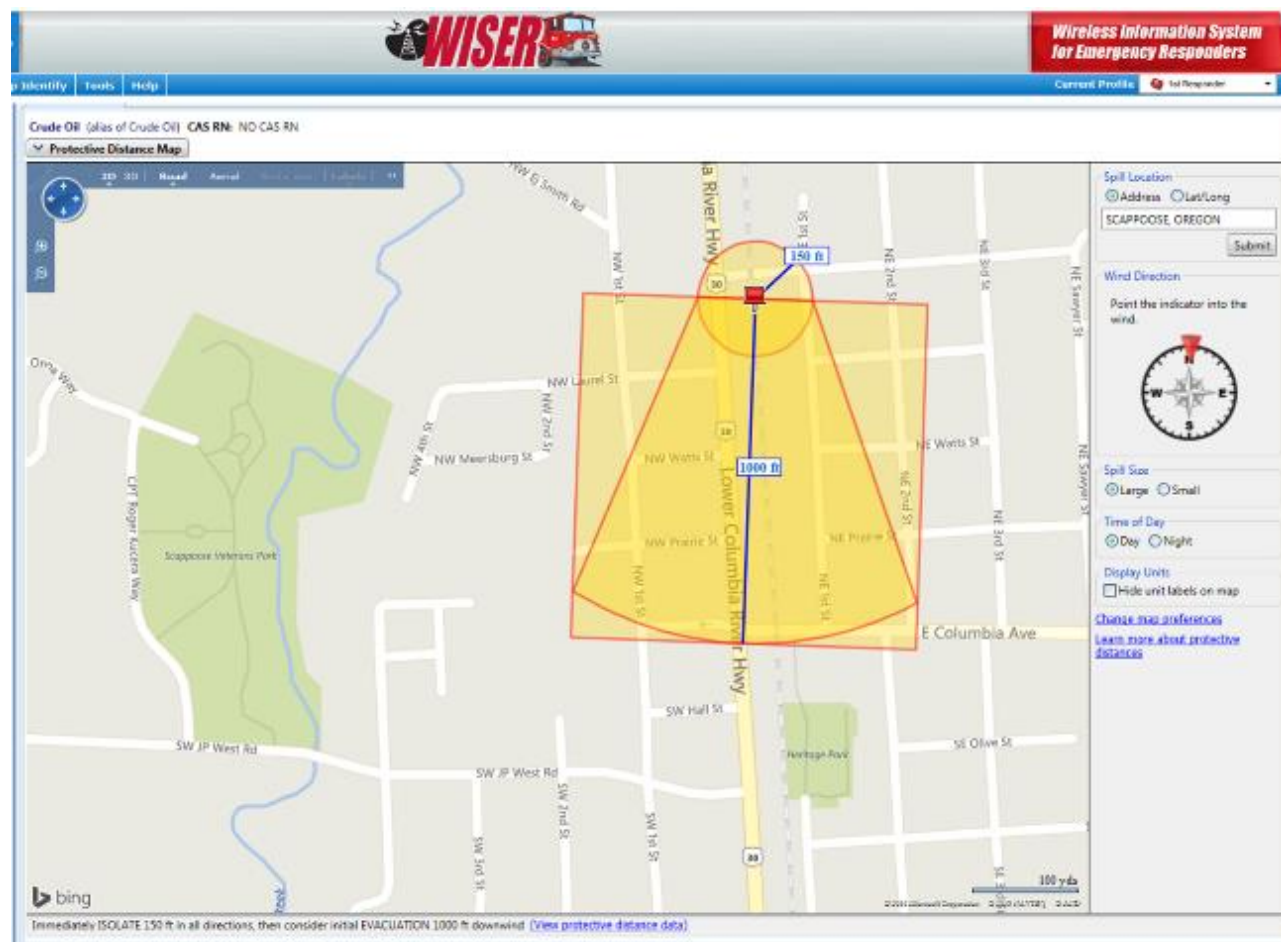
The map shows the Scappoose area in Oregon. The Columbia River Highway is highlighted in red, with mileposts 19.0 and 20.6 marked. The RR tracks are shown as a dashed red line. Several schools are labeled: Scappoose Middle School, Grant Watts Elementary School, Otto Peterson Elementary School, Scappoose High School, and Grace Christian Preschool. The Rose Valley Assisted Living facility is marked with a red star. Other landmarks include the Columbia Care Center Nursing Home and the Rose Valley Assisted Living facility.

**SCAPPOOSE SCHOOLS NORTH**

**WARREN SCHOOLS**

## PLUME PROJECTIONS & HAZARDOUS MATERIALS

Crude oil, ethanol, anhydrous ammonia and sodium chlorate are 4 products selected for the most probable worst case scenario for a train derailment and chemical release in Columbia County. These products are routinely transported through the County on Portland & Western Railroad track. They all have toxic characteristics which can be calculated and plotted by a software program WISER, which then displays a downwind protective action distance (**PLUME PROJECTION**), considering variables such as wind direction, size of spill and whether it occurs during the day or night.

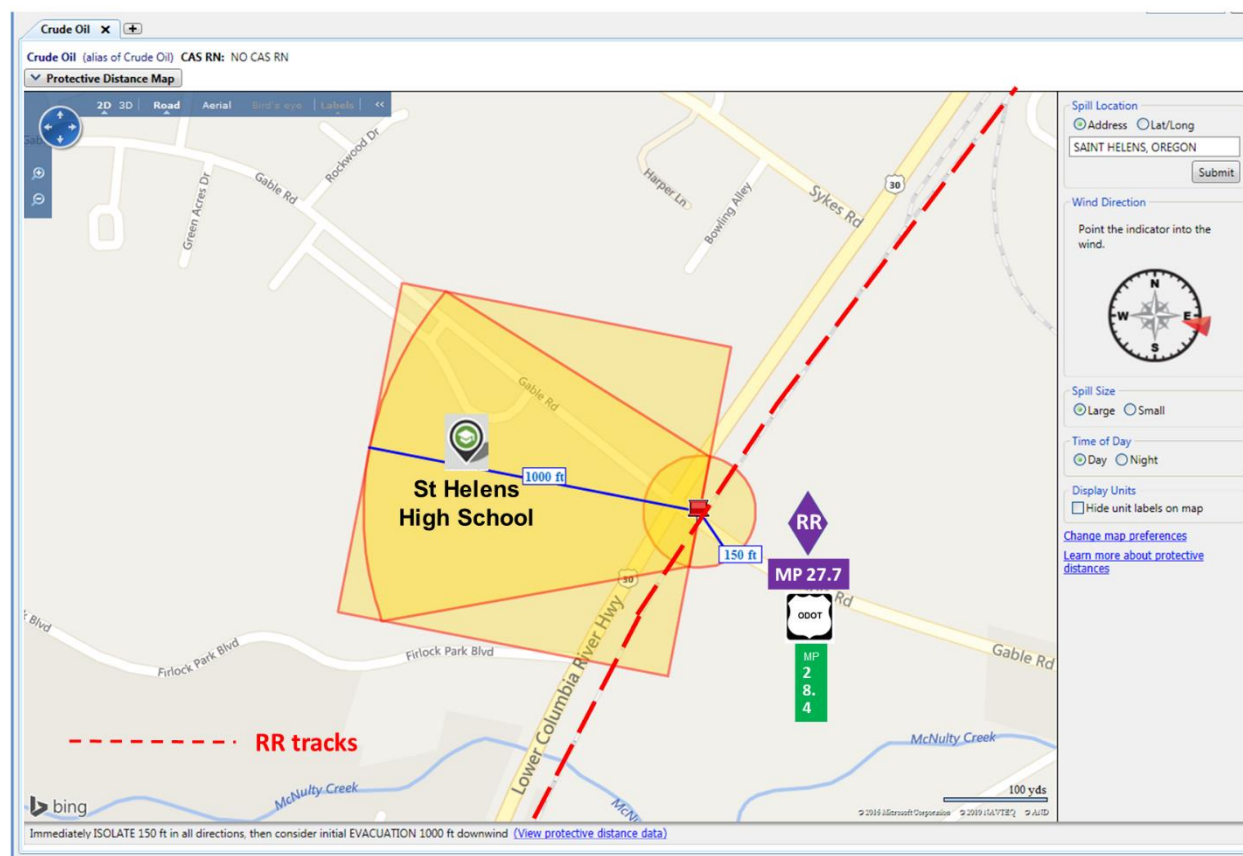


WISER (Wireless Information System for Emergency Responders) is a free software program of the National Institutes of Health, National Library of Medicine. It provides first responders at the scene of an incident with integrated information and decision support tools, even with no access to the internet. It has a built-in database of 4,700 known substances which can display characteristics and detailed properties. It contains information on human exposure, industrial hygiene, emergency handling procedures, environmental data, regulatory requirements, OSHA exposure guidelines, and US DOT Emergency Response Guidebook data.

With access to the internet WISER can produce downwind map plots of protective action distances, showing results for large or small spills, and day or night incidents. It can be installed on Microsoft Windows PCs, Apple's IOS devices (iPhone, iPad, and iPod touch), Google Android devices, and BlackBerry devices (internet connectivity required). If a wireless connection is not available for the isolation/protective action distance overlays on maps, the handheld device still has full functionality with access to the critical data available on the device with the program.

Crude oil and ethanol both have the same initial isolation & protective action distances.





Downwind Protective Action Distance of 1,000 feet shown to the west of a large or small, day or night, crude oil release at Gable Road (PNWR milepost 27.7, US Highway 30 milepost 28.4), with the wind coming out of the east.

On all of the plume projections depicted in Appendix B, the railroad tracks are represented by the red dashed line. The exact railroad milepost location for the spill is located by the point of the red “push pin” at the center of the Initial Isolation Distance circle, in this case, 150 feet. The center of the purple “RR” diamond is located perpendicular from the spill, and the railroad milepost number is in the purple rectangle under the diamond, and above the white and black ODOT shield, which designates the Oregon Department of Transportation highway milepost marker adjacent to the spill, shown in the green vertical rectangle.

Individuals within the downwind Protective Action Zone square will either shelter in-place, evacuate, or a combination of both, depending on exact circumstances and emergency response resources. Individuals in the Protection Action Zone may become incapacitated and unable to take protective action and/or incur serious or irreversible health effects. Persons in the Initial Isolation Zone may be exposed to dangerous (upwind) and life threatening (downwind) concentrations of material.



## PROTECTIVE ACTION DETERMINATION – EVACUATE OR SHELTER IN-PLACE

A **Hazard Analysis** is the use of a model or methodology to estimate the movement of hazardous materials at a concentration level of concern from an accident site, either at a fixed site or on a transportation route to the surrounding area in order to determine which portions of a community may be at risk by a release of such materials. The fastest field method is to utilize the US DOT Emergency Response Guidebook Table of Isolation and Protective Action Distances to determine the appropriate protective action.

The choice of protective actions for a given situation depends on a number of factors. For some cases, evacuation may be the best option; in others, sheltering in-place may be the best course. Sometimes, these two actions may be used in combination. In any emergency, officials need to quickly give the public instructions. The public will need continuing information and instructions while being evacuated or sheltered in-place.

Proper evaluation of the factors listed below will determine the effectiveness of evacuation or in-place protection (shelter in-place). The importance of these factors can vary with emergency conditions. In specific emergencies, other factors may need to be identified and considered as well. This list indicates what kind of information may be needed to make the initial decision:

### **The Hazardous Material**

- Degree of health hazard
- Chemical and physical properties
- Amount involved
- Containment/control of release
- Rate of vapor movement

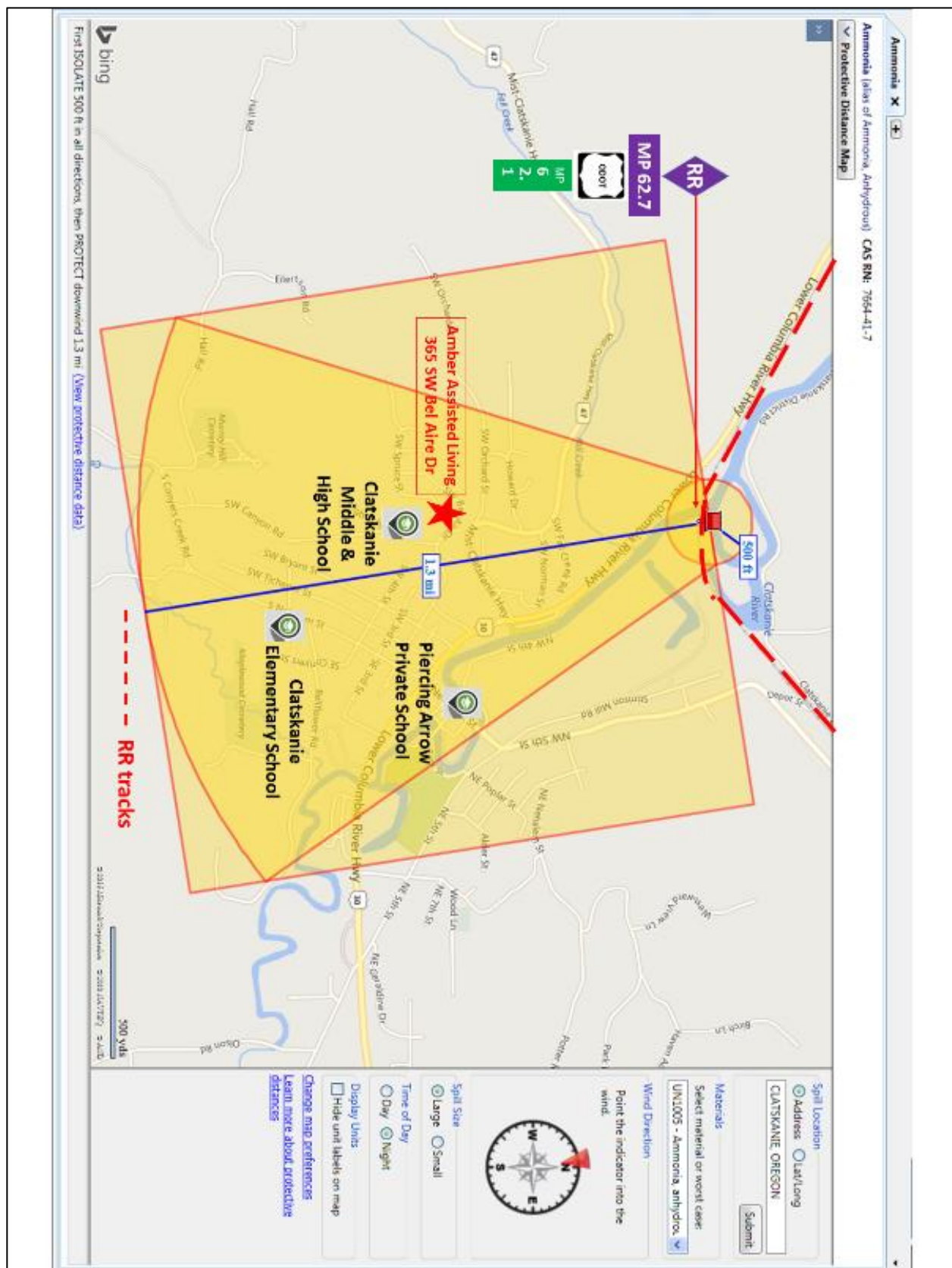
### **The Population Threatened**

- Location
- Number of people
- Time available to evacuate or shelter in-place
- Ability to control evacuation or shelter in-place
- Building types and availability
- Special institutions or populations, e.g., nursing homes, hospitals, prisons

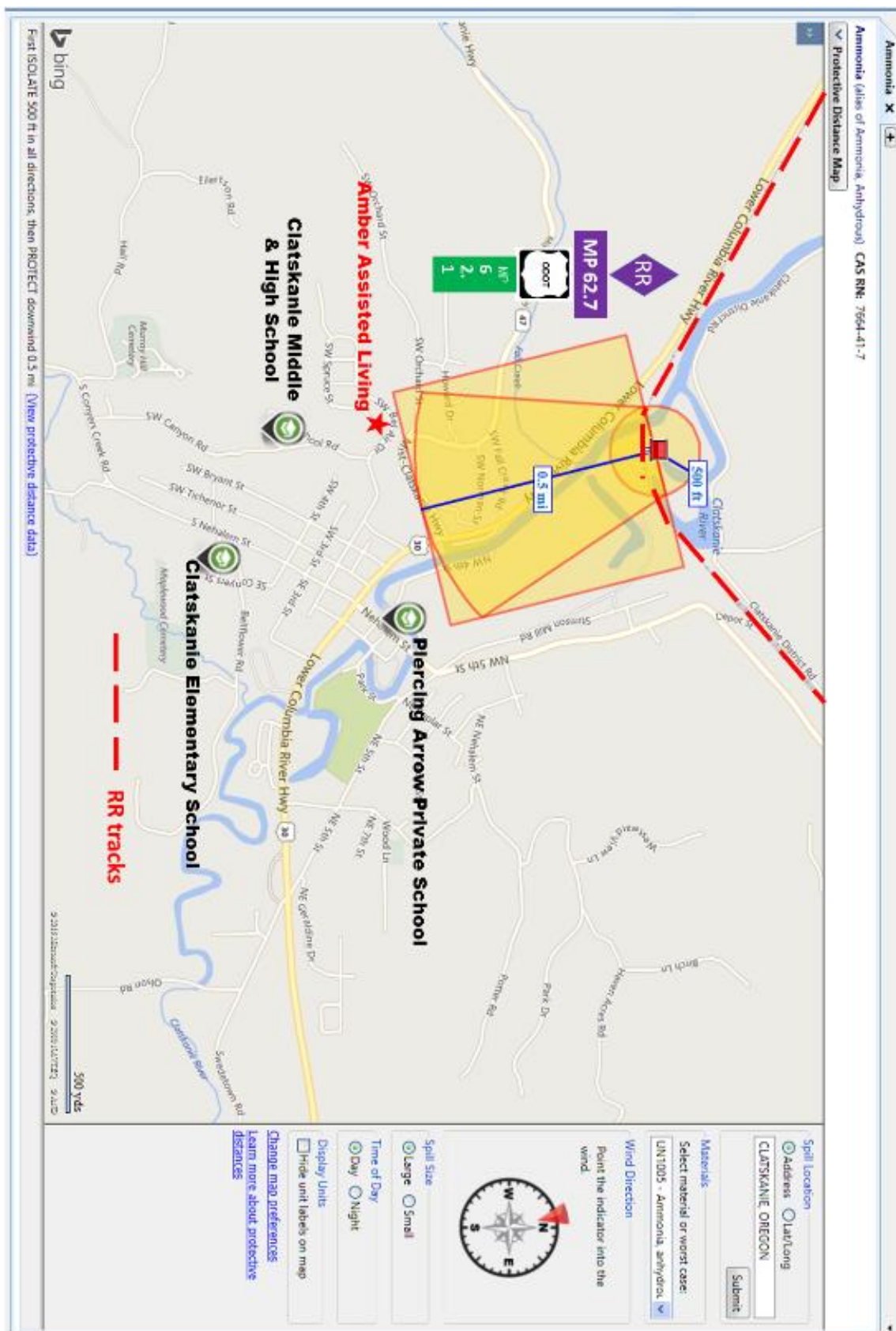
### **Weather Conditions**

- Effect on vapor and cloud movement
- Potential for change
- Effect on evacuation or shelter in-place

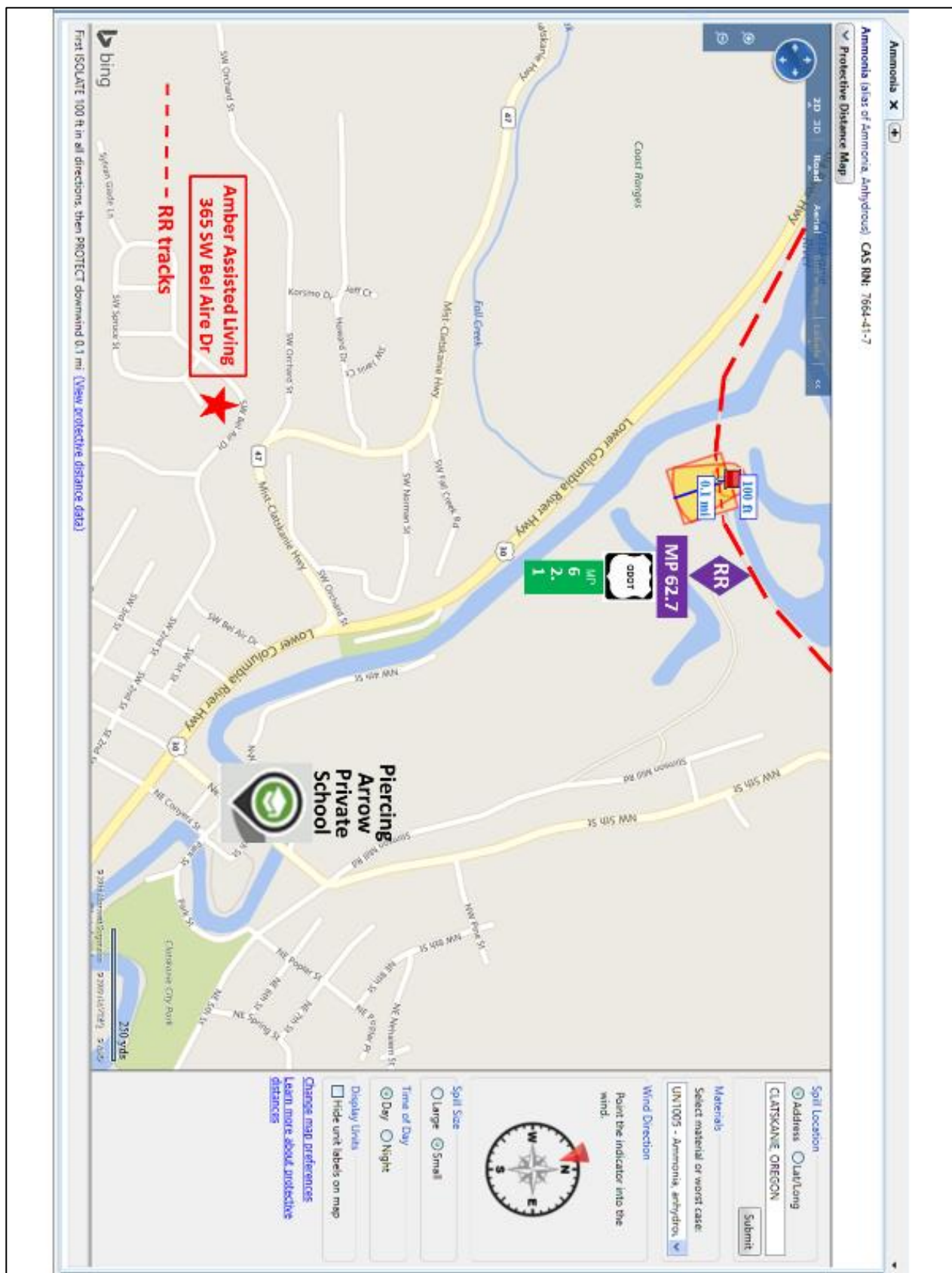
## CLATSKANIE ANHYDROUS AMMONIA LARGE NIGHT RELEASE



## CLATSKANIE ANHYDROUS AMMONIA DAY LARGE RELEASE

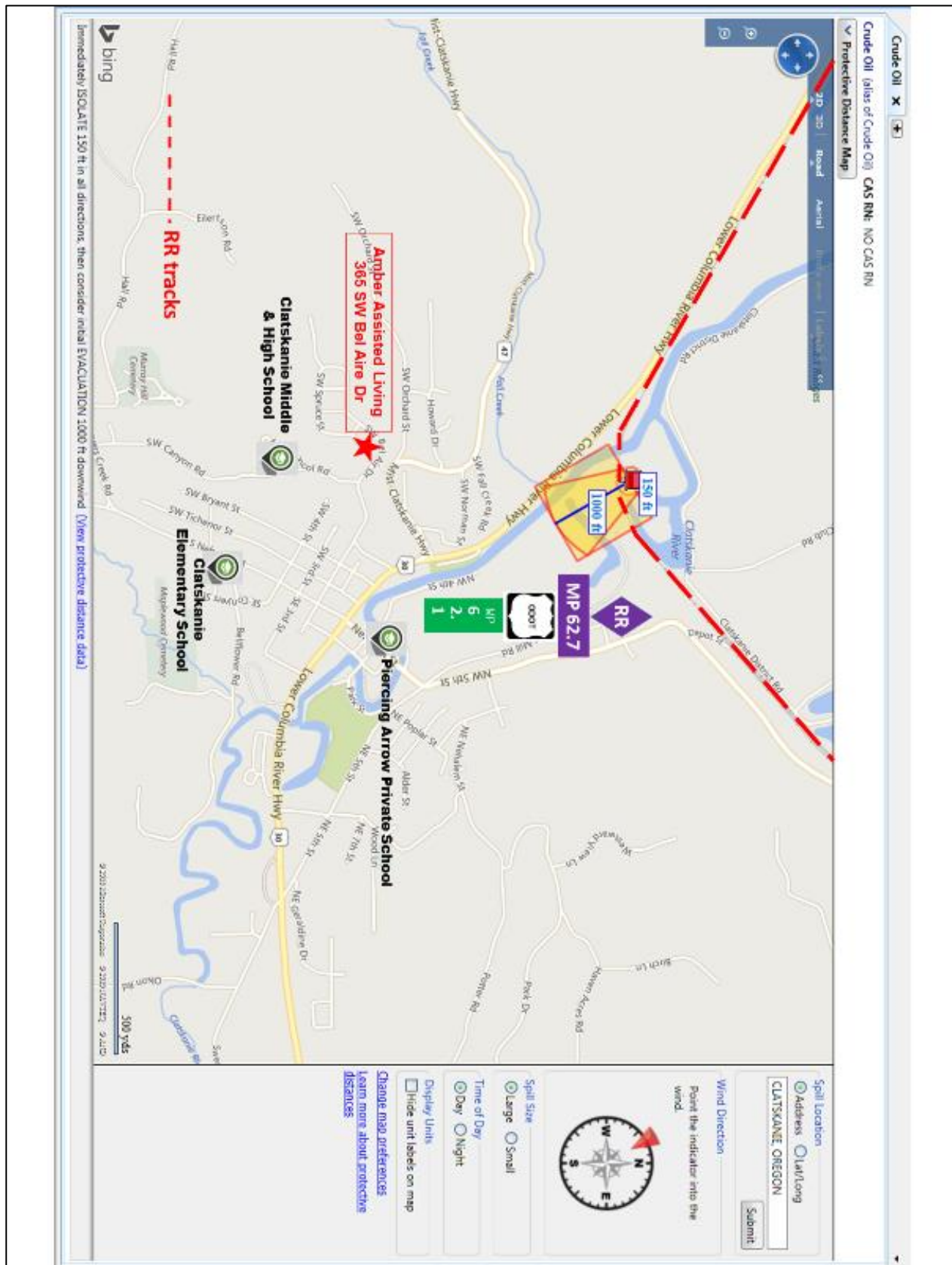


## CLATSKANIE ANHYDROUS AMMONIA DAY SMALL RELEASE

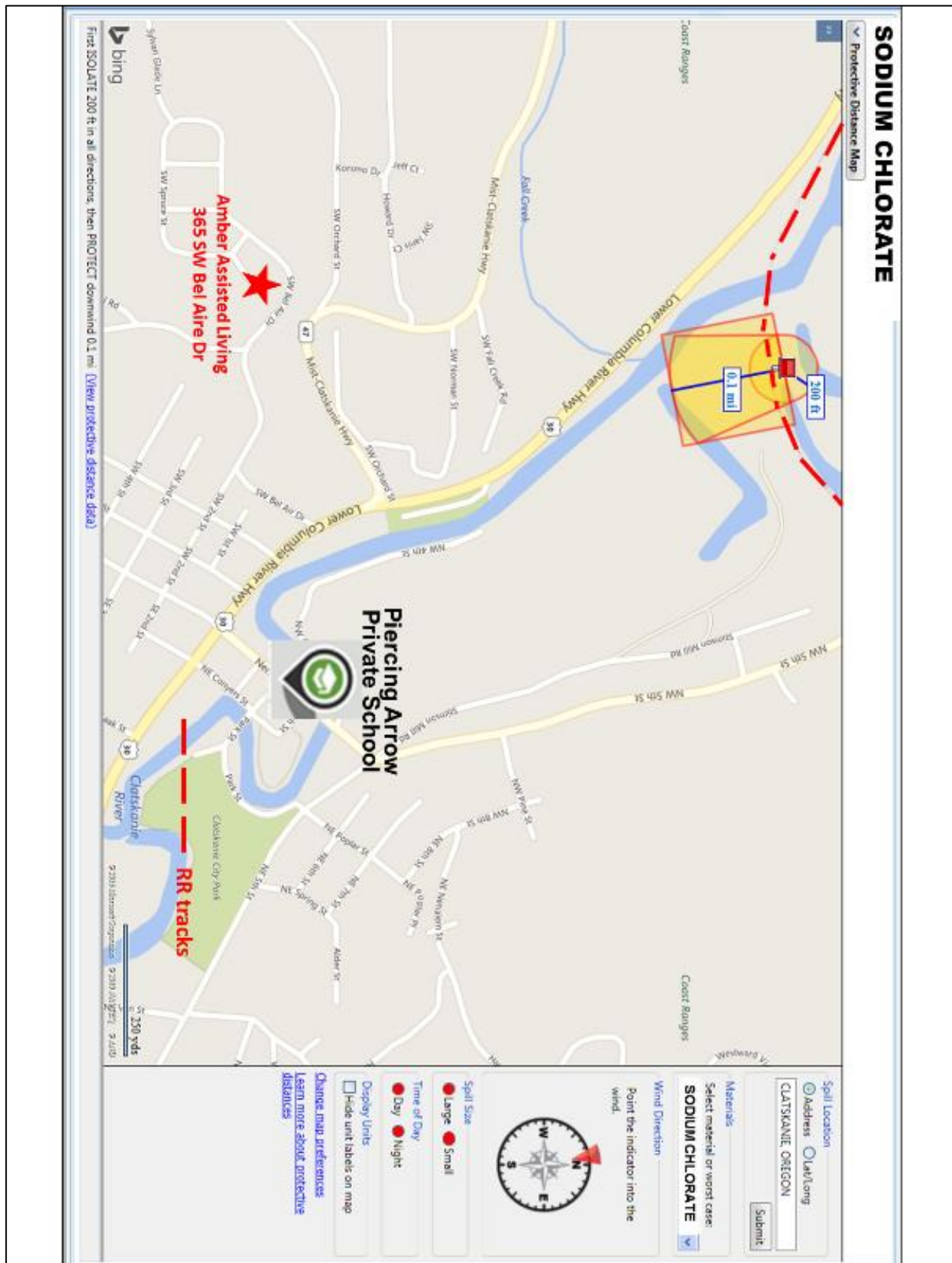




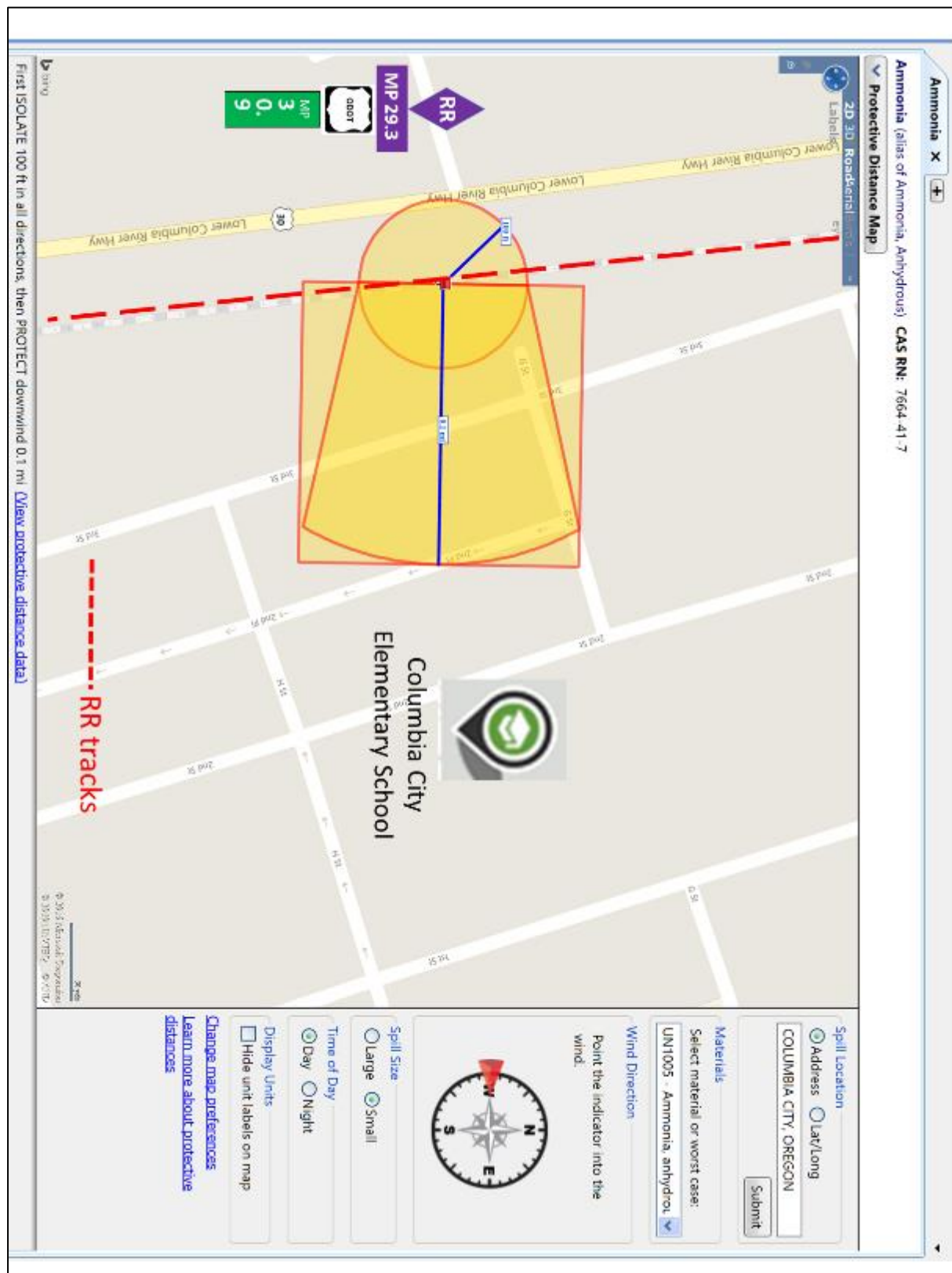
## CLATSKANIE CRUDE OIL/ETHANOL DAY/NIGHT LARGE/SMALL SPILL



## CLATSKANIE SODIUM CHLORATE DAY/NIGHT LARGE/SMALL RELEASE

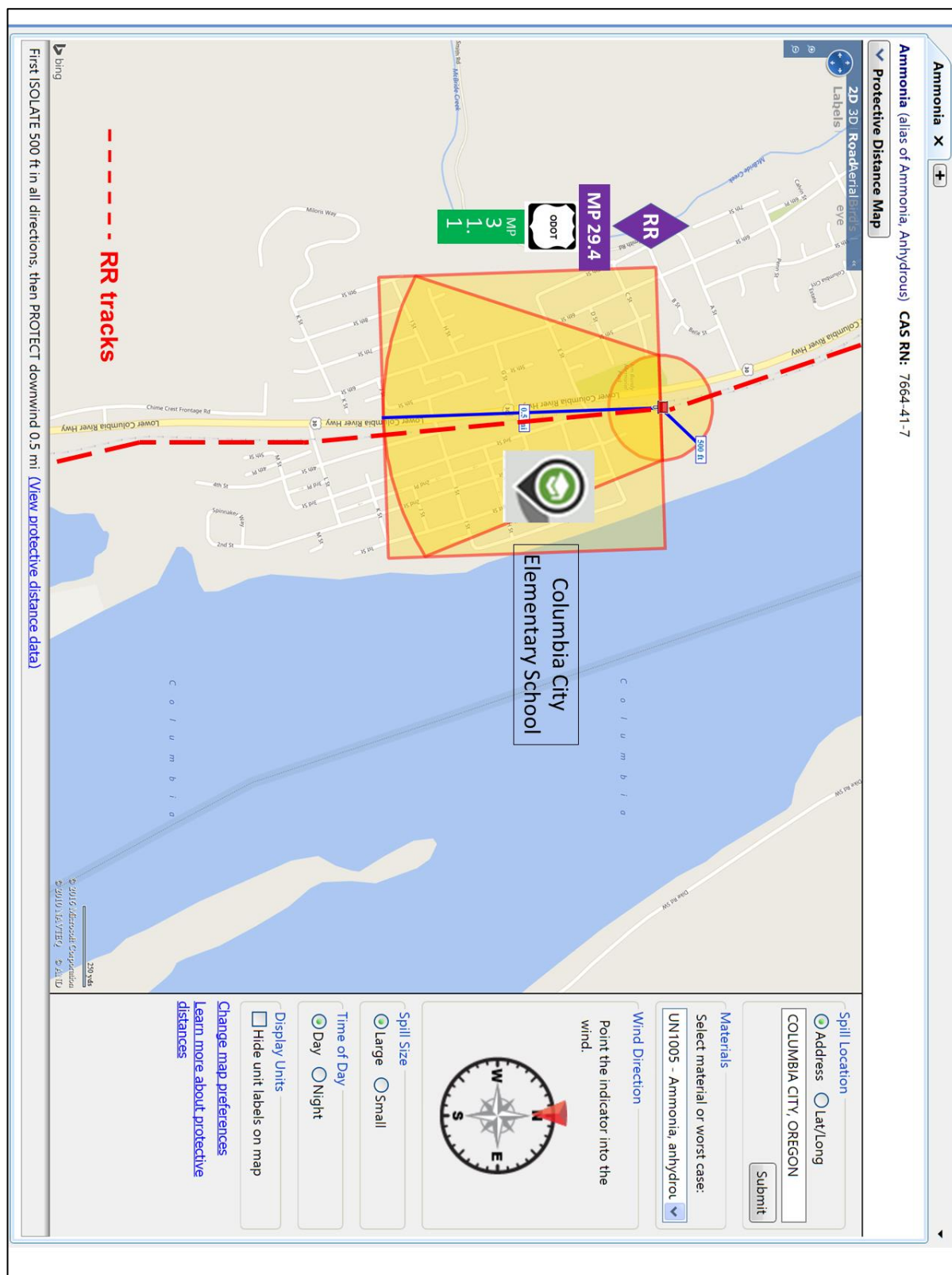


## COLUMBIA CITY ANHYDROUS AMMONIA DAY SMALL RELEASE



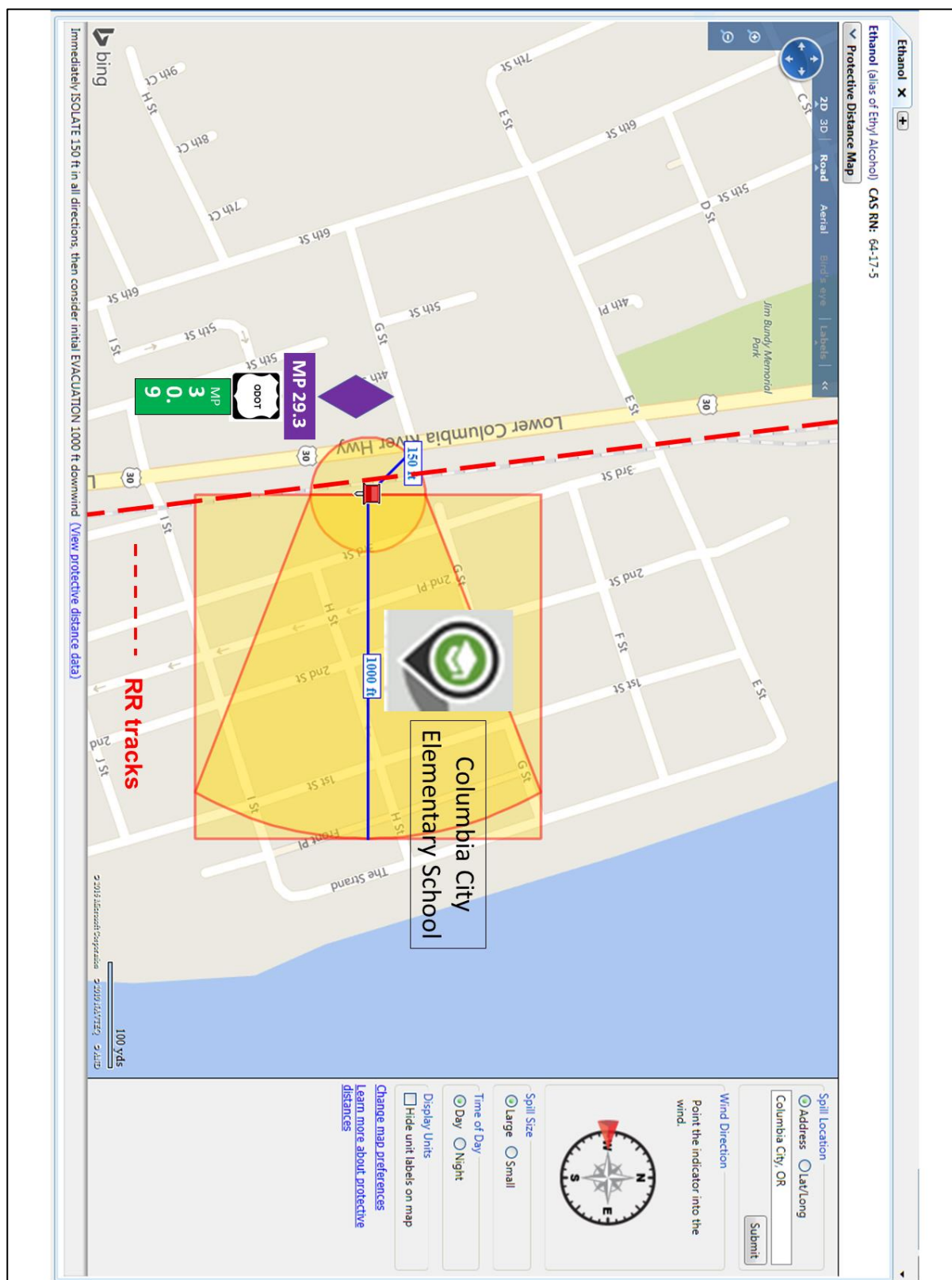


## COLUMBIA CITY ANHYDROUS AMMONIA DAY LARGE RELEASE





## COLUMBIA CITY ETHYL ALCOHOL (ETHANOL) DAY/NIGHT LARGE/SMALL RELEASE



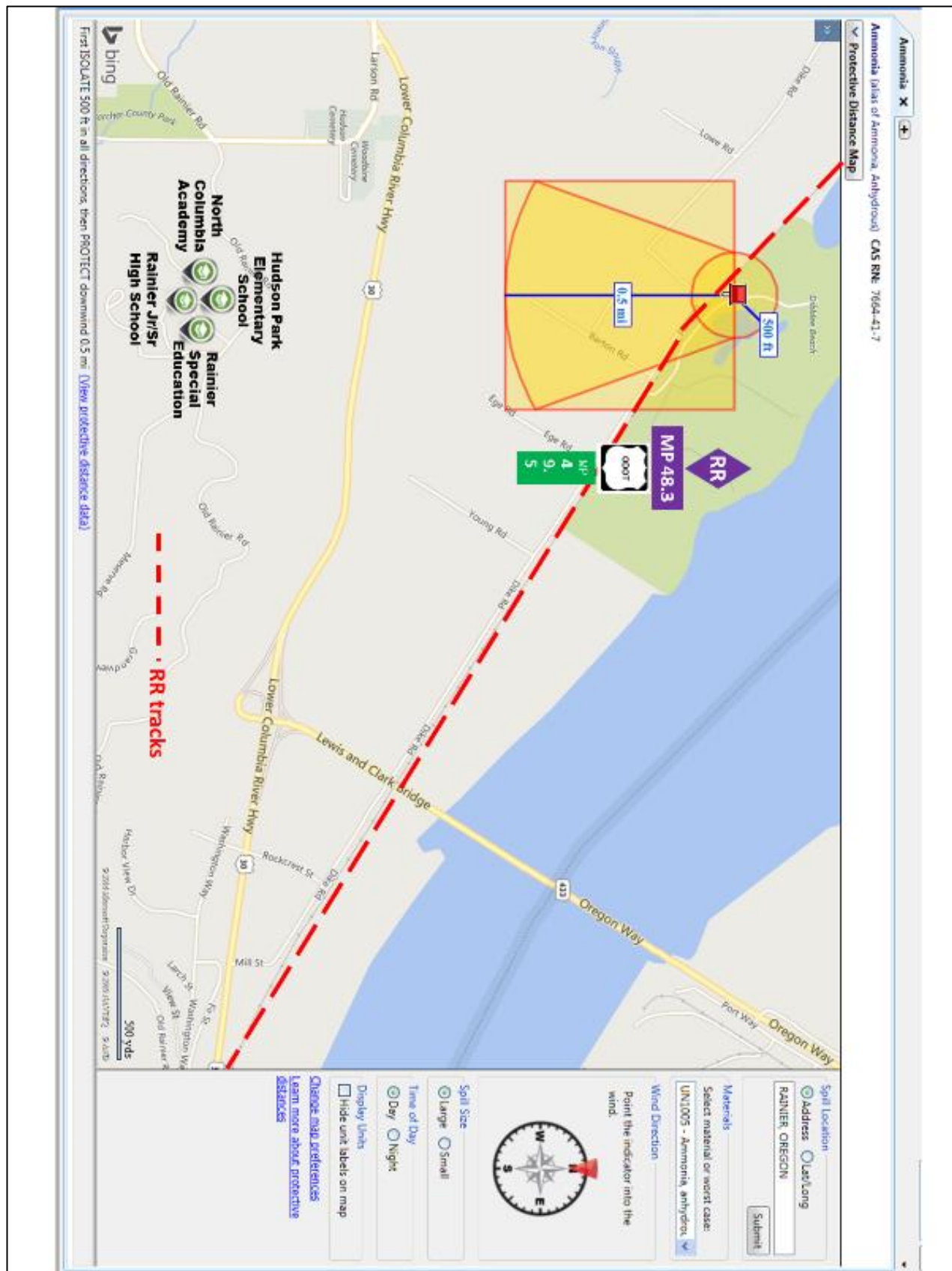
The screenshot shows a Bing map interface with a spill location marked near a railroad crossing. The map displays a yellow spill area with concentric red dashed lines representing protective distances of 150 ft and 1000 ft. A railroad crossing is marked with a purple diamond and 'RR'. A green box with numbers 1, 2, 3, 4 is visible. The map includes a scale bar (0 to 250 yds), a compass rose, and a 'Protective Distance Map' overlay. The map is titled 'Crude Oil (seller of Crude Oil) CAS RN: NO CAS RN'.

## PRESCOTT SODIUM CHLORATE DAY/NIGHT LARGE/SMALL RELEASE



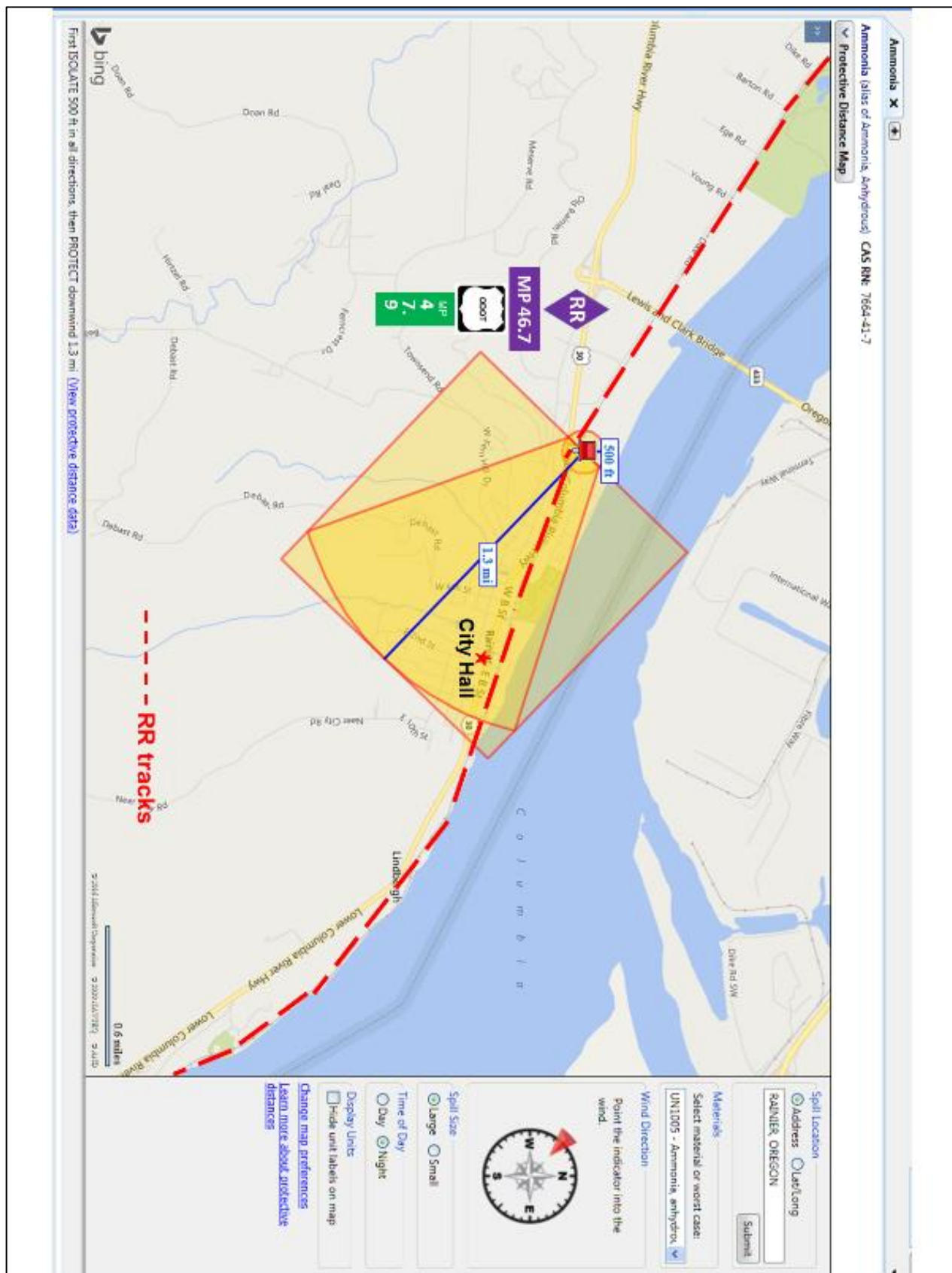
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## RAINIER ANHYDROUS AMMONIA DAY LARGE RELEASE

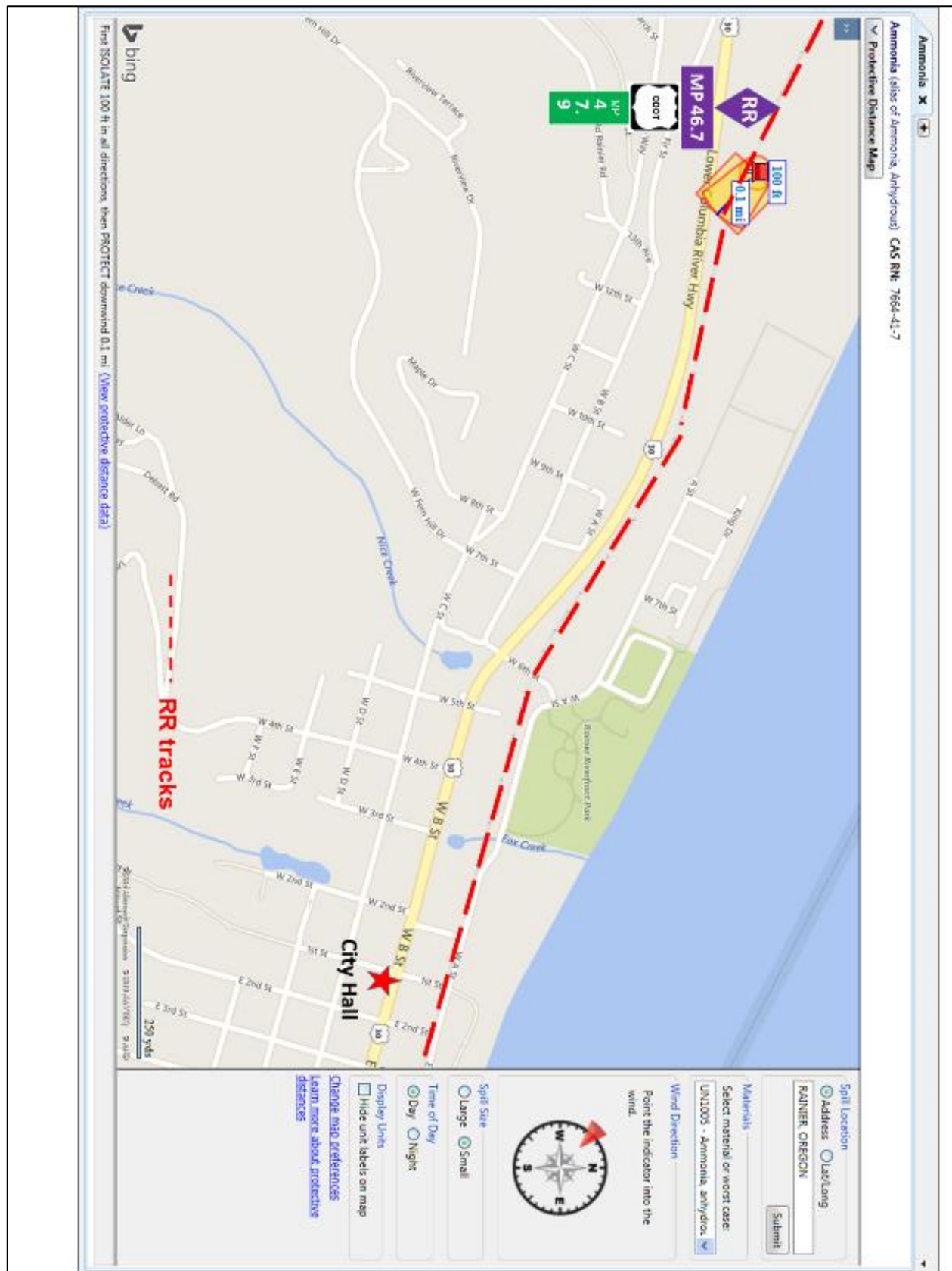




## RAINIER ANHYDROUS AMMONIA NIGHT LARGE RELEASE TOWN



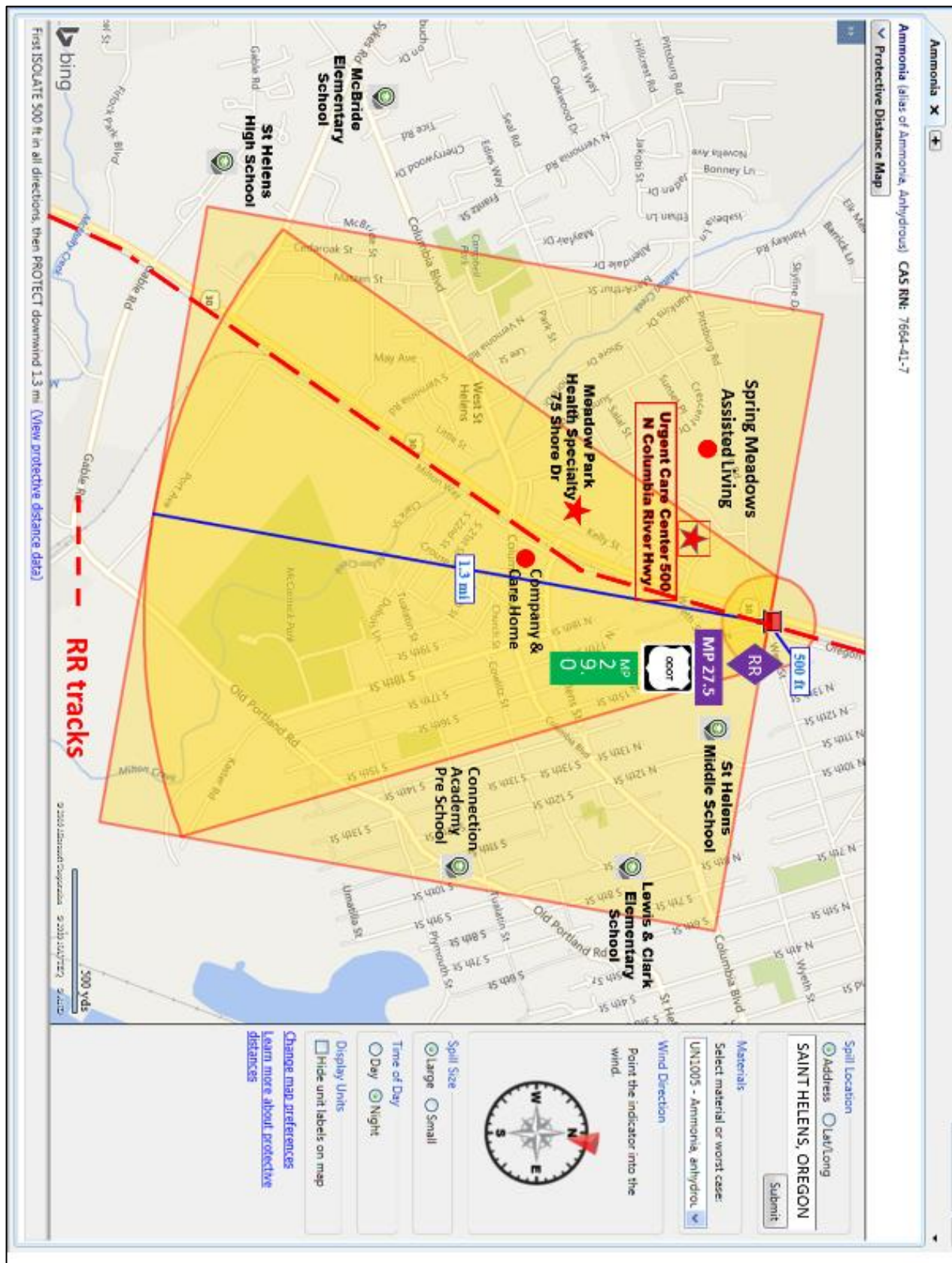
## RAINIER ANHYDROUS AMMONIA DAY SMALL RELEASE TOWN



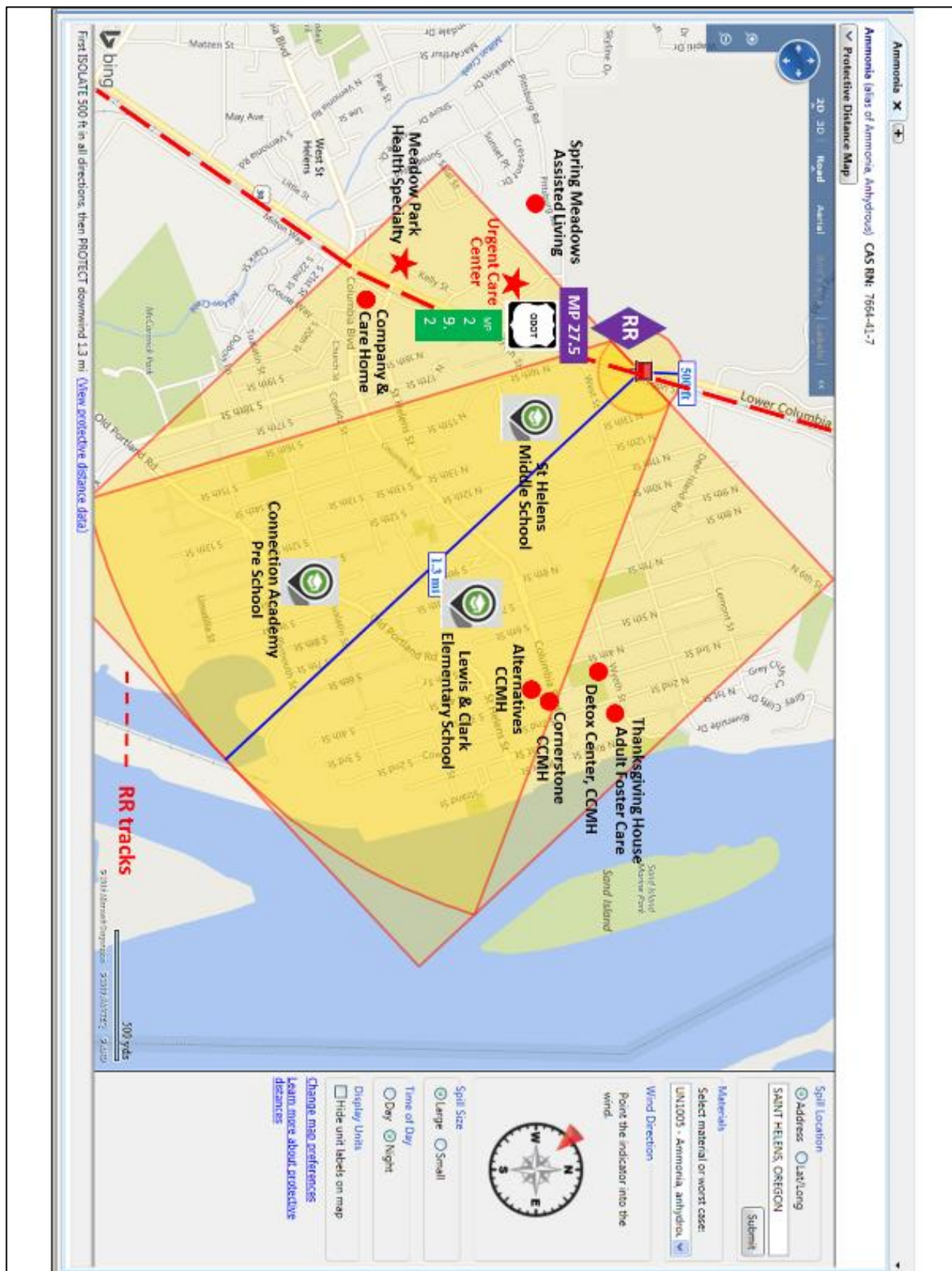
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## ST HELENS ANYHRDOUS AMMONIA LARGE NIGHT RELEASE

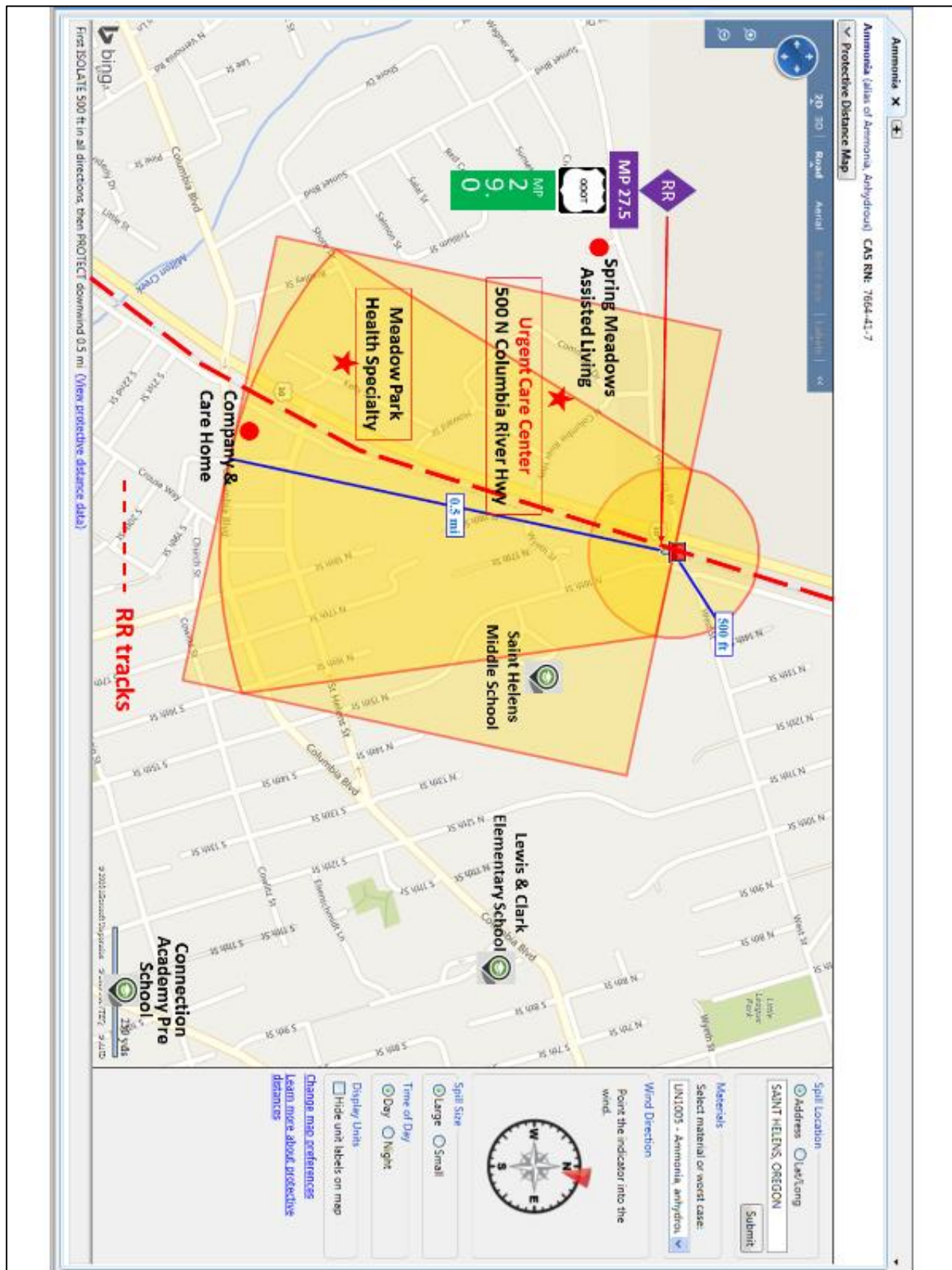


## SAINT HELENS ANHYDROUS AMMONIA NIGHT LARGE RELEASE NORTH

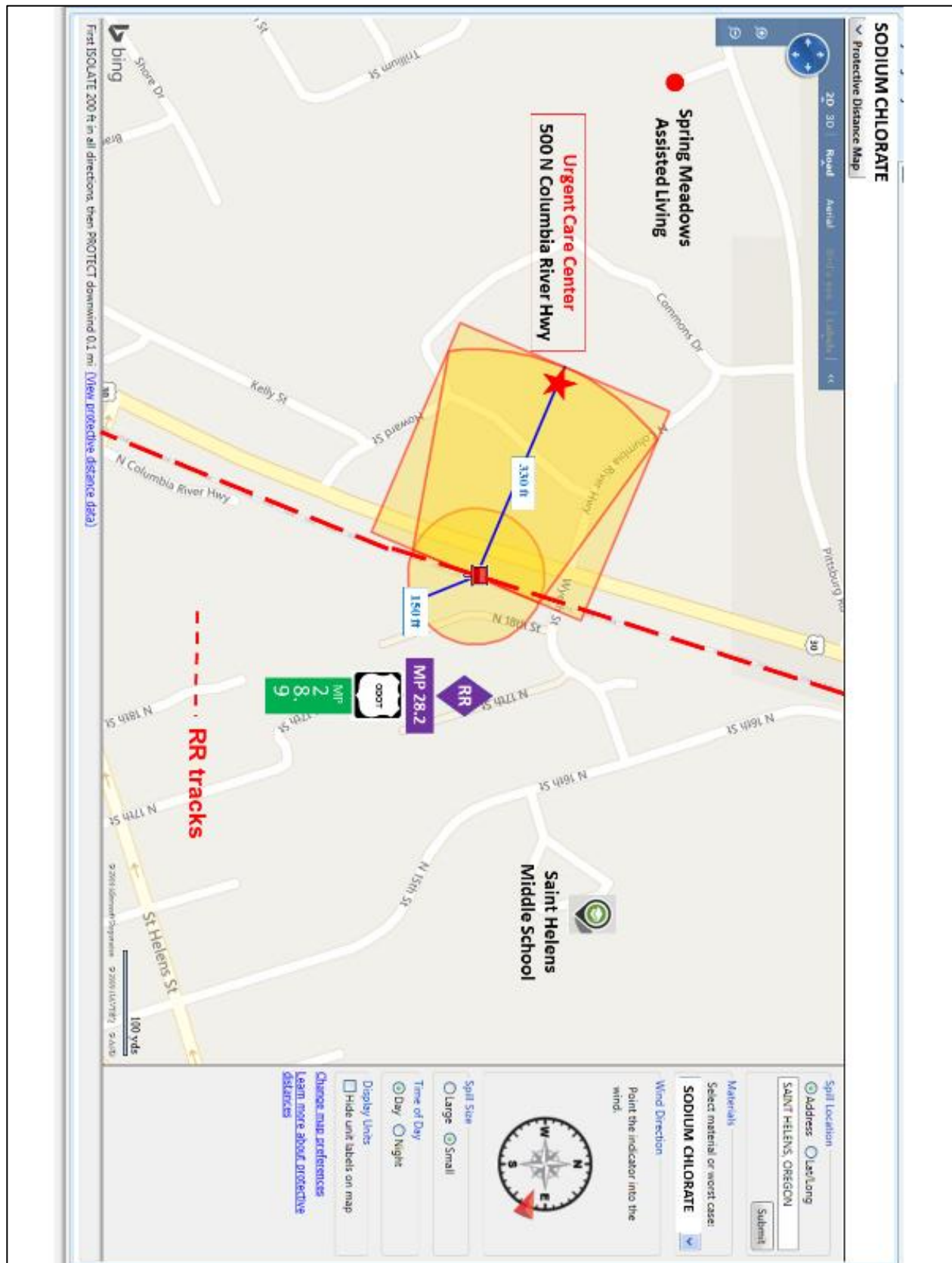




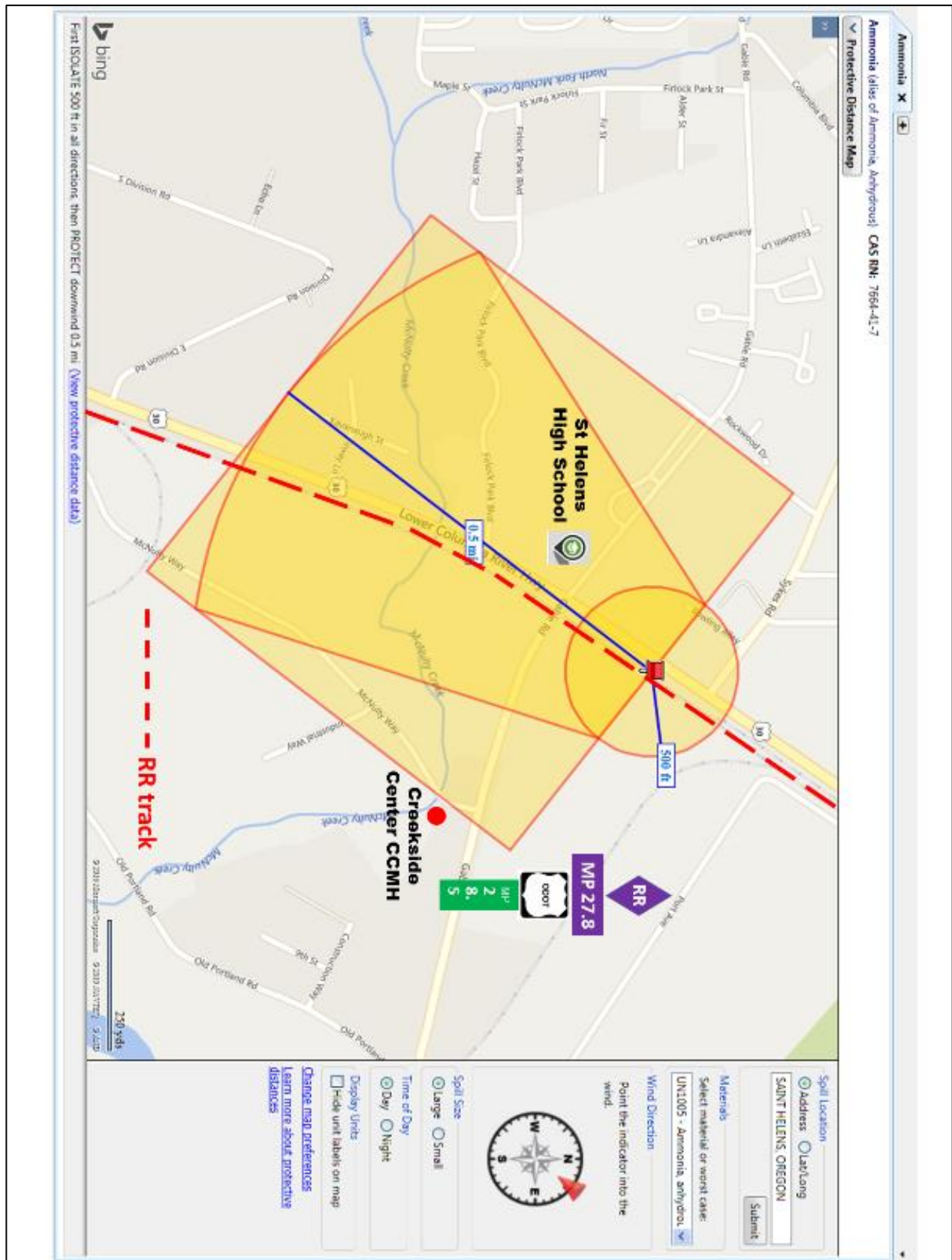
## ST HELENS ANHYDROUS AMMONIA DAY LARGE RELEASE NORTH

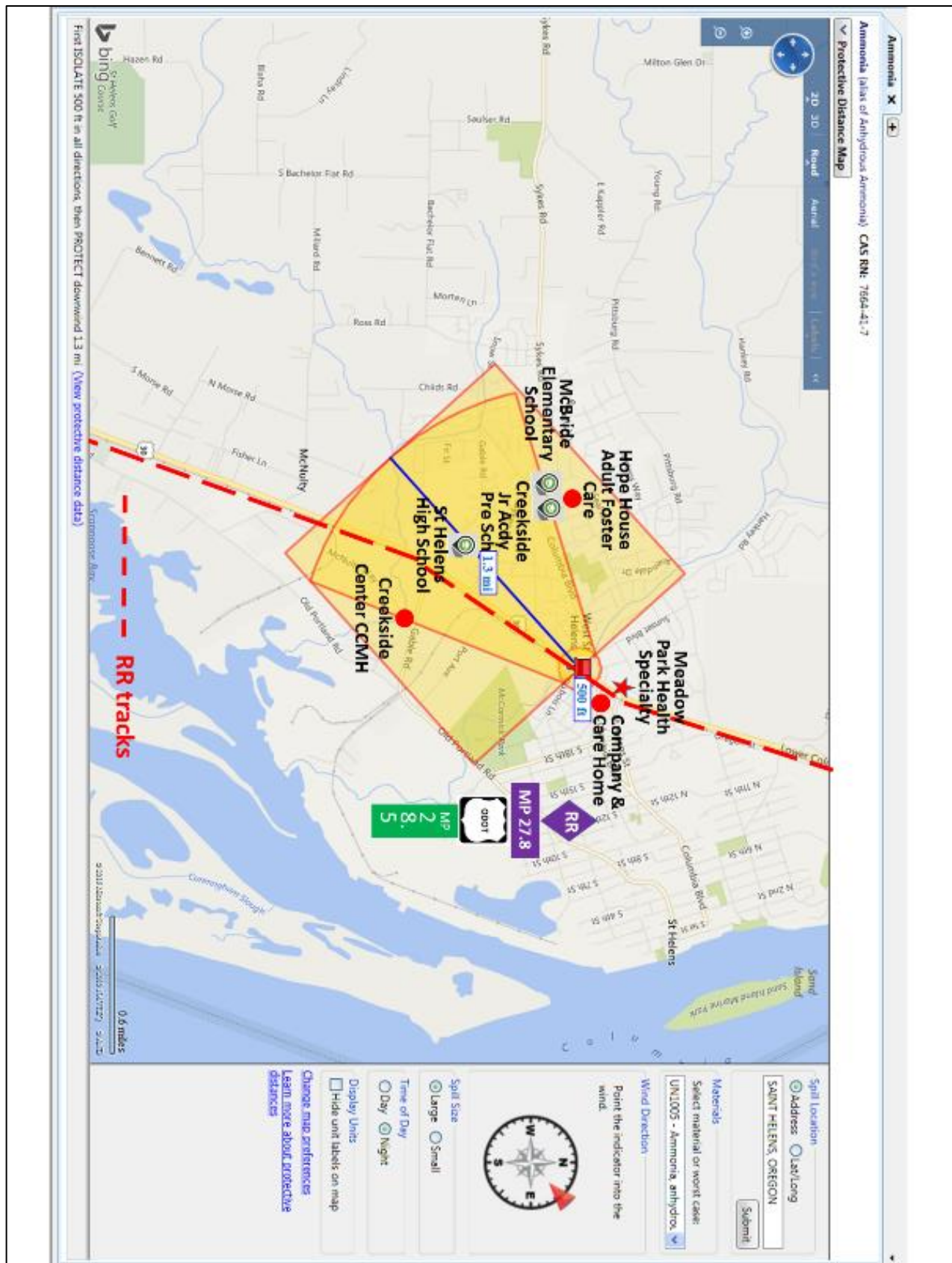


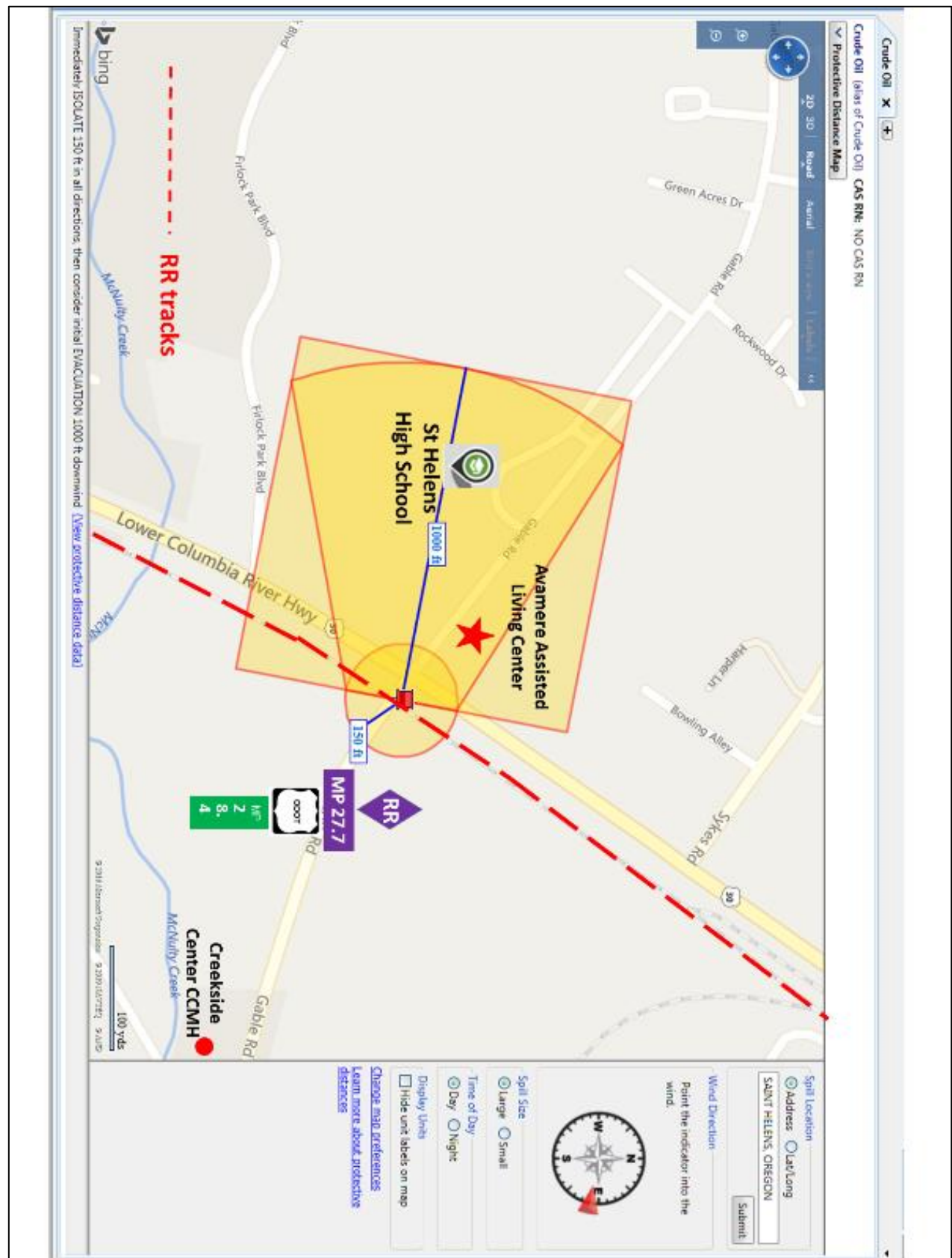
[illegible]

**SAINT HELENS SODIUM CHLORATE DAY LARGE/SMALL RELEASE NORTH**

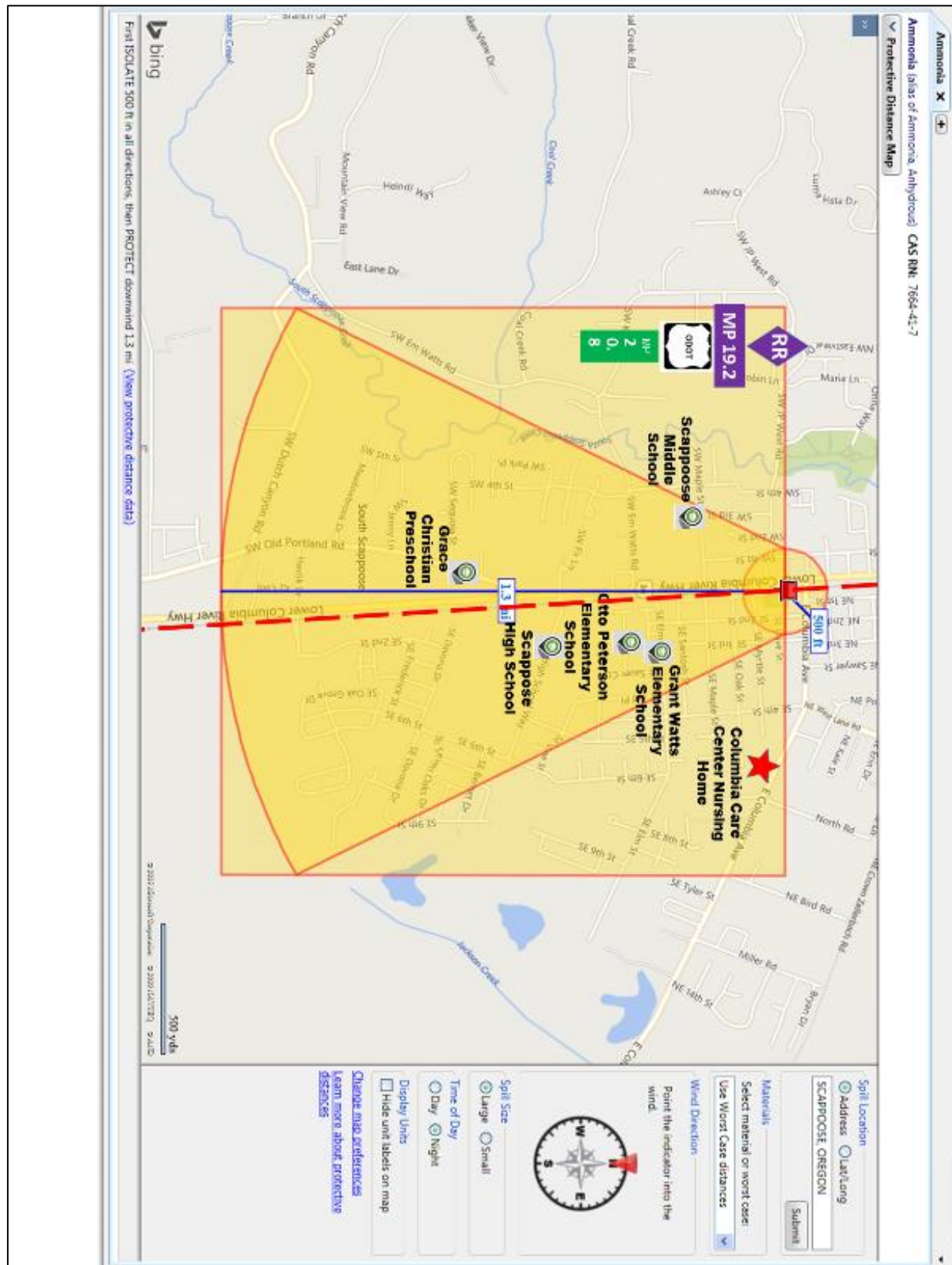


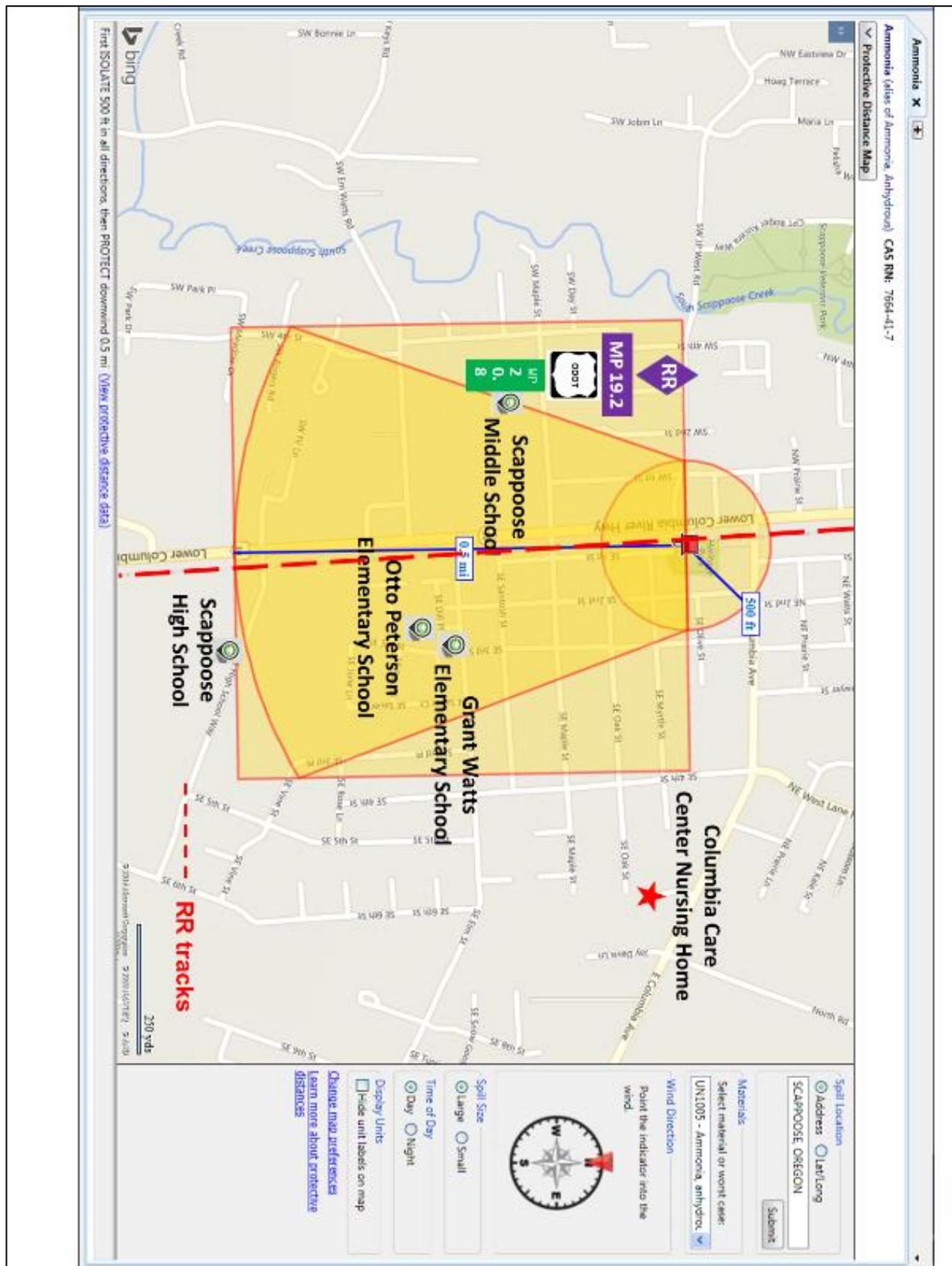


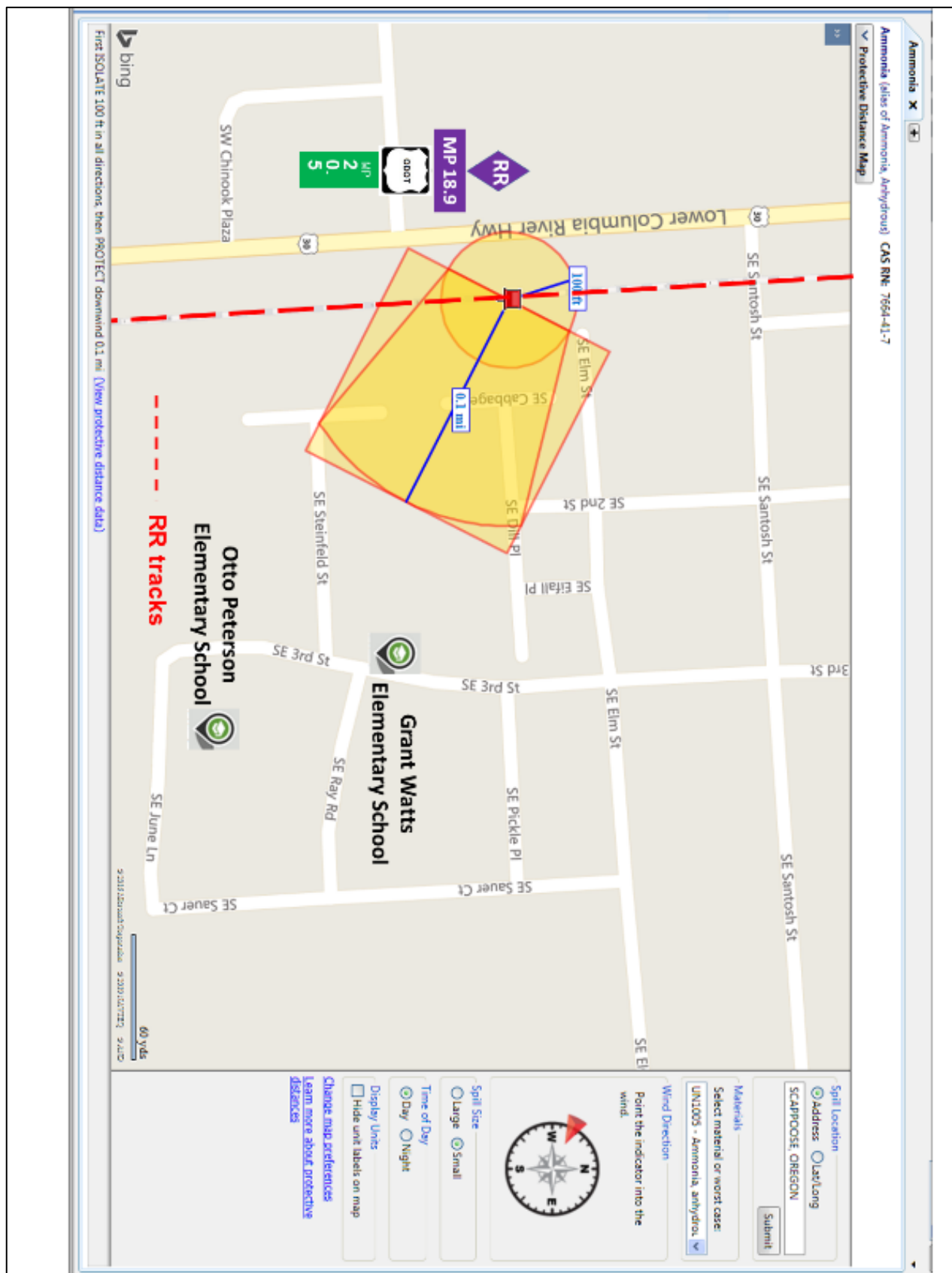




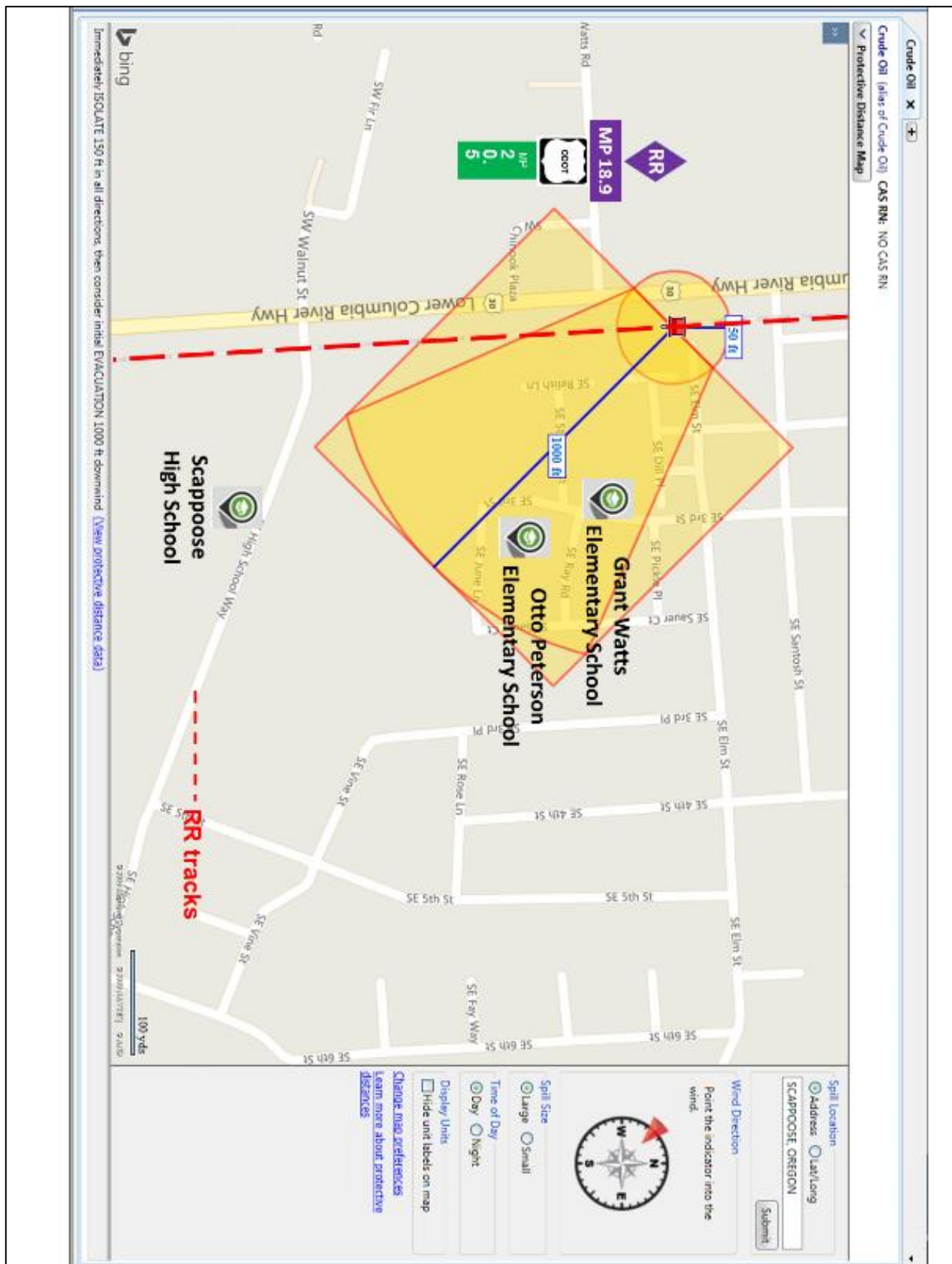




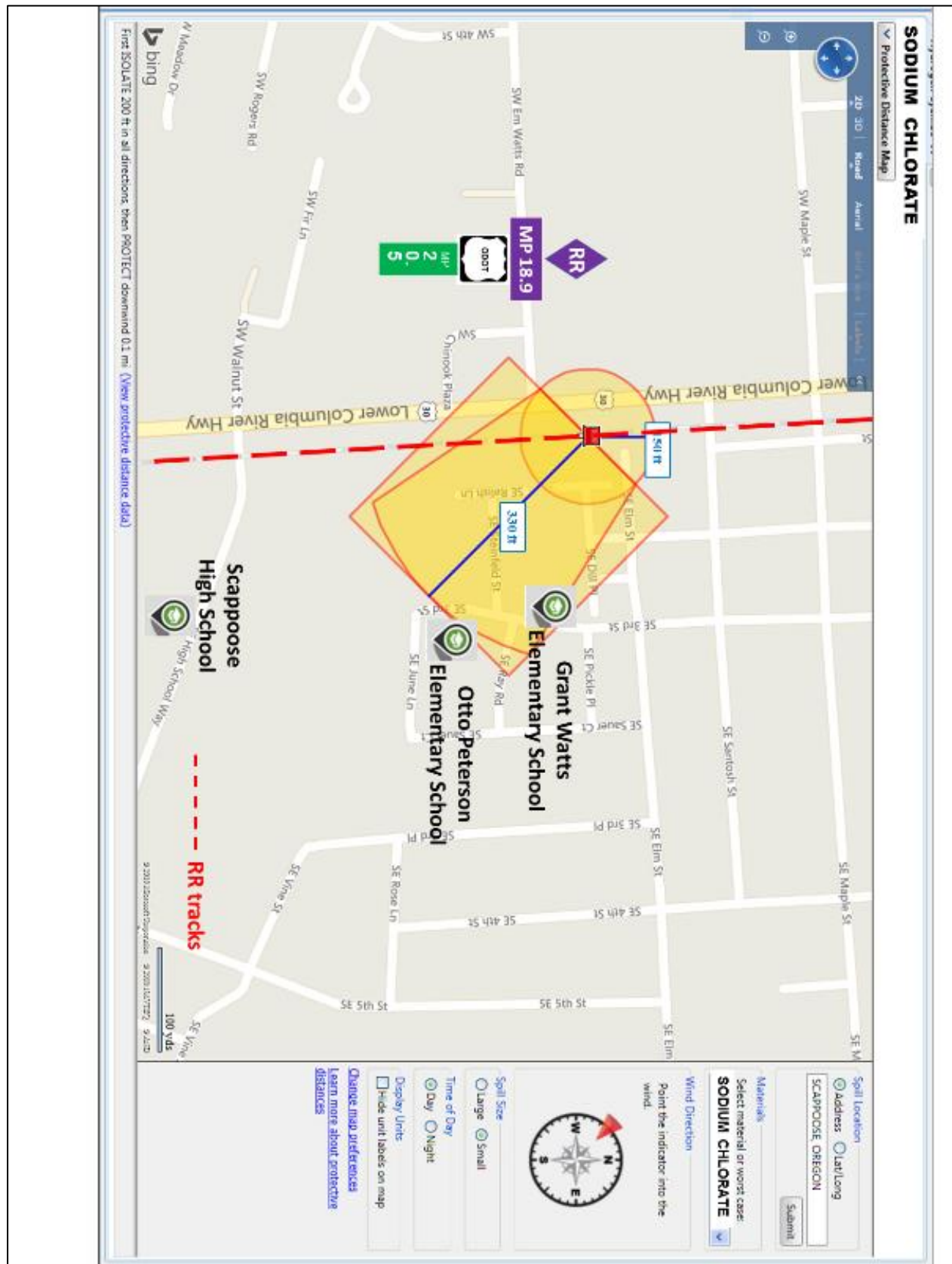


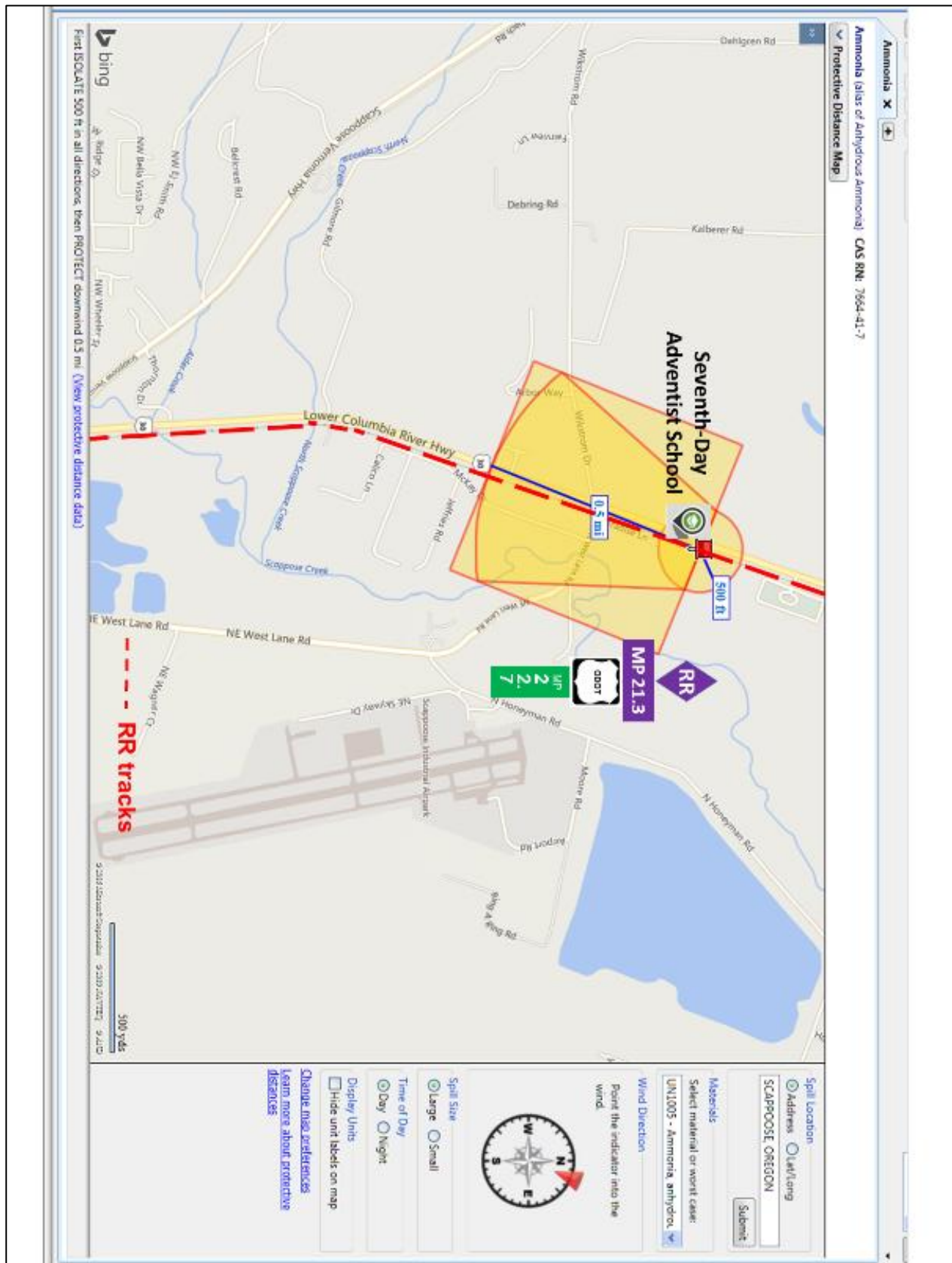


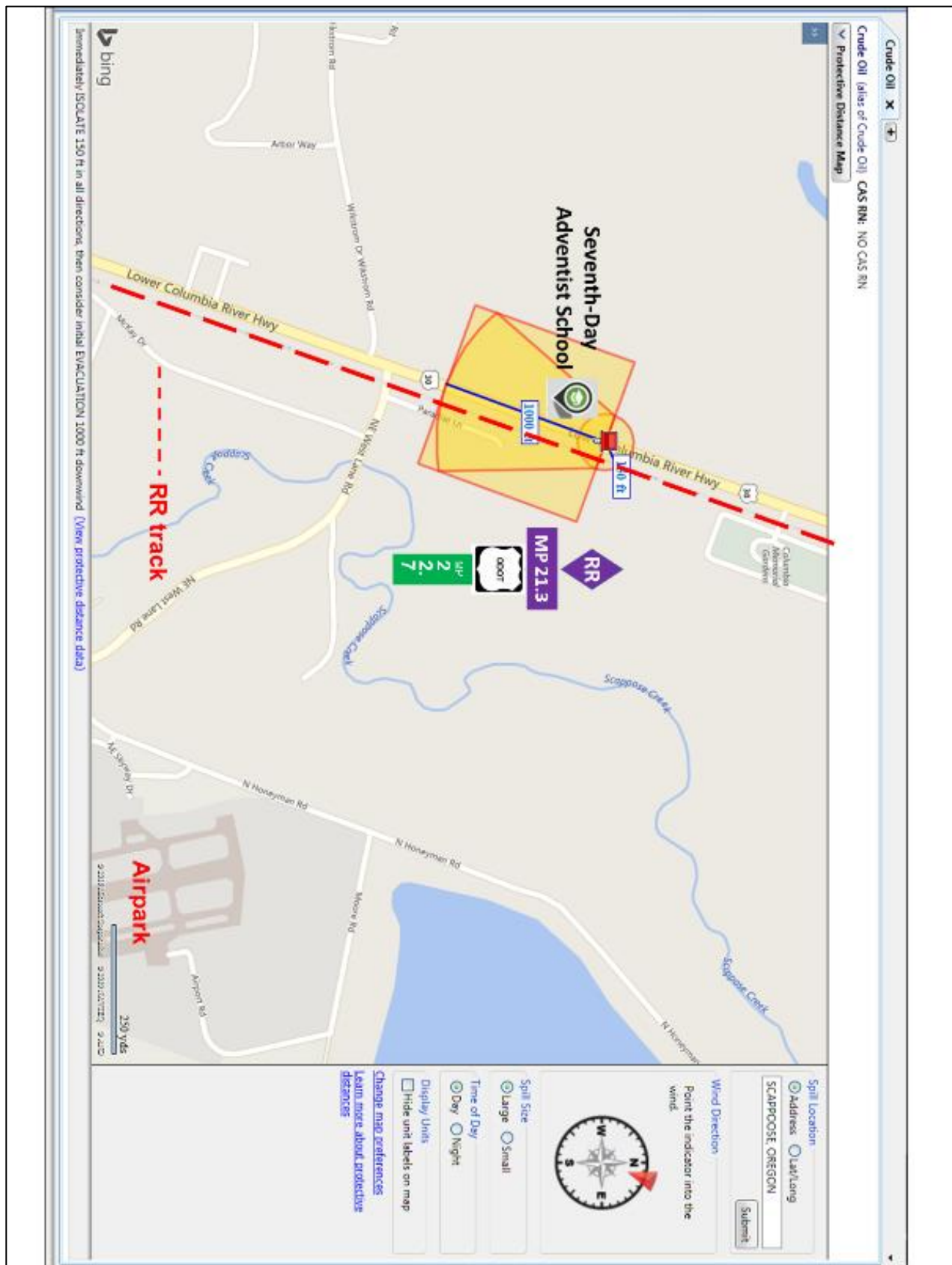
Columbia County Hazardous Materials Transportation by Rail Response Plan Basic Plan  
**SCAPPOOSE CRUDE OIL/ETHANOL DAY/NIGHT LARGE/SMALL RELEASE**

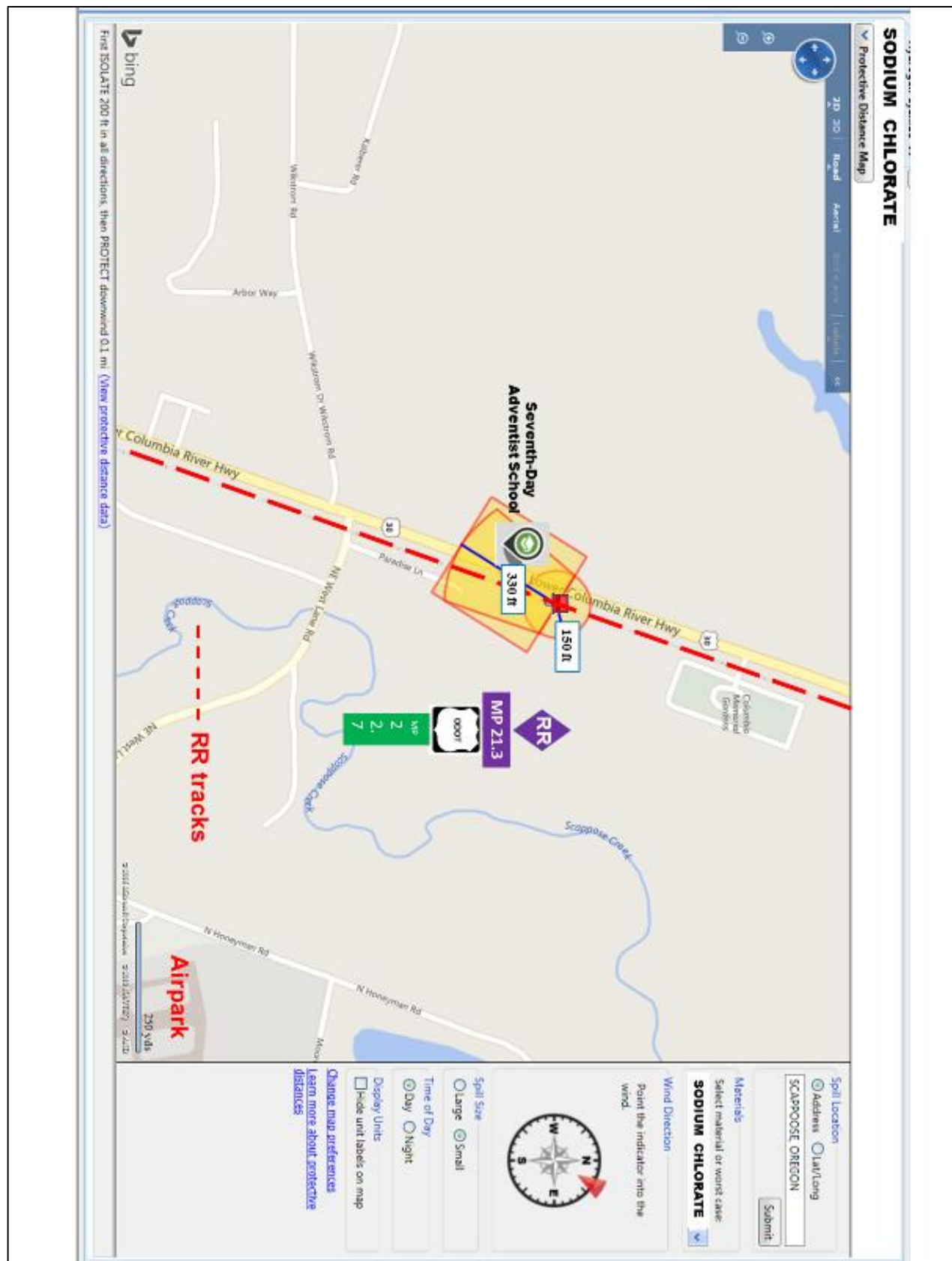




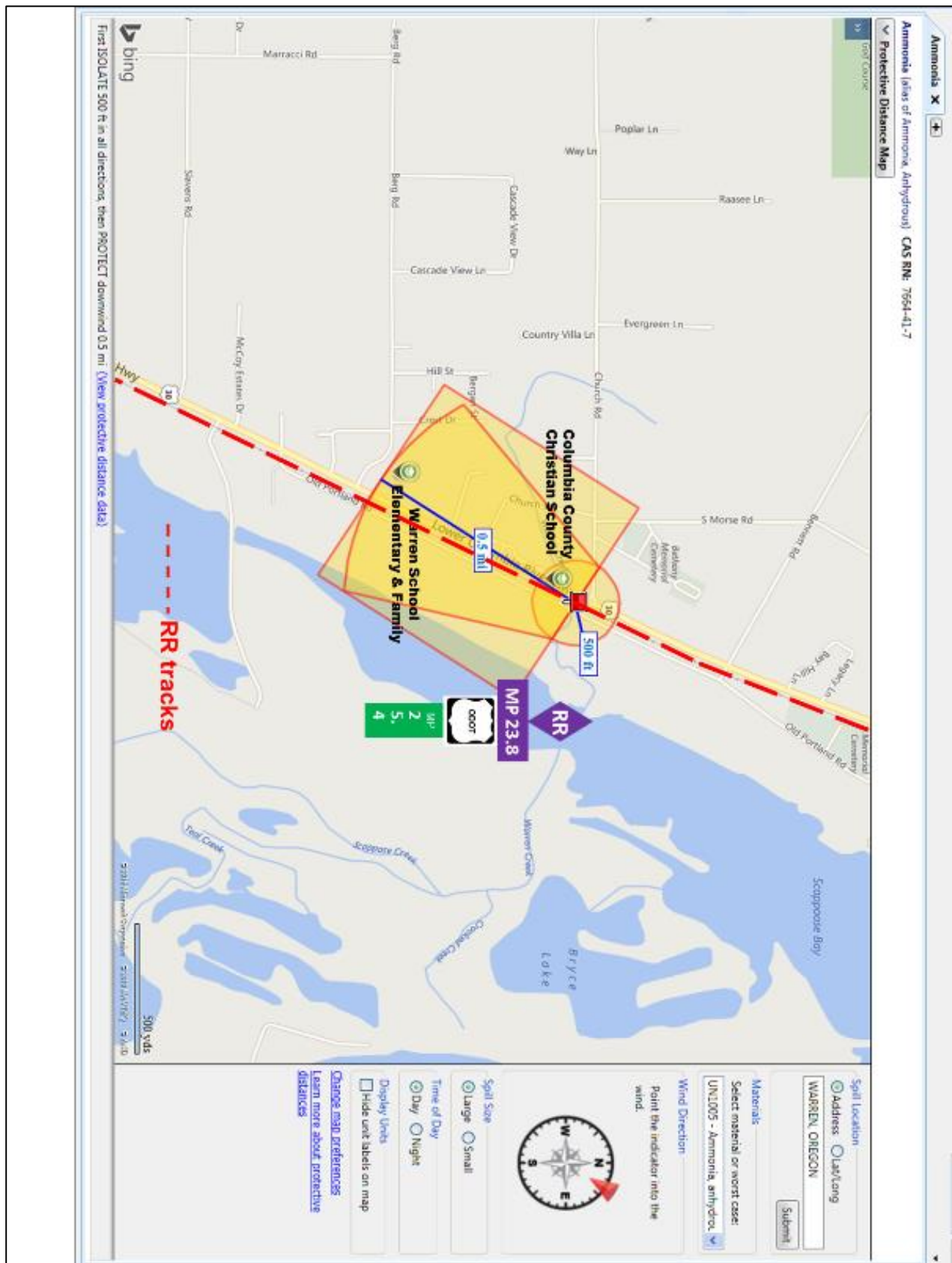






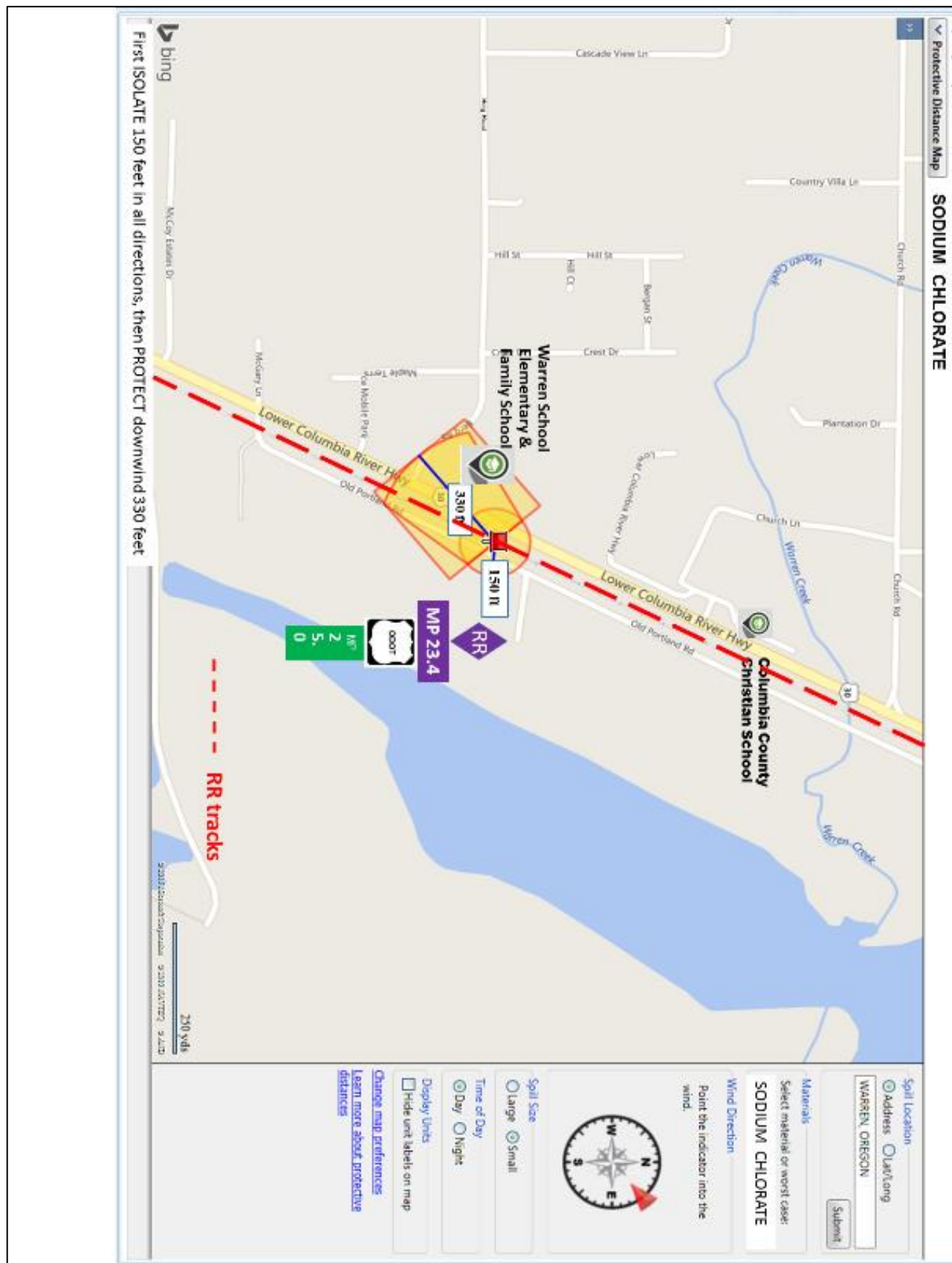




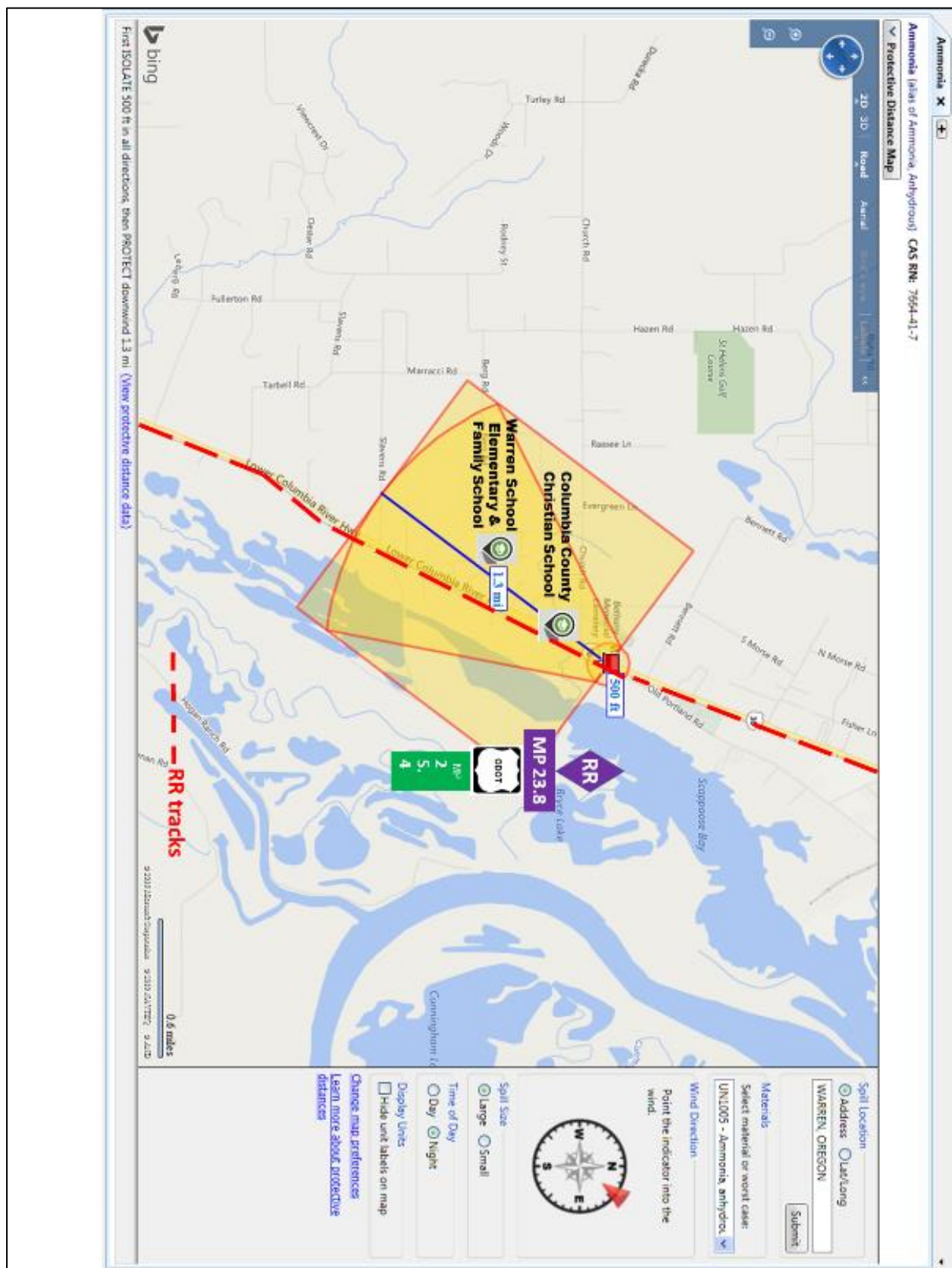


Columbia County Hazardous Materials Transportation by Rail Response Plan Basic Plan  
**WARREN CRUDE OIL/ETHANOL DAY/NIGHT LARGE/SMALL RELEASE**





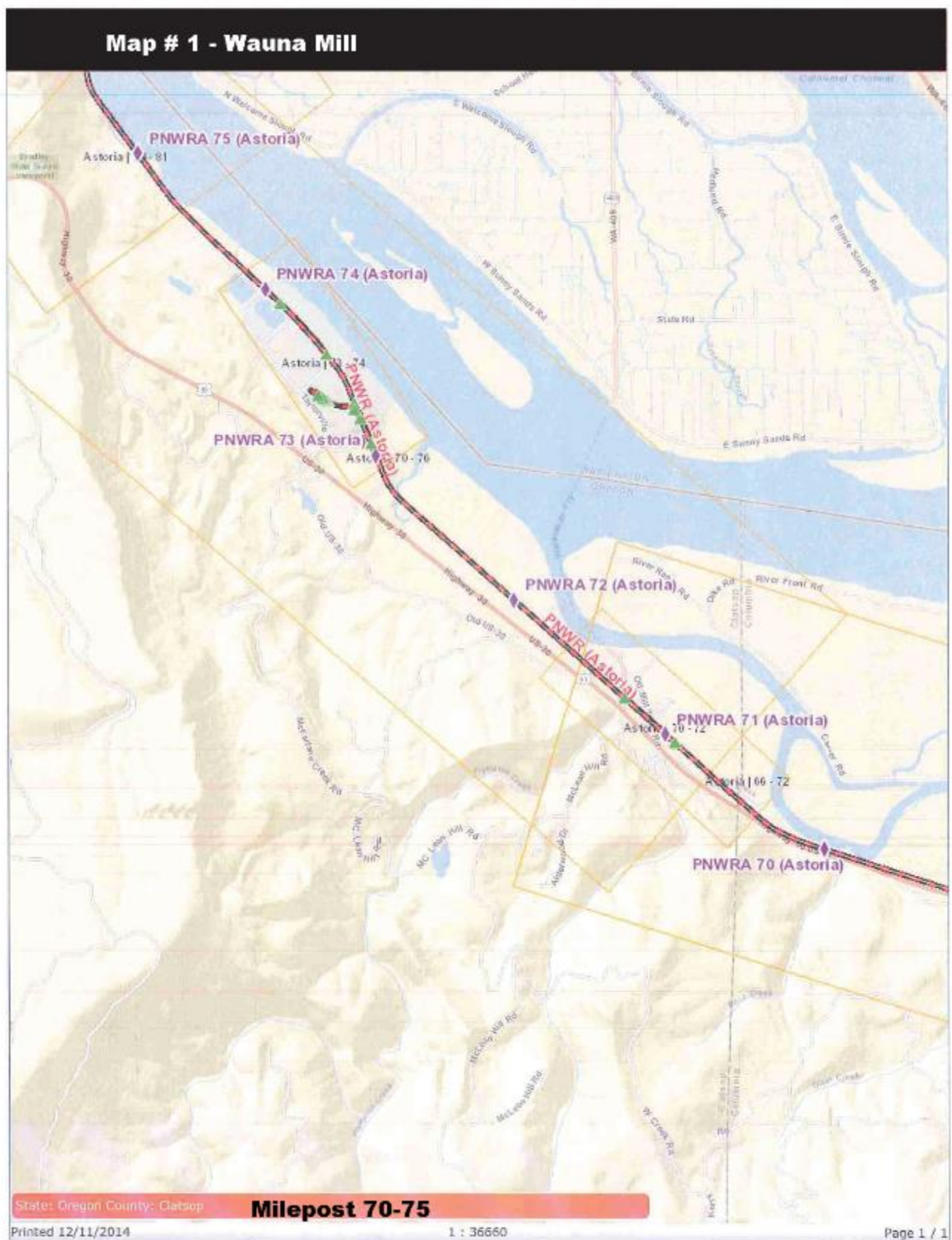




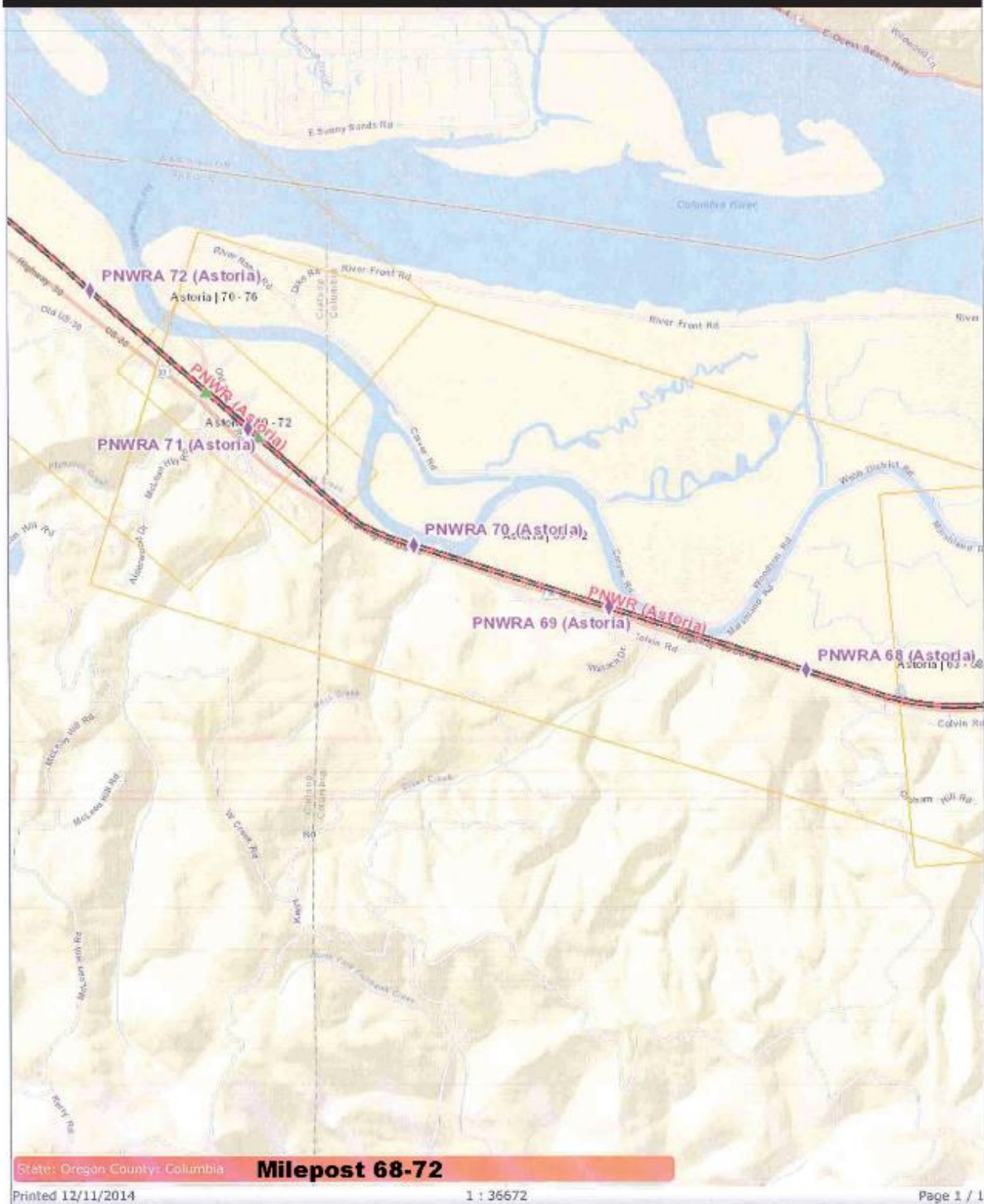
# Appendix C

## Railroad Milepost Maps

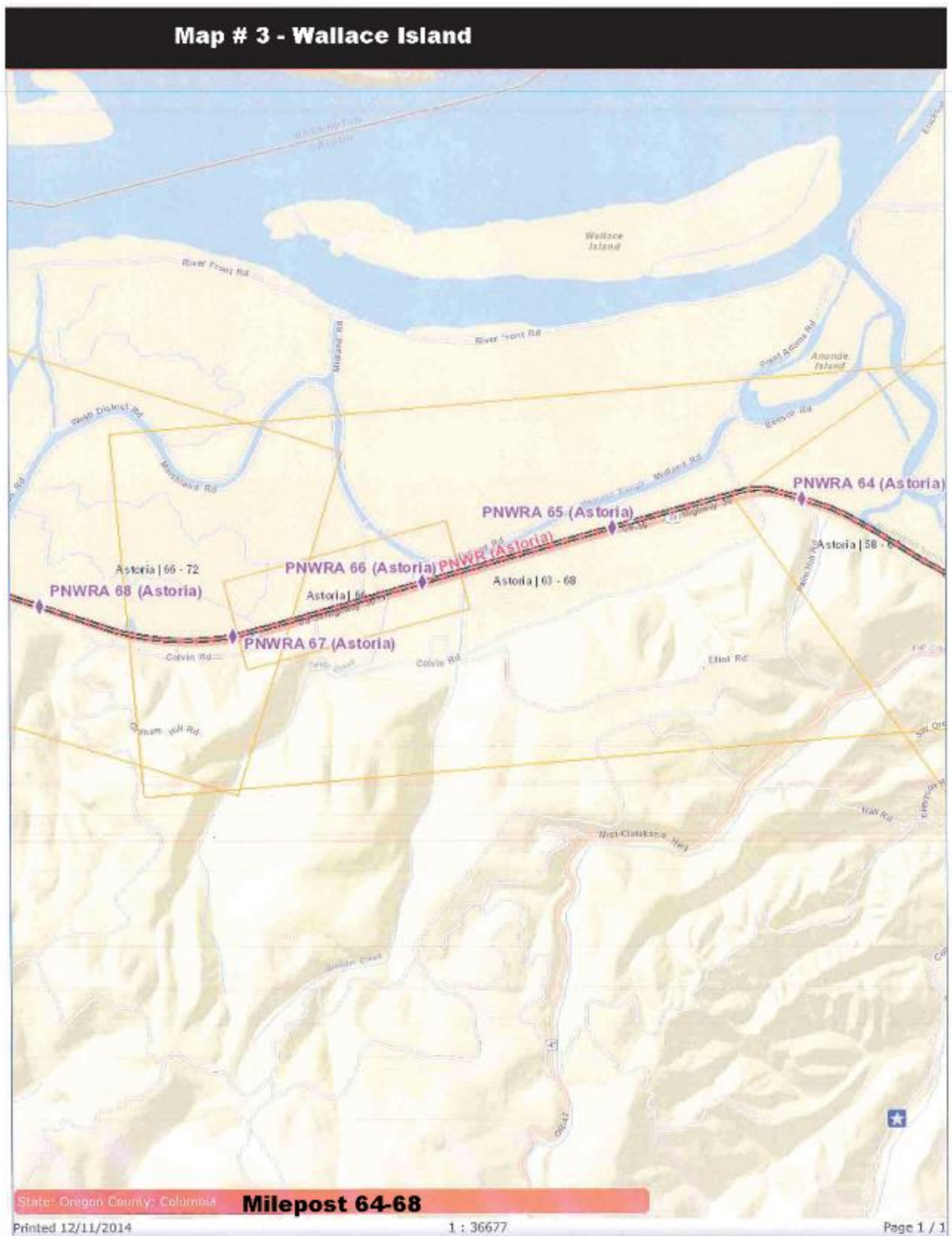
|        |                                      |                |
|--------|--------------------------------------|----------------|
| Map 1  | Wauna Mill                           | Milepost 70-75 |
| Map 2  | West County Border                   | Milepost 68-72 |
| Map 3  | Wallace Island                       | Milepost 64-68 |
| Map 4  | Clatskanie                           | Milepost 59-64 |
| Map 5  | Quincy Mayger Road/Beaver Falls Road | Milepost 56-61 |
| Map 6  | Crims Island                         | Milepost 54-60 |
| Map 7  | Lord Island                          | Milepost 51-56 |
| Map 8  | Rainier/Lewis & Clark Bridge         | Milepost 45-50 |
| Map 9  | Prescott                             | Milepost 39-45 |
| Map 10 | Sandy Island                         | Milepost 35-41 |
| Map 11 | Columbia City                        | Milepost 29-34 |
| Map 12 | Saint Helen                          | Milepost 24-30 |
| Map 13 | Warren/Airpark                       | Milepost 20-25 |
| Map 14 | Scappoose                            | Milepost 17-22 |

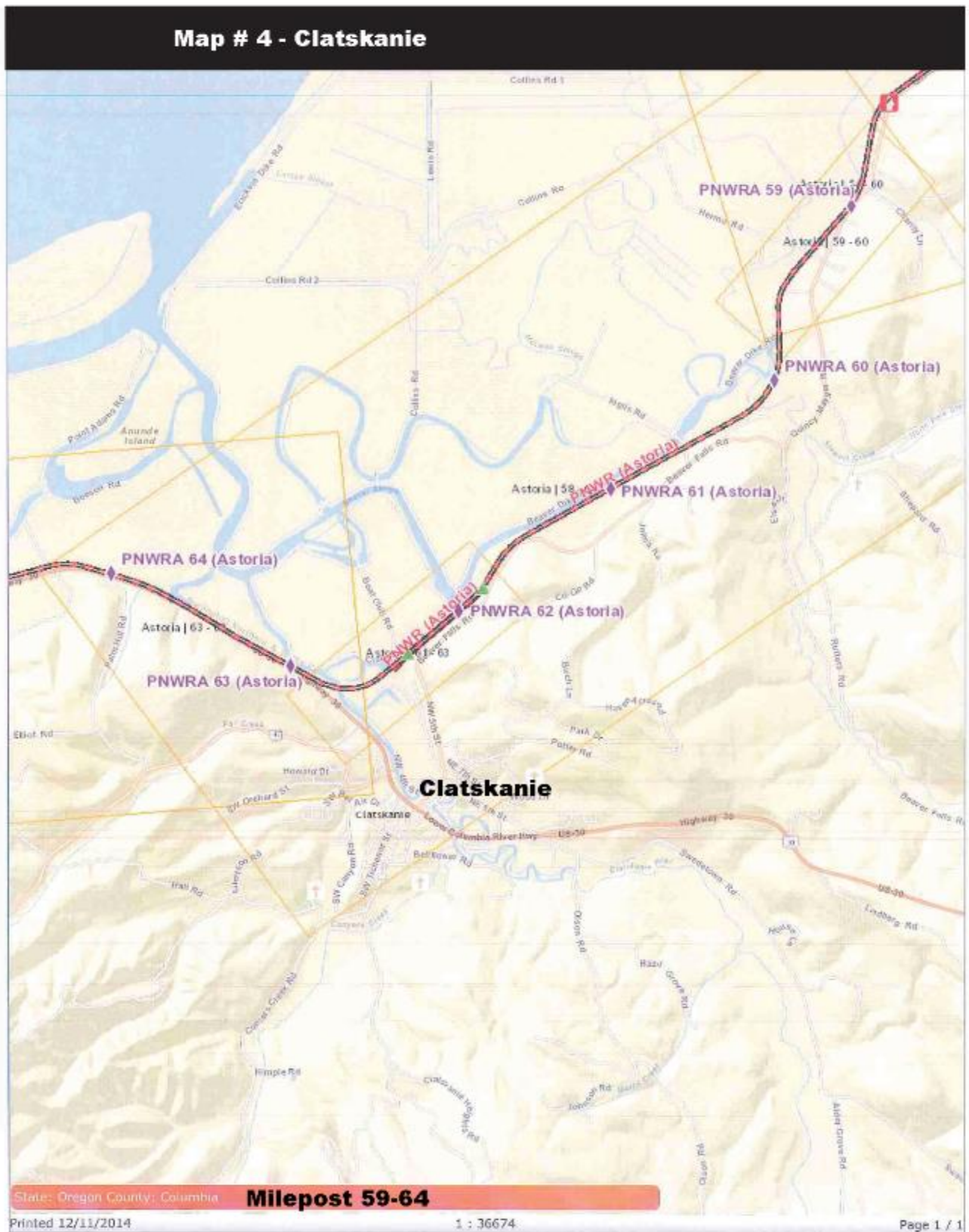




**Map # 2 - West County Border**

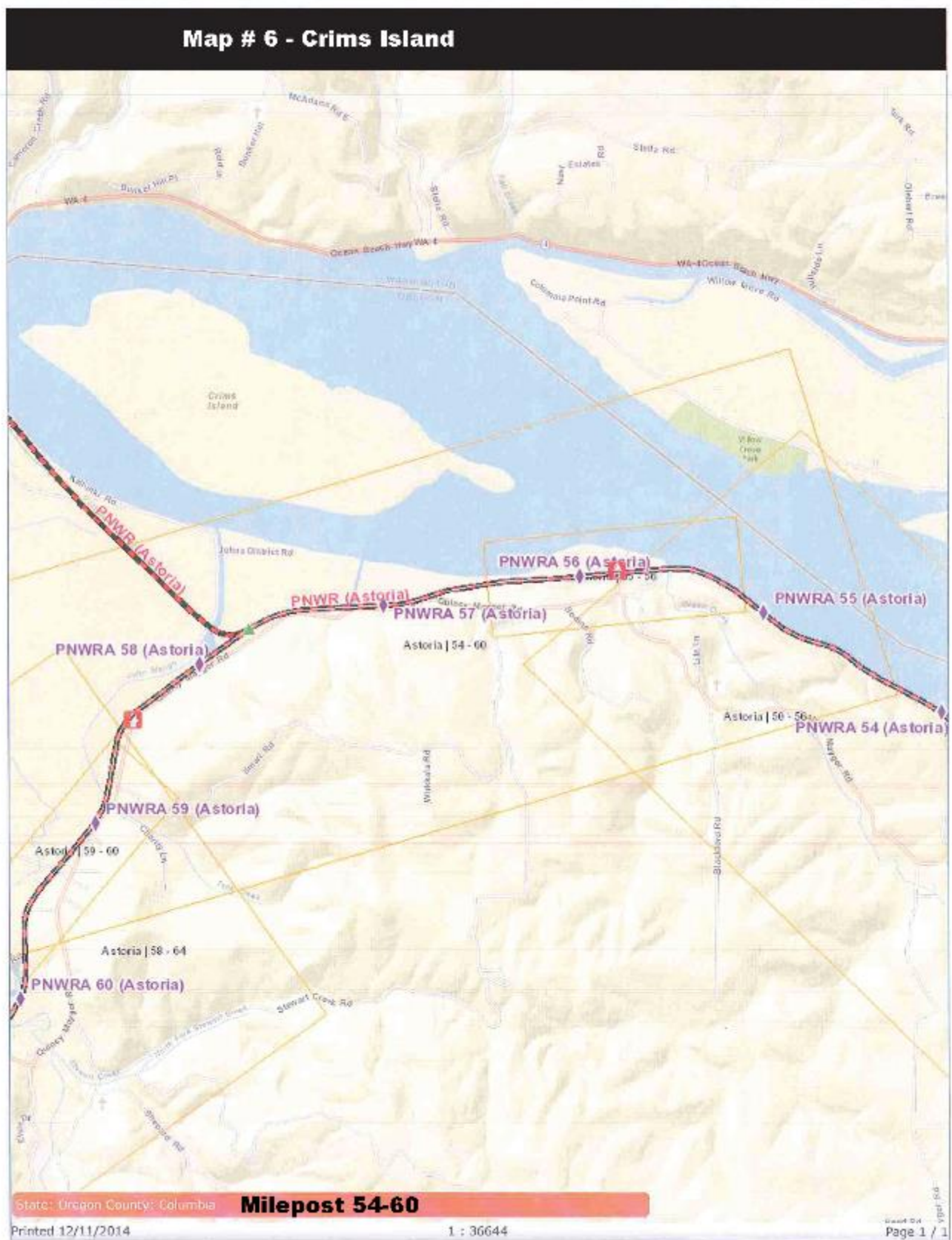




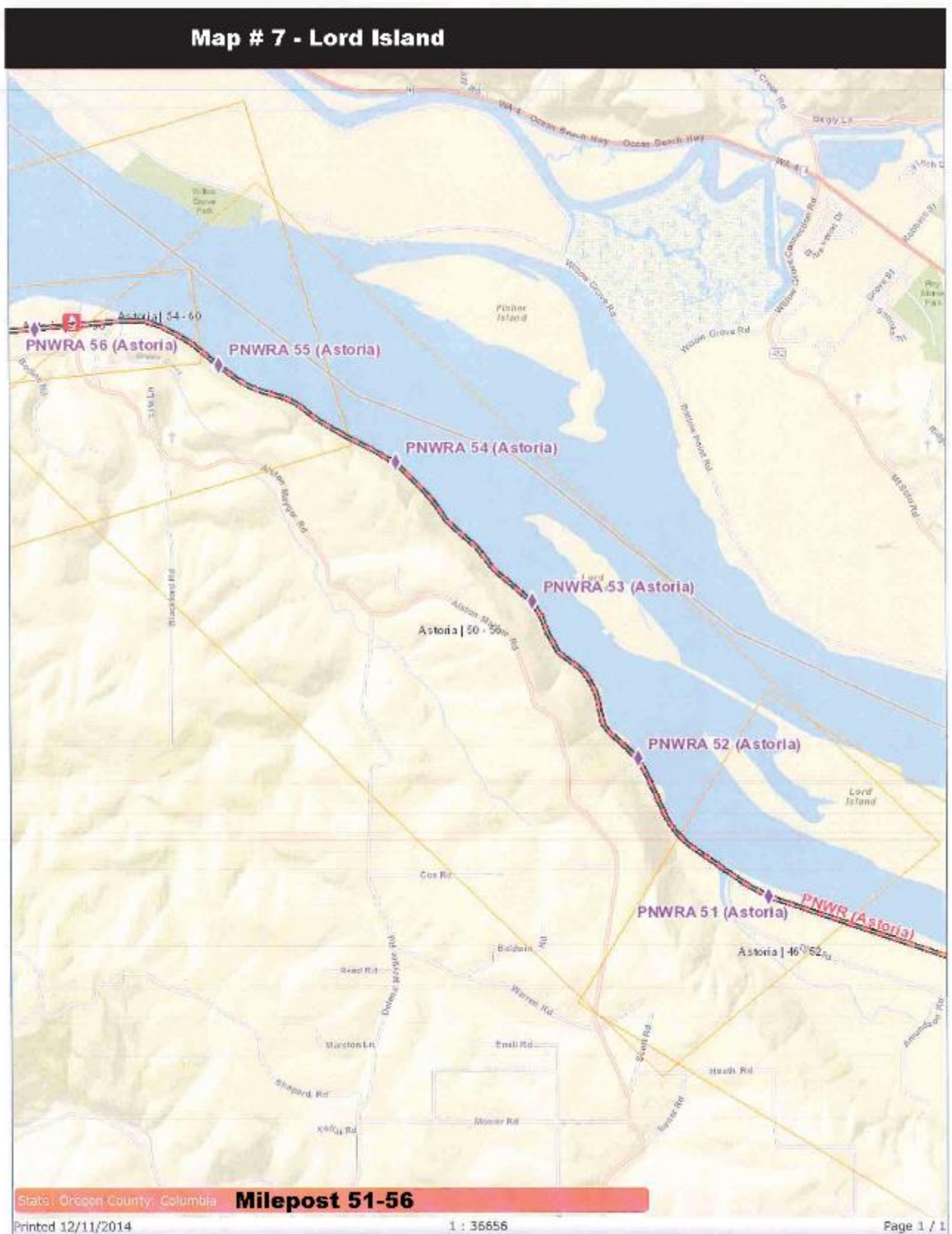


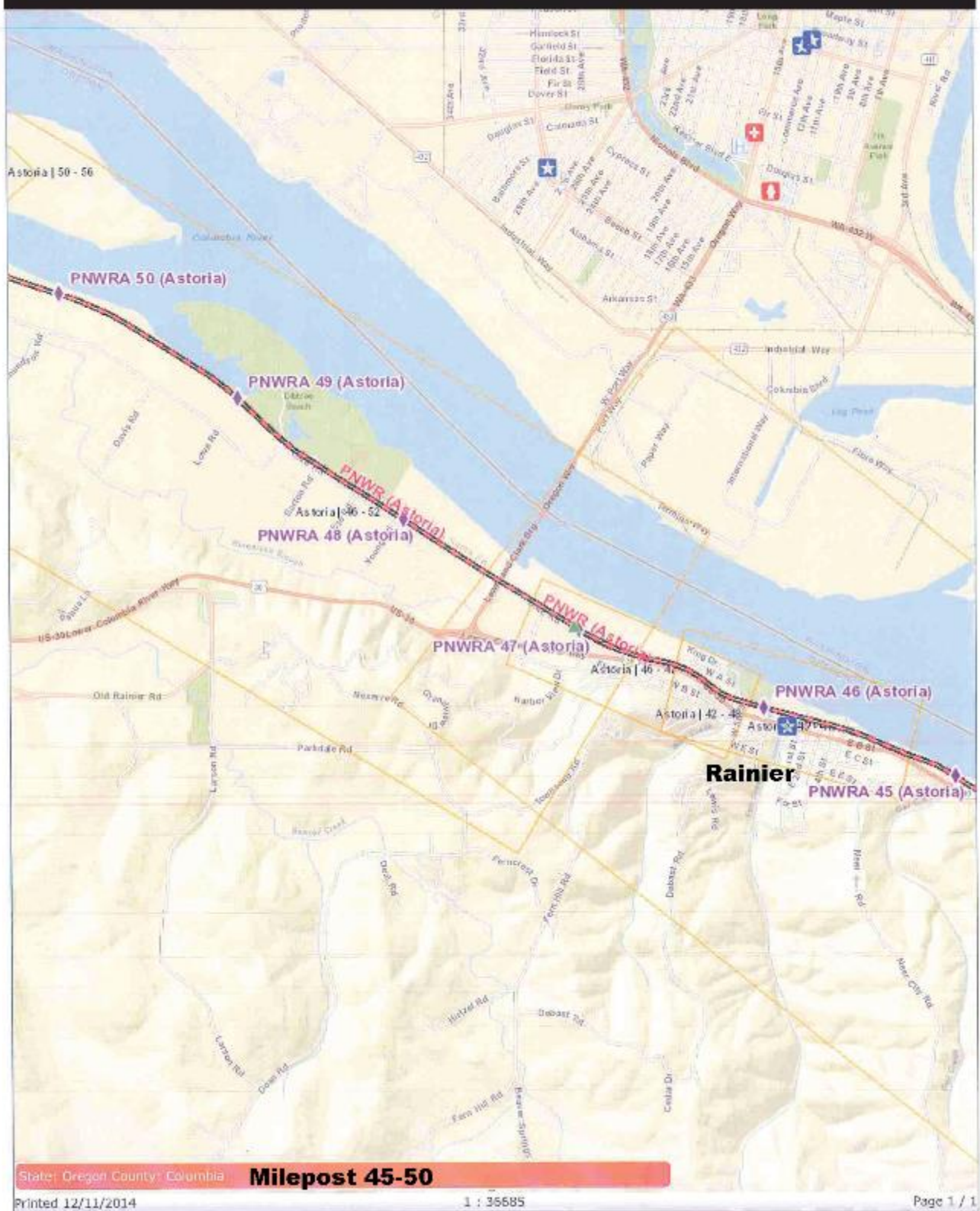




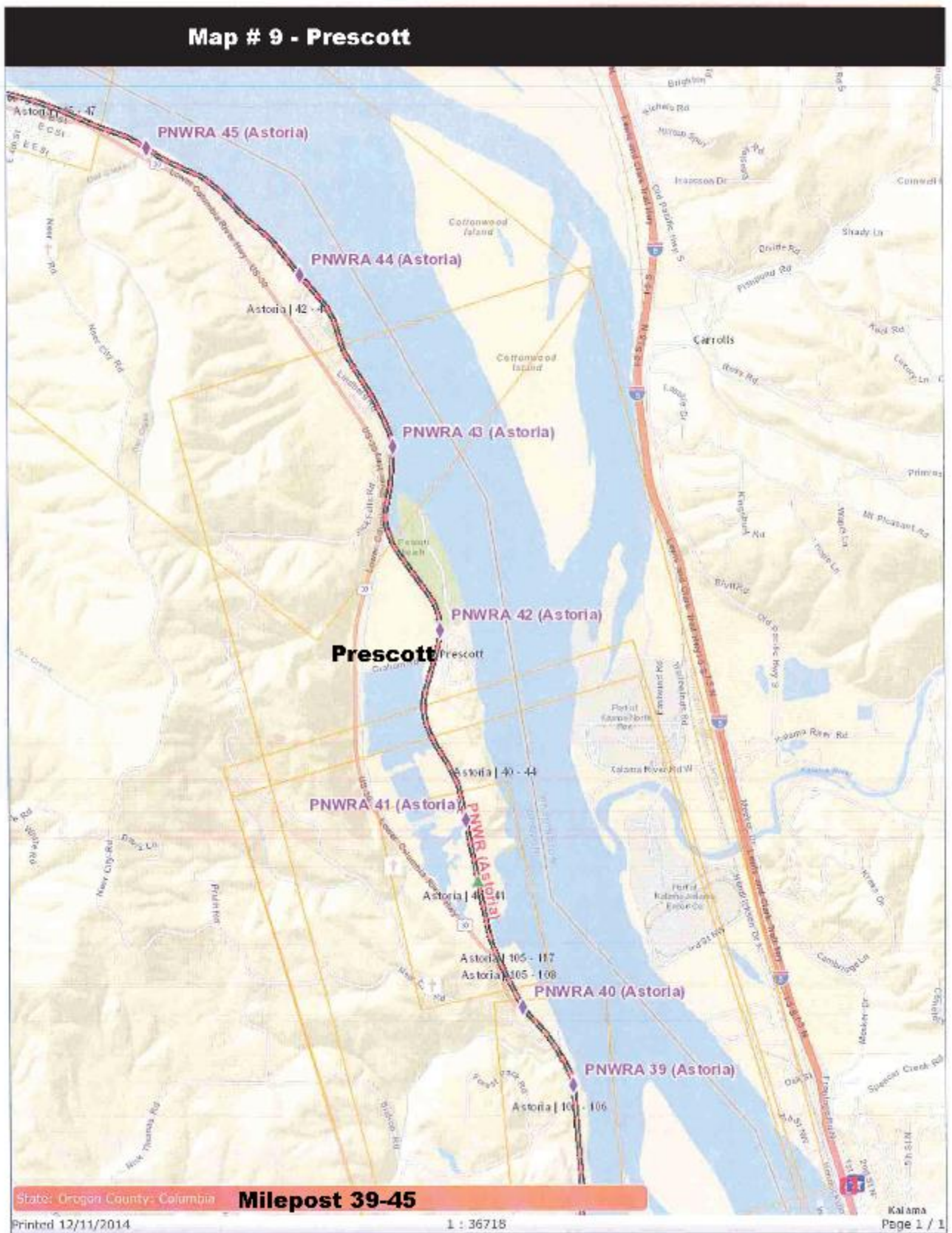




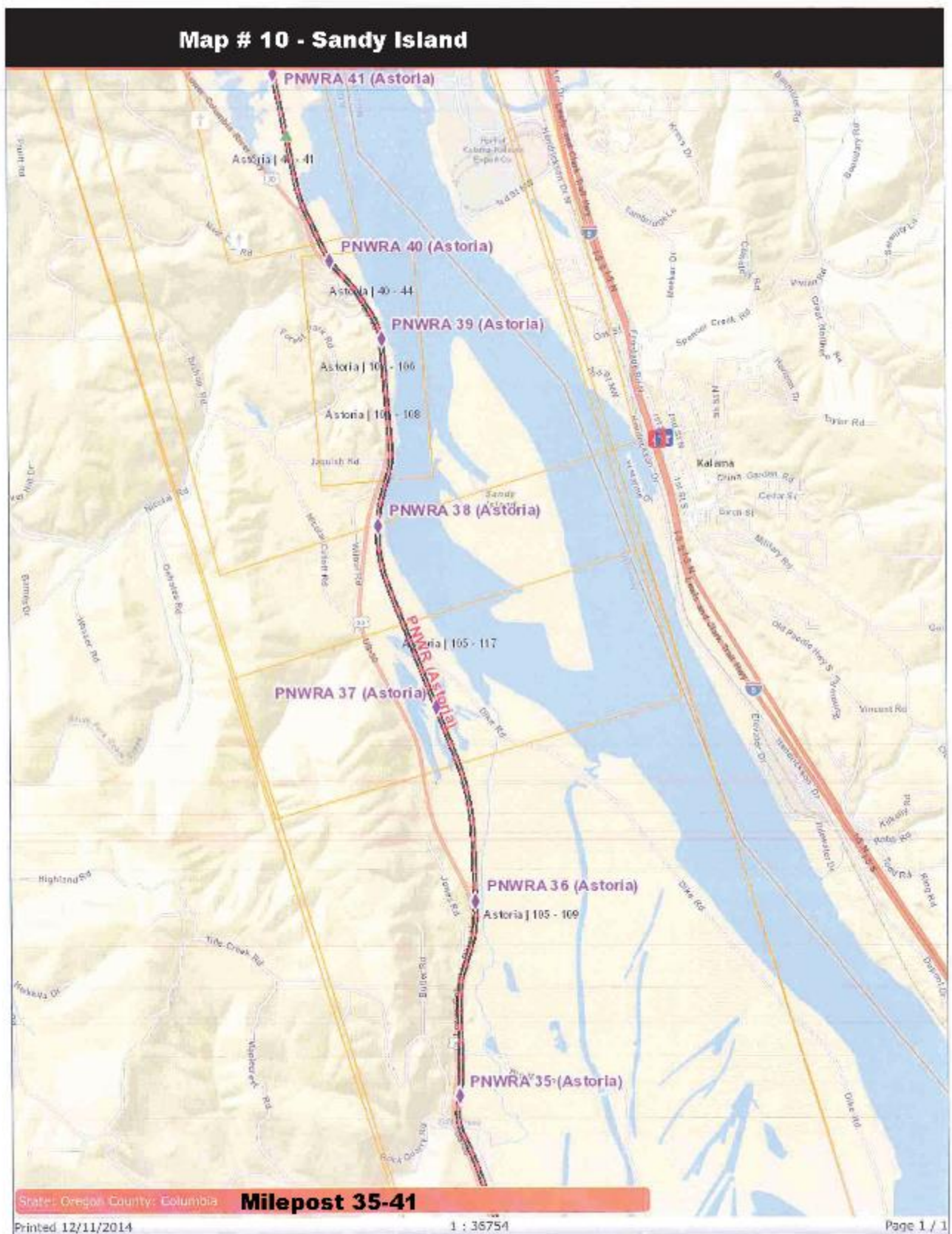


**Map # 8 - Rainier / Lewis & Clark Bridge**



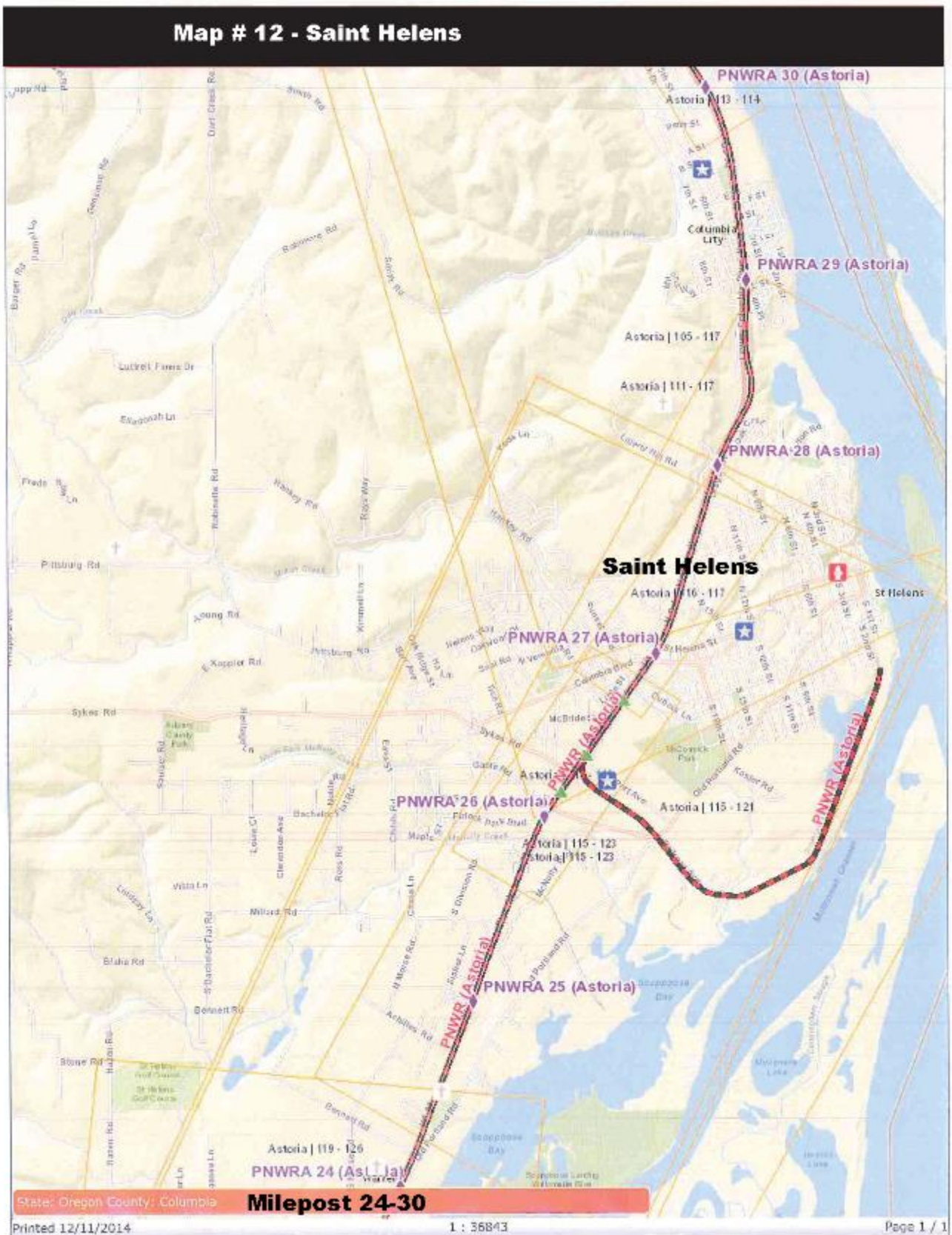


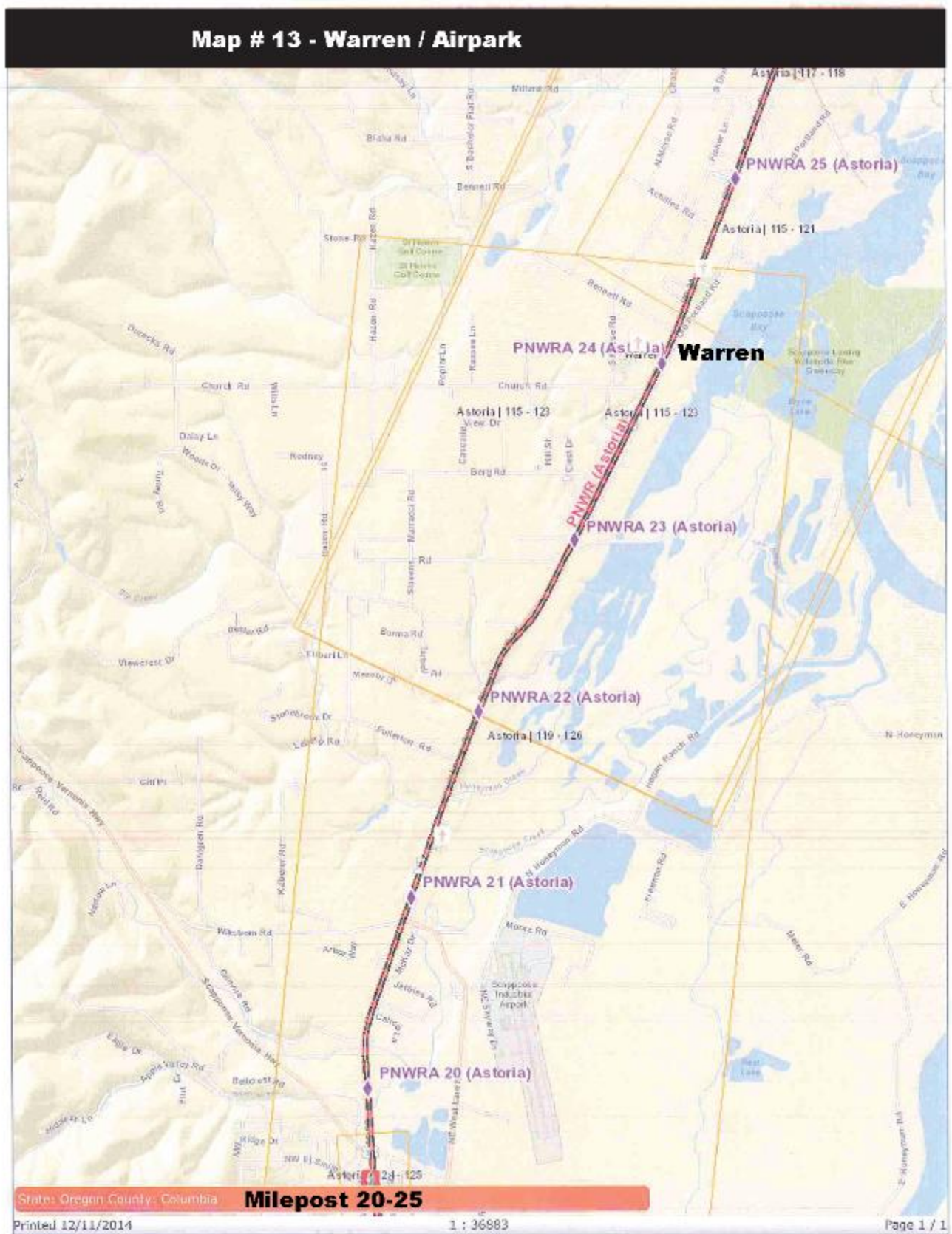














**Map # 14 - Scappoose**

# Appendix D

## **Foam Application Guide**

## **SINGLE CAR RELEASE, CONTAINED SPILL, WITH FIRE**

If fire suppression operations are initiated, responders need sufficient foam concentrate supplies, adequate water supply, foam appliances, equipment and properly trained personnel to effectively implement and sustain fire suppression and post-fire suppression operations.

**CRITICAL QUESTION:** Do you have the ability to extinguish a single tank car containing 30,000 gallons of crude oil? Based on the guidance in NFPA 11, *Standard for Low-Medium- and High-Expansion Foam* (2011 edition) -- for a spill scenario greater than one (1) inch in depth, agencies will need a minimum of approximately **216 gallons of 3% foam concentrate** available for the first 15 minutes of the operation based on a spill area of approximately 3,000 sq. ft. In addition, reapplication of foam will normally be necessary to maintain an adequate foam blanket.

***Note:*** *If 1% foam concentrate is available and used, approximately 72 gallons of foam concentrate would be required for the first 15 minutes of the operations.*

**If you do not have the capability to safely and effectively implement and sustain this tactic, defensive or non-intervention strategies should be pursued.**

## **MULTIPLE CARS, RELEASE, SPILL WITH FIRE**

The resource requirements to safely and effectively respond to an incident of this magnitude will exceed the capabilities of most emergency response organizations. In situations of this nature, the amount of foam concentrate that is required to be available on-site to begin suppression operations per NFPA 11 (2011 edition), -- for a spill scenario greater than one (1) inch in depth, is approximately **26,000 gallons of 3% foam concentrate** for the first 15 minutes of the operation based on a spill area of approximately 360,000 sq. ft. In addition, reapplication of foam will normally be necessary to maintain an adequate foam blanket.

***Note:*** *If 1% foam concentrate is available and used, approximately 8,666 gallons of foam concentrate would be required for the first 15 minutes of the operations.*

**NOTE:** **THE TACTIC FOR THIS TYPE OF INCIDENT THAT PROVIDES THE HIGHEST LEVEL OF SAFETY TO RESPONDERS IS DEFENSIVE TO PROTECT EXPOSURES OR NON-INTERVENTION.**

See "Tactical Worksheet" and the above "Foam Application Guide" in Appendix D, Response Packet



| AR-AFFF @ 3 %  | Hydro carbon    |              |                  |                         |                                |                     |                                |  |
|--|-----------------|--------------|------------------|-------------------------|--------------------------------|---------------------|--------------------------------|--|
| Spill size Sq ft.  | Rail Car Sq ft. | Total Sq ft. | Application Rate | Total flow solution GPM | Total Flow solution 65 minutes | Total flow foam GPM | Total Foam Required 65 minutes |  |
| 2490   | 510             | 3000         | 0.16             | 480                     | 31200                          | 14.4                | 936                            |  |
| 4980   | 1020            | 6000         | 0.16             | 960                     | 62400                          | 28.8                | 1872                           |  |
| 7470   | 1530            | 9000         | 0.16             | 1440                    | 93600                          | 43                  | 2795                           |  |
| AR-AFFF @ 3% Polar solvents  |                 |              |                  |                         |                                |                     |                                |  |
| 2490   | 510             | 3000         | 0.2              | 600                     | 39000                          | 18                  | 1170                           |  |
| 4980   | 1020            | 6000         | 0.2              | 1200                    | 78000                          | 36                  | 2340                           |  |
| 7470   | 1530            | 9000         | 0.2              | 1800                    | 117000                         | 54                  | 3510                           |  |
| When foam is ordered for an incident the order should be doubled to include possible incident escalation and restocking fire service inventories and caches back to previous levels. |                 |              |                  |                         |                                |                     |                                |  |
| When replacing AR-AFFF United States Environmental Protection Agency Stewartship Program   |                 |              |                  |                         |                                |                     |                                |  |
| Requirements should be considered.   |                 |              |                  |                         |                                |                     |                                |  |
| Spills   |                 |              |                  |                         |                                |                     |                                |  |
| Spill area (sq ft) x Application Rate (.10 or .16 ) = GPM Foam Solution  |                 |              |                  |                         |                                |                     |                                |  |
| GPM Foam Solution X Percentage of foam (.10, .01, .03, or .(06) = GPM Foam   |                 |              |                  |                         |                                |                     |                                |  |
| GPM Foam X 15 minutes = Foam Required  |                 |              |                  |                         |                                |                     |                                |  |
| Tanks or Hot Metal   |                 |              |                  |                         |                                |                     |                                |  |
| Area (sq ft) X Application Rate (.16 or .20 ) = GPM Foam Solution  |                 |              |                  |                         |                                |                     |                                |  |
| GPM Foam Solution x Percentage of Foam (.01, .03, or .06 ) = GPM Foam  |                 |              |                  |                         |                                |                     |                                |  |
| GPM Foam X 65 Minutes = Foam Required  |                 |              |                  |                         |                                |                     |                                |  |
| PKP Extinguishment application resources will be necessary to extinguish three dimensional fire or fire separated from foam blanket.   |                 |              |                  |                         |                                |                     |                                |  |

## Appendix E

**Hazard Analysis Checklists (Checklist #2):**  
**Anhydrous Ammonia, Crude Oil, Ethyl Alcohol**  
**(Ethanol), Sodium Chlorate**

**Safety Data Sheets (SDSs): – Anhydrous**  
**Ammonia, Crude Oil, Ethyl Alcohol (Ethanol),**  
**Sodium Chlorate**

**NIOSH Pocket Guides data- Anhydrous**  
**Ammonia, Ethyl Alcohol (Ethanol)**

## Checklist #2 - Hazard Analysis

Product Name: **Anhydrous Ammonia**

Flash Point: N/A

Flammable/Explosive Range: **15% - 28% (LEL-UEL)**

Vapor Pressure: (water=25 mm/Hg) **8.5 atm**

Vapor Density: (Air=1 <1 Rise >1 Sink) **0.60**

Corrosivity: (Acid or Caustic) **Caustic**

Solubility: (Soluble-Yes or No) **Yes**

Toxicity: (TLV, IDLH) **TWA 50 ppm (35 mg/m<sup>3</sup>) IDLH 300 ppm**

DOT 2016 ERG Guide No: **125 (Orange border pages)**

PPE requirements:

- **Wear positive pressure self-contained breathing apparatus (SCBA).**
- **Wear chemical protective clothing that is specifically recommended by the manufacturer. It may provide little or no thermal protection.**
- **Structural firefighters' protective clothing provides limited protection in fire situations ONLY; it is not effective in spill situations where direct contact with the substance is possible.**

\_\_\_\_\_ Contact Hazmat Team for assistance in interpretation of data.

\_\_\_\_\_ If product is not identified or data is inconclusive, assume a worst case scenario and protect public/exposures.

\_\_\_\_\_ Set Cold, Warm and Hot Zones if possible.



## Safety Data Sheet

### Anhydrous Ammonia

#### Section 1: Product and Company Identification

**Tech Air**  
50 Mill Plain Rd.  
Danbury, CT 06811  
203-792-1834 | <http://techair.com>  
Email: [Safety@techair.com](mailto:Safety@techair.com)

EMERGENCY PHONE: P.E.R.S #800-633-8253

International: 1-801-629-0667

Product Code: Anhydrous Ammonia

#### Section 2: Hazards Identification



**Danger**

##### Hazard Classification:

Acute Aquatic Toxicity (Category 1)  
Eye Effects (Category 1)  
Flammable (Category 1)  
Gases Under Pressure

##### Hazard Statements:

Causes serious eye damage  
Contains gas under pressure; may explode if heated  
Extremely flammable gas  
Very toxic to aquatic life

##### Precautionary Statements

###### Prevention:

Keep away from heat/sparks/open flames/hot surfaces. - No smoking.  
Wear eye protection/face protection.

###### Response:

If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
Eliminate all ignition sources if safe to do so.  
Leaking gas fire: Do not extinguish, unless leak can be stopped safely.

###### Storage:

Protect from sunlight.  
Store in well-ventilated place.

Tech Air  
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page 1 of 5  
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### Section 3: Composition/Information on Ingredients

|              |
|--------------|
| <b>CAS #</b> |
| 7664-41-7    |

| Chemical Substance | Chemical Family | Trade Names   |
|--------------------|-----------------|---|
| AMMONIA, ANHYDROUS | inorganic, gas  | ANHYDROUS AMMONIA; AMMONIA GAS; AMMONIA; SPIRIT OF HARTSHORN; AMMONIA, ANHYDROUS, LIQUIFIED; UN 1005; H3N |

### Section 4: First Aid Measures

| Skin Contact  | Eye Contact  | Ingestion                           | Inhalation  | Note to Physicians               |
|---|--|-------------------------------------|---|----------------------------------|
| Wash skin with soap and water for at least 15 minutes while removing contaminated clothing and shoes. Get immediate medical attention. Thoroughly clean and dry contaminated clothing before reuse. Destroy contaminated shoes. | Immediately flush eyes with plenty of water for at least 15 minutes. Then get immediate medical attention. | Gas: Not a likely route of exposure | If adverse effects occur, remove to uncontaminated area. Give artificial respiration if not breathing. If breathing is difficult, oxygen should be administered by qualified personnel. Get immediate medical attention. Wear personal protective equipment if gas still present. | For inhalation, consider oxygen. |

### Section 5: Fire Fighting Measures

| Suitable Extinguishing Media  | Products of Combustion             | Protection of Firefighters  |
|---|------------------------------------|---|
| Carbon dioxide, regular dry chemical<br>Large fires: Use regular foam or flood with fine water spray. | Nitrogen dioxide, ammonium nitrate | <ul style="list-style-type: none"> <li>Any supplied-air respirator with full facepiece and operated in a pressure-demand or other positive-pressure mode in combination with a separate escape supply, with full-body encapsulating, chemical protective suit.</li> <li>Wear protective gear with respiratory support.</li> </ul> |

### Section 6: Accidental Release Measures

| Personal Precautions   | Environmental Precautions   | Methods for Containment  |
|--|---|--|
| Keep unnecessary people away, isolate hazard area and deny entry. Stay upwind and keep out of low areas. Ventilate closed spaces before entering. Evacuation radius: 150 feet.   | Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.   | Stop leak if possible without personal risk. Reduce vapors with water spray. Do not get water directly on material. Do not get water inside container. Trap spilled material at bottom in deep water pockets, excavated holding areas or within sand bag barriers. |
| Methods for Cleanup  | Other Information   |  |
| Small spills: Flood with water. Large spills: Dike for later disposal. Collect spilled material using mechanical equipment. Dike for later disposal. Add dilute acid. Absorb with sand or other non-combustible material. Collect runoff for disposal as potential hazardous waste. Do not direct water at source of leak of liquid ammonia. | Notify Local Emergency Planning Committee and State Emergency Response Commission for release greater than or equal to RQ (U.S. SARA Section 304). If release occurs in the U.S. and is reportable under CERCLA Section 103, notify the National Response Center at (800)424-8802 (USA) or (202)426-2675 (USA). |  |



## Section 7: Handling and Storage

| Handling   | Storage  |
|--|--|
| Avoid heat, flames, sparks and other sources of ignition. Keep separated from incompatible substances. | Store and handle in accordance with all current regulations and standards. Subject to storage regulations: U.S. OSHA 29 CFR 1910.111. Protect from physical damage. Store outside or in a detached building. Inside storage: Store in a cool, dry place. Store in a well-ventilated area. Store in a cool, dry place. Store in a well-ventilated area. Notify State Emergency Response Commission for storage or use at amounts greater than or equal to the TPQ (U.S. EPA SARA Section 302). SARA Section 303 requires facilities storing a material with a TPQ to participate in local emergency response planning (U.S. EPA 40 CFR 355.30). |

## Section 8: Exposure Controls/Personal Protection

| Exposure Guidelines   |
|---|
| AMMONIA, ANHYDROUS: 50 ppm (35 mg/m <sup>3</sup> ) OSHA TWA 35 ppm (27 mg/m <sup>3</sup> ) OSHA STEL (vacated by 58 FR 35338, June 30, 1993) 25 ppm ACGIH TWA 35 ppm ACGIH STEL 25 ppm (18 mg/m <sup>3</sup> ) NIOSH recommended TWA 10 hour(s) 35 ppm (27 mg/m <sup>3</sup> ) NIOSH recommended STEL |

### Engineering Controls

Handle only in fully enclosed systems.

| Eye Protection  | Skin Protection                               | Respiratory Protection  |
|---|---|---|
| Wear splash resistant safety goggles with a face shield. Provide an emergency eye wash fountain and quick drench shower in the immediate work area. | Wear appropriate chemical resistant clothing. | Any supplied-air respirator with full facepiece and operated in a pressure-demand or other positive-pressure mode in combination with a separate escape supply, with full-body encapsulating, chemical protective suit. |

### General Hygiene considerations

- Avoid breathing vapor or mist
- Avoid contact with eyes and skin
- Wash thoroughly after handling and before eating or drinking

## Section 9: Physical and Chemical Properties

| Physical State | Appearance | Color     | Change in Appearance | Physical Form | Odor         | Taste |
|----------------|------------|-----------|----------------------|---------------|--------------|-------|
| Gas            | Colorless  | Colorless | N/A                  | Gas, liquid   | Pungent odor | N/A   |

| Flash Point   | Flammability | Partition Coefficient | Autoignition Temperature | Upper Explosive Limits | Lower Explosive Limits |
|---------------|--------------|-----------------------|--------------------------|------------------------|------------------------|
| Not available |              |                       | 1204 F (651 C)           | 0.28                   | 0.15                   |

| Boiling Point | Freezing Point | Vapor Pressure   | Vapor Density  | Specific Gravity                                      | Water Solubility | pH                    | Odor Threshold | Evaporation Rate | Viscosity   |
|---------------|----------------|------------------|----------------|---|------------------|-----------------------|----------------|------------------|---|
| -27 F (-33 C) | -108 F (-78 C) | 6658 mmHg @ 21 C | 0.5967 (Air=1) | Not applicable (gas); 0.682 @ -33.4 C (liquefied gas) | 38% @ 20 C       | 11.6 (1.0 N solution) | 1-5 ppm        | Not applicable   | 0.255 mPa.s (0.255 centipoises) @ -33.5 C (liquefied gas) |

| Molecular Weight | Molecular Formula | Density           | Weight per Gallon | Volatility by Volume | Volatility     | Solvent Solubility  |
|------------------|-------------------|-------------------|-------------------|----------------------|----------------|---|
| 17.03            | N-H <sub>3</sub>  | 0.7067 g/L @ 25 C | Not available     | Not available        | Not applicable | Soluble: Methanol, ethanol, chloroform, ether, organic solvents |

## Section 10: Stability and Reactivity

| Stability                                   | Conditions to Avoid                         | Incompatible Materials   |
|---|---|--|
| Stable at normal temperatures and pressure. | Stable at normal temperatures and pressure. | Acids, combustible materials, metals, oxidizing materials, metal salts, halo carbons, halogens, amines, reducing agents, cyanides, bases |

| Hazardous Decomposition Products | Possibility of Hazardous Reactions |
|----------------------------------|------------------------------------|
| Ammonia, oxides of nitrogen      | Will not polymerize.               |

## Section 11: Toxicology Information

### Acute Effects

| Oral LD50                              | Dermal LD50     | Inhalation  |
|--|-----------------|---|
| 2000 ppm/4 hour(s) inhalation-rat LC50 | Not established | Burns, severe irritant, pulmonary edema at concentrations over 1500 ppm |

| Eye Irritation   | Skin Irritation                          | Sensitization  |
|------------------|--|--|
| Burns, blindness | Burns, liquefied gas can cause frostbite | Respiratory tract burns, skin burns, eye burns, mucous membrane burns, corrosive to eyes |

### Chronic Effects

| Carcinogenicity | Mutagenicity | Reproductive Effects | Developmental Effects |
|-----------------|--------------|----------------------|-----------------------|
| Not listed      | Available.   | Not established      | No data               |

## Section 12: Ecological Information

### Fate and Transport

| Eco toxicity   | Persistence / Degradability | Bioaccumulation / Accumulation | Mobility in Environment |
|--|-----------------------------|--------------------------------|-------------------------|
| Fish toxicity: Acute LC50 0.88 mg/L 96 hour(s) Orangethroat; 1600 ug/L 96 hour(s) LC50 (Mortality) Common jollytail ( <i>Galaxias maculatus</i> )<br>Invertebrate toxicity: 7700 ug/L 96 hour(s) LC50 (Immobilization) Ark shell ( <i>Anadara granosa</i> )<br>Algal toxicity: 2100-2300 ug/L NR hour(s) (Abundance) Algae, phytoplankton, algal mat (Algae)<br>Phyto toxicity: 16500 ug/L 30 hour(s) (Abundance) Common water-nymph ( <i>Najas guadalupensis</i> )<br>Other toxicity: Not available | Not available               | Not available                  | Not available           |

## Section 13: Disposal Considerations

Dispose in accordance with all applicable regulations.

## Section 14: Transportation Information

### U.S. DOT 49 CFR 172.101

| Proper Shipping Name | ID Number | Hazard Class or Division | Packing Group  | Labeling Requirements | Passenger Aircraft or Railcar Quantity Limitations | Cargo Aircraft Only Quantity Limitations | Additional Shipping Description |
|----------------------|-----------|--------------------------|----------------|-----------------------|--|--|---------------------------------|
| Ammonia, anhydrous   | UN1005    | 2.2, 2.3                 | Not applicable | 2.3; 8                | Forbidden  | Forbidden                                | Toxic-Inhalation Hazard Zone D  |

### Canadian Transportation of Dangerous Goods

| Shipping Name                            | UN Number | Class  | Packing Group / Risk Group |
|--|-----------|--------|----------------------------|
| AMMONIA, ANHYDROUS; or ANHYDROUS AMMONIA | UN1005    | 2.3; 8 | Not applicable             |

## Section 15: Regulatory Information

### U.S. Regulations

| CERCLA Sections | SARA 355.30 | SARA 355.40 |
|-----------------|-------------|-------------|
| 100 LBS RQ      | 500 LBS TPQ | 100 LBS RQ  |

### SARA 370.21

| Acute | Chronic | Fire | Reactive | Sudden Release |
|-------|---------|------|----------|----------------|
| Yes   | No      | No   | No       | Yes            |

### SARA 372.65

|                    |
|--------------------|
| AMMONIA, ANHYDROUS |
|--------------------|

### OSHA Process Safety

|              |
|--------------|
| 10000 LBS TQ |
|--------------|

### State Regulations

| CA Proposition 65 |
|-------------------|
| Not regulated.    |

### Canadian Regulations

| WHMIS Classification |
|----------------------|
| A, B1, D1A, E        |

### National Inventory Status

| US Inventory (TSCA)  | TSCA 12b Export Notification | Canada Inventory (DSL/NDL) |
|----------------------|------------------------------|----------------------------|
| Listed on inventory. | Not listed.                  | Not determined.            |

## Section 16: Other Information

### NFPA Rating

|                              |
|------------------------------|
| HEALTH=3 FIRE=1 REACTIVITY=0 |
|------------------------------|

0 = minimal hazard, 1 = slight hazard, 2 = moderate hazard, 3 = severe hazard, 4 = extreme hazard

|  |   |   |  |                         |
|--|---|---|--|-------------------------|
| <b>Ammonia</b>   | <b>Formula:</b><br>NH <sub>3</sub>  | <b>CAS#:</b><br>7664-41-7   | <b>RTECS#:</b><br>BO0875000  | <b>IDLH:</b><br>300 ppm |
| <b>Conversion:</b> 1 ppm = 0.70 mg/m <sup>3</sup>  |   | <b>DOT:</b> 1005 125 (anhydrous); 2672 154 (10-35% solution); 2073 125 (>35-50% solution); 1005 125 (>50% solution) |  |                         |
| <b>Synonyms/Trade Names:</b> Anhydrous ammonia, Aqua ammonia, Aqueous ammonia<br><b>[Note:</b> Often used in an aqueous solution.]   |   |   |  |                         |
| <b>Exposure Limits:</b><br><b>NIOSH REL:</b> TWA 25 ppm (18 mg/m <sup>3</sup> )<br>ST 35 ppm (27 mg/m <sup>3</sup> )<br><b>OSHA PEL†:</b> TWA 50 ppm (35 mg/m <sup>3</sup> )   |   |   | <b>Measurement Methods (see Table 1):</b><br><b>NIOSH</b> 3800, 6015, 6016<br><b>OSHA</b> ID188  |                         |
| <b>Physical Description:</b> Colorless gas with a pungent, suffocating odor.<br><b>[Note:</b> Shipped as a liquefied compressed gas. Easily liquefied under pressure.]   |   |   |  |                         |
| <b>Chemical &amp; Physical Properties:</b><br><b>MW:</b> 17.0<br><b>BP:</b> -28°F<br><b>Sol:</b> 34%<br><b>FLP:</b> NA (Gas)<br><b>IP:</b> 10.18 eV<br><b>RGasD:</b> 0.60<br><b>VP:</b> 8.5 atm<br><b>FRZ:</b> -108°F<br><b>UEL:</b> 28%<br><b>LEL:</b> 15%                                      | <b>Personal Protection/Sanitation (see Table 2):</b><br><b>Skin:</b> Prevent skin contact<br><b>Eyes:</b> Prevent eye contact<br><b>Wash skin:</b> When contam (solution)<br><b>Remove:</b> When wet or contam (solution)<br><b>Change:</b> N.R.<br><b>Provide:</b> Eyewash (>10%)<br>Quick drench (>10%) |   | <b>Respirator Recommendations (see Tables 3 and 4):</b><br><b>NIOSH</b><br><b>250 ppm:</b> CcrS*/Sa*<br><b>300 ppm:</b> Sa:Cf*/PaprS*/CcrFS/<br>GmFS/ScbaF/SaF<br>§: ScbaF: Pd, Pp/SaF: Pd, Pp: AScba<br><b>Escape:</b> GmFS/ScbaE |                         |
|  | <b>[Note:</b> Although NH <sub>3</sub> does not meet the DOT definition of a Flammable Gas (for labeling purposes), it should be treated as one.]   |   |  |                         |
| <b>Incompatibilities and Reactivities:</b> Strong oxidizers, acids, halogens, salts of silver & zinc<br><b>[Note:</b> Corrosive to copper & galvanized surfaces.]  |   |   |  |                         |
| <b>Exposure Routes, Symptoms, Target Organs (see Table 5):</b><br><b>ER:</b> Inh, Ing (solution), Con (solution/liquid)<br><b>SY:</b> Irrit eyes, nose, throat; dysp, wheez, chest pain; pulm edema; pink frothy sputum; skin burns, vesic; liquid: frostbite<br><b>TO:</b> Eyes, skin, resp sys |   |   | <b>First Aid (see Table 6):</b><br><b>Eye:</b> Irr immed (solution/liquid)<br><b>Skin:</b> Water flush immed (solution/liquid)<br><b>Breath:</b> Resp support<br><b>Swallow:</b> Medical attention immed (solution)                |                         |

## Checklist #2 - Hazard Analysis

Product Name: **Crude Oil (DOT name: Petroleum oil)**

Flash Point: **< 60° - > 200° F**

Flammable/Explosive Range: **0.8% - 8.0% (LEL-UEL)**

Vapor Pressure: (water=25 mm/Hg) **280-360 mmHg @ 68°F**

Vapor Density: (Air=1 <1 Rise >1 Sink) **2.5-5.0 estimated**

Corrosivity: (Acid or Caustic)\_\_\_\_\_

Solubility: (Soluble-Yes or No)\_\_\_\_\_

Toxicity: (TLV, IDLH)\_\_\_\_\_

**DOT 2016 ERG Guide No: 128 (Orange border pages)**

**PPE requirements:**

- **Wear positive pressure self-contained breathing apparatus (SCBA).**
- **Structural firefighters' protective clothing will only provide limited protection.**

\_\_\_\_\_Contact Hazmat Team for assistance in interpretation of data.

\_\_\_\_\_If product is not identified or data is inconclusive, assume a worst case scenario and protect public/exposures.

\_\_\_\_\_Set Cold, Warm and Hot Zones if possible.





## Safety Data Sheet

### 1. Identification

**Product Name:** Crude Oil (Sweet)  
**Chemical Family:** Petroleum Hydrocarbon Mixture  
**Manufacturers Name:** Whiting Oil and Gas Corporation  
**Address:** 1700 Broadway, Suite 2300  
Denver, Colorado 80290  
**Product Use:** Feedstock for petroleum and petrochemical refining.  
**Phone Number for Information:** (303) 837-1661  
**Emergency Phone Number:** (800) 424-9300 (Chemtrec)

Crude oil is a complex mixture of paraffinic, cycloparaffinic and aromatic hydrocarbons covering carbon numbers ranging from C1 to over C60. It is amber to black in color. Crude oil contains small amounts of sulfur, nitrogen and oxygen compounds as well as trace amounts of heavy metals.

### 2. Hazard Identification

Crude oil is extremely flammable and can cause eye, skin, gastrointestinal, and respiratory irritation. Inhalation may cause dizziness, nausea, or headache. More serious health effects can occur if crude oil is inhaled or swallowed.

Crude oil may contain variable amounts of benzene and n-hexane. Long-term exposure to these materials has been shown to lead to systemic toxicity such leukemia and peripheral neurotoxicity.

**DANGER!**  
**FLAMMABLE LIQUID**

MAY CONTAIN BENZENE WHICH CAN CAUSE CANCER OR BE TOXIC TO BLOOD-FORMING ORGANS. ASPIRATION OF LIQUID INTO THE LUNGS CAN PRODUCE CHEMICAL PNEUMONIA OR EVEN DEATH.

**NO SMOKING!**  
**KEEP AWAY FROM HEAT/SPARKS/OPEN FLAMES/HOT SURFACES. WEAR PROTECTIVE GLOVES, CLOTHING AND EYE WEAR WHEN HANDLING. AVOID RELEASE INTO THE ENVIRONMENT.**

### Globally Harmonized System (GHS) Information

**Physical Hazards Classification**  
Flammable Liquids, Category 2

**Product Name:** Whiting Crude Oil (Sweet)

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**Health Hazards Classification**

Acute Toxicity (Skin/Dermal), Category 3

Skin Corrosion/Irritation, Category 2

Serious eye damage/eye irritation, Category 2a

Carcinogenicity, Category 1B

Specific Target organ toxicity – single exposure, Category 3 (narcotic effects)

Specific Target organ toxicity – repeated exposure, Category 2 (bone marrow, liver, thymus)

Aspiration hazard, Category 1

**Environmental Hazards Classification**

Acute Toxicity to the aquatic environment, Category 3

Chronic Toxicity to the aquatic environment, Category 3

**GHS Label Information****Symbols:****Signal Word: Danger****Hazard Statements:****Physical Hazards**

Flammable liquid and vapor

**Health Hazards**

May cause cancer

May be fatal if swallowed  
and enters airways

Causes eye irritation

May cause drowsiness or  
dizzinessMay cause damage to  
organs through prolonged or  
repeated exposure

Causes mild skin irritation

**Environmental Hazards**

Harmful to aquatic life

Harmful to aquatic life with  
long lasting effects**Precautionary Statements:****Prevention**

Keep away from heat/sparks/open flames/hot surfaces – no smoking

Keep container tightly closed

Ground/bond container and receiving equipment

Use explosion proof electrical/ventilation/lighting equipment

Use only non-sparking tools

Take precautionary measures against static discharge

Wear protective gloves/protective clothing/eye protection/face  
protection

Obtain special instructions before use

Do not handle until all safety precautions have been read and  
understood

Wash hands thoroughly after handling

Do not breathe vapors

Do not eat, drink or smoke when using this product

Use only outdoors or in a well-ventilated area

Avoid release to the environment

**Response**IF ON SKIN (or hair): Remove all contaminated clothing. Rinse skin  
with water/shower

In case of fire: use appropriate extinguishing media

If exposed or concerned: Get medical attention or advice

IF IN EYES: Rinse cautiously with water for several minutes. Remove  
contact lenses if present and easy to do. Continue rinsing.

|  |   |
|--|---|
|  | <p>If irritation persists get medical advice/attention</p> <p>IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.</p> <p>Collect spillage</p> <p>IF SWALLOWED: Immediately call a poison control center or doctor/physician</p> <p>Do <u>not</u> induce vomiting</p> <p><b>Storage</b></p> <p>Store locked up</p> <p>Store in a well-ventilated place. Keep container tightly closed.</p> <p><b>Disposal</b></p> <p>Dispose of contents/container in accordance with local/regional/national/international regulations</p> |
|--|---|

### 3. Composition/Information on Ingredients

| <u>COMPOSITION</u>               | <u>CAS NUMBER</u> | <u>PERCENT</u> |
|----------------------------------|-------------------|----------------|
| Crude Oil                        | 8002-05-9         | 100            |
| May Contain Variable Amounts of: |                   |                |
| Natural Gas                      | 8005-14-2         | ---            |
| Benzene                          | 71-43-2           | ---            |
| N-Hexane                         | 110-54-3          | ---            |

### 4. First Aid Measures

#### Eye Contact

Immediately flush eyes while holding eyelids open, with large amounts of clean, low-pressure tepid water for at least 15 minutes. If symptoms, irritation or injury persists, worsen or develop, seek medical attention.

#### Skin Contact

Remove contaminated clothing/shoes, wipe excess from skin. Immediately flush skin with water for 15 minutes then wash with soap and water. If illness or adverse symptoms develop or irritation persists, seek medical attention. Discard contaminated leather goods.

#### Inhalation

Remove victim to fresh air and provide oxygen if breathing labored, shallow, or difficult. Rescuer must wear appropriate supplied air respirator to remove worker from contaminated area to fresh air. Give artificial respiration if victim is not breathing. Seek medical attention immediately\*.

#### Ingestion

Do not induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into the lungs. Seek medical attention.\*

#### Note to Physician

\*If more than 2.0 ML per KG has been ingested and emesis has not occurred, vomiting should be induced with supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

**Product Name:** Whiting Crude Oil (Sweet)

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**Aggravated Medical Conditions**

Preexisting eye, skin, and respiratory disorders may be aggravated by exposure to crude oil.

**5. Fire-Fighting Measures****Extinguishing Media**

For small fires, class B fire extinguishing media can be used. Use water fog, foam, dry chemical or CO<sub>2</sub>. Do not use a direct stream of water. Product will float and can be reignited on surface of water.

**Special Fire Fighting Procedures and Precautions**

Warning: Flammable. Clear fire area of unprotected personnel. Do not enter confined fire space without full bunker gear (helmet with face shield, bunker coats, gloves and rubber boots) including a positive pressure NIOSH approved self-contained breathing apparatus (SCBA). Cool containers exposed to fire with water.

**Unusual Fire Explosion Hazards**

Container exposed to intense heat from fires should be cooled with water to prevent vapor pressure buildup which could result in container rupture (bleve). Container areas exposed to direct flame contact should be cooled with large quantities of water as needed to prevent weakening of container structure. Sulfur oxides and hydrogen sulfide, both of which are toxic, may be released upon combustion.

**NFPA Ratings**

Health – 2

Flammability – 3

Reactivity – 0

Other – 0

Key: Least-0; Slight-1; Moderate-2; High-3; Extreme-4

**6. Accidental Release Measures**

Keep the public away. Isolate and evacuate the area. Eliminate all ignition sources. Handling equipment must be grounded or bonded to prevent sparking.

**\*\*\* Large Spills\*\*\*** Evacuate the hazard area of unprotected personnel. Wear appropriate respirator and protective clothing. Shut off source of leak only if safe to do so. Dike and contain with sand or soil. If vapor cloud forms, water fog may be used to suppress. Contain run-off. Remove with vacuum trucks or pump to storage/salvage vessels. Soak up residue with an absorbent such as clay, sand or other suitable material; place in non-leaking containers for proper disposal. Flush area with water to remove trace residue and dispose of flush solutions as above.

**\*\*\* Small Spills\*\*\*** Take up with an absorbent material and place in non-leaking containers; seal tightly for proper disposal.

**7. Handling and Storage**

Comply with all regulatory requirements. Store in suitable tanks or closed, labeled containers in a cool, well-ventilated area.

**Product Name:** Whiting Crude Oil (Sweet)

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Keep liquid and vapor away from heat, sparks and flame. Surfaces that are sufficiently hot may even ignite liquid product in the absence of sparks or flame. Extinguish pilot lights, cigarettes and turn off other sources of ignition prior to use and until all vapors have been dispersed. Containers, even those that have been emptied, can contain explosive vapors. Do not cut, drill, grind, weld or perform similar operations on or near containers. Static electricity may accumulate and create a fire hazard. Ground fixed equipment. Bond and ground transfer containers and equipment.

Wash hands with soap and water before eating, drinking, smoking or using toilet facilities. Launder contaminated clothing before reuse. Dispose of leather articles including shoes which cannot be decontaminated.

## 8. Exposure Controls/Personal Protection

### Occupational Exposure Limits

| <u>COMPONENT</u> | <u>OSHA PEL</u>    | <u>ACGIH TLV TWA</u>  |
|------------------|--------------------|-----------------------|
| Crude Oil        | 400 ppm ***        | Not available         |
| Natural Gas      | Not available      | Not available         |
| Hexane           | 500 ppm            | 500 ppm/STEL 1000 ppm |
| Benzene          | 1 ppm**/STEL 5 ppm | 0.5 ppm               |

Notes:

\*\* OSHA's action level is 0.5 ppm (29 CFR 1910.1028)

\*\*\* Listed PEL was vacated in 1993

### Engineering Controls

Maintain air concentrations below flammable limits and occupational exposure standards for chemical components by using ventilation and other engineering controls.

### Personal Protective Equipment

#### Eye/Face Protection

Use safety glasses, chemical splash goggles and/or a face shield as appropriate to prevent eye contact.

#### Skin Protection

Wear chemical resistant gloves and other protective clothing, as required, to minimize skin contact. Test data from published literature and/or glove and clothing manufacturers indicate suitable protection is provided by neoprene or nitrile gloves.

#### Respiratory Protection

Use NIOSH approved respiratory protection as required to prevent overexposure to oil mist and vapor. Do not enter storage compartments unless equipped with a NIOSH approved self-contained breathing apparatus with a full face-piece operated in a positive pressure mode.

#### Protective Clothing

Wear chemical resistant gloves and other protective clothing, as required, to minimize skin contact. Use safety glasses or chemical splash goggles to prevent eye contact. Test data from published literature and/or glove and clothing manufacturers indicate suitable protection is provided by neoprene or nitrile gloves.



## 9. Physical and Chemical Properties

**Appearance and Odor:** Black, dark green or yellow liquid; strong hydrocarbon and possible sulfur odor.

**pH:** Neutral

**Melting Point/freezing point:** Not available

**Boiling Point:** <100°F

**Flash Point and Method:** <60°F to >200°F / Pensky-Martens Closed Cup Tester

**Evaporation Rate:** Slower (N-Butyl Acetate =1)

**Flammable Limits:** (approximate % Volume in air) Lower: 1.0 Upper: 7.0

**Vapor Pressure:** 0-724 mm Hg

**Specific Gravity:** 0.7-1.0 (H<sub>2</sub>O=1.0)

**Vapor Density:** 1.5-3.0 (Air=1)

**Solubility:** Slight (in water)

**Partition coefficient (n-octanol/water):** 2-6

**Auto ignition temperature** >500 °F

**Decomposition temperature** Not available

**Viscosity** Not available

## 10. Stability and Reactivity

**Stability:** Stable

**Hazardous polymerization:** Will not occur

**Conditions and Materials to Avoid:** Avoid heat, sparks, flame and contact with strong oxidizing agents.

**Hazardous Decomposition Products:** Thermal decomposition products are highly dependent on the combustion conditions. A complex mixture of airborne, solid, liquid, particulates and gases will evolve when this material undergoes pyrolysis or combustion. Carbon monoxide and other unidentified organic compounds may be formed upon combustion.

## 11. Toxicological Information

**Acute toxicity** - Ingestion may cause irritation of the mouth, throat & gastrointestinal tract leading to nausea, vomiting, diarrhea and restlessness. Vapors can be harmful or fatal if inhaled. Exposure may result in central nervous system (CNS) depression. Early to moderate CNS depression may be evidenced by giddiness, headache, dizziness and nausea; in extreme cases, unconsciousness and death may occur.

**Skin corrosion/irritation** - Based on the presence of light hydrocarbons, crude oil is presumed to be moderately irritating to the skin. Prolonged and repeated contact may cause various skin disorders such as dermatitis, folliculitis, oil acne, or skin tumors.

**Eye damage/irritation** - Based on the presence of light hydrocarbons, crude oil is presumed to be moderately irritating to the eyes.

**Sensitization** - Not known to cause respiratory or skin sensitization

**Product Name:** Whiting Crude Oil (Sweet)

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**Germ cell mutagenicity** – Information not available

**Carcinogenicity** – May contain benzene which is a confirmed human carcinogen (leukemia). Also, several long term skin painting studies in experimental animals have shown crude oil to produce skin cancer.

**Reproductive toxicity** – Not a known reproductive toxin

**Specific Target Organs/Systemic Toxicity** – Blood/bone marrow, nervous system, respiratory system, eyes

**Aspiration hazard** – Aspiration of this product into the lungs can cause chemical pneumonia and can be fatal. Aspiration can occur while vomiting after ingestion of this product. Aspiration pneumonitis may be evidenced by coughing, labored breathing and cyanosis (bluish skin); in severe cases death may occur.

## 12. Ecological Information

Coating action of oil can kill birds, plankton, algae and fish. Keep out of all bodies of water and sewage drainage systems.

## 13. Disposal Considerations

This product, as produced, is not specifically listed as an EPA RCRA hazardous waste according to 40 CFR 261. However, when disposed of, it may meet the criteria of a “characteristic” hazardous waste (e.g. D001 – ignitable). This product could also contain benzene and could be considered hazardous because it exhibits the characteristic of “toxicity.” It is the responsibility of the user to determine if the material is considered hazardous for disposal under federal, state and local regulations.

## 14. Transportation Information

**Department of Transportation Classification:** Flammable liquid if flash point <200°F.

**D.O.T. proper shipping name:** Crude Oil Petroleum

**Other Requirements:** UN 1267

**Hazard Class:** 3

**Packing Group** II

## 15. Regulatory Information

**TSCA** This product is listed on the TSCA chemical inventory.

**SARA Section 302** This product does not contain any components on the EPA’s extremely hazardous substance list.

**SARA Section 304** This product may contain the following component(s) which in the event of a spill may be subject to SARA reporting requirements: toluene, xylene, hexane, benzene.

**Product Name:** Whiting Crude Oil (Sweet)

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**SARA Section 311/312** The following hazard categories apply to this product:

Acute health hazard  
Chronic health hazard  
Fire hazard

**SARA Section 313** This product may contain the following component(s) which may be subject to reporting on a toxic release inventory: toluene, xylene, hexane, benzene.

**EPA-CWA** Spills into or leading to surface waters that cause a sheen must be reported to the National Response Center, 800-424-8802.

## 16. Other Information

|                       |                  |
|-----------------------|------------------|
| <b>Date Prepared:</b> | August 29, 2008  |
| <b>Revised:</b>       | October 30, 2013 |
| <b>Last Reviewed:</b> | October 30, 2013 |

### Disclaimer:

The information and recommendations contained in this SDS are believed to be accurate at the date of its preparation. Whiting Oil and Gas Corporation makes no representations or warranties, express or implied, with respect to the accuracy or completeness of the information contained herein. Whiting Oil and Gas Corporation assumes no responsibility for incorrect handling or use of the product or the inherent hazards in the product itself.



## Safety Data Sheet

### 1. Identification

**Product Name:** Crude Oil (Sour)  
**Chemical Family:** Petroleum Hydrocarbon Mixture  
**Manufacturers Name:** Whiting Oil and Gas Corporation  
**Address:** 1700 Broadway, Suite 2300  
Denver, Colorado 80290  
**Product Use:** Feedstock for petroleum and petrochemical refining.  
**Phone Number for Information:** (303) 837-1661  
**Emergency Phone Number:** (800) 424-9300 (Chemtrec)

Crude oil (sour) is a complex mixture of paraffinic, cycloparaffinic and aromatic hydrocarbons covering carbon numbers ranging from C1 to over C60. It is amber to black in color. Crude oil contains small amounts of sulfur, nitrogen and oxygen compounds as well as trace amounts of heavy metals. Crude oil (sour) contains hydrogen sulfide.

### 2. Hazard Identification

Crude oil (sour) is extremely flammable and can cause eye, skin, gastrointestinal, and respiratory irritation. Inhalation may cause dizziness, nausea, or headache. More serious health effects can occur if crude oil is inhaled or swallowed.

Crude oil (sour) may contain variable amounts of benzene and N-Hexane. Long-term exposure to these materials has been shown to lead to systemic toxicity such leukemia and peripheral neurotoxicity.

**DANGER!**  
**FLAMMABLE LIQUID**

MAY VENT HARMFUL CONCENTRATIONS OF HYDROGEN SULFIDE (H<sub>2</sub>S) GAS WHICH CAN CAUSE RESPIRATORY IRRITATION AND ASPHYXIATION. MAY CONTAIN BENZENE WHICH CAN CAUSE CANCER OR BE TOXIC TO BLOOD-FORMING ORGANS. ASPIRATION OF LIQUID INTO THE LUNGS CAN PRODUCE CHEMICAL PNEUMONIA OR EVEN DEATH.

**NO SMOKING!**  
**KEEP AWAY FROM HEAT/SPARKS/OPEN FLAMES/HOT SURFACES. WEAR RESPIRATORY PROTECTION, PROTECTIVE GLOVES, CLOTHING AND EYE WEAR WHEN HANDLING. AVOID RELEASE INTO THE ENVIRONMENT.**

### Globally Harmonized System (GHS) Information

#### Physical Hazards Classification

Flammable Liquids, Category 2

**Product Name:** Whiting Crude Oil (Sour)

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**Health Hazards Classification**

Acute Toxicity (Skin/Dermal), Category 3

Skin Corrosion/Irritation, Category 2

Serious eye damage/eye irritation, Category 2a

Carcinogenicity, Category 1B

Specific Target organ toxicity – single exposure, Category 1 (lung), Category 3 (narcotic effects)

Specific Target organ toxicity – repeated exposure, Category 2 (bone marrow, liver, thymus)

Aspiration hazard, Category 1

**Environmental Hazards Classification**

Acute Toxicity to the aquatic environment, Category 3

Chronic Toxicity to the aquatic environment, Category 3

**GHS Label Information****Symbols:****Signal Word: Danger****Hazard Statements:****Physical Hazards**

Flammable liquid and vapor

**Health Hazards**

May cause cancer

May be fatal if swallowed and enters airways

Causes eye irritation

May cause drowsiness or dizziness

May cause damage to organs through prolonged or repeated exposure

Causes mild skin irritation

**Environmental Hazards**

Harmful to aquatic life

Harmful to aquatic life with long lasting effects

**Precautionary Statements:****Prevention**

Keep away from heat/sparks/open flames/hot surfaces – no smoking

Keep container tightly closed

Ground/bond container and receiving equipment

Use explosion proof electrical/ventilation/lighting equipment

Use only non-sparking tools

Take precautionary measures against static discharge

Wear protective gloves/protective clothing/eye protection/face protection

Obtain special instructions before use

Do not handle until all safety precautions have been read and understood

Wash hands thoroughly after handling

Do not breathe vapors

Do not eat, drink or smoke when using this product

Use only outdoors or in a well-ventilated area

Avoid release to the environment

**Response**

IF ON SKIN (or hair): Remove all contaminated clothing. Rinse skin with water/shower

In case of fire: use appropriate media for extinction

If exposed or concerned: Get medical attention or advice

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing.

If irritation persists get medical advice/attention

IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

|  |  |
|--|--|
|  | Collect spillage<br>IF SWALLOWED: Immediately call a poison control center or doctor/physician<br>Do not induce vomiting<br><b>Storage</b><br>Store locked up<br>Store in a well-ventilated place. Keep container tightly closed.<br><b>Disposal</b><br>Dispose of contents/container in accordance with local/regional/national/international regulations |
|--|--|

### 3. Composition/Information on Ingredients

| <u>COMPOSITION</u>               | <u>CAS NUMBER</u> | <u>PERCENT</u> |
|----------------------------------|-------------------|----------------|
| Crude Oil                        | 8002-05-9         | 100            |
| May Contain Variable Amounts of: |                   |                |
| Hydrogen Sulfide                 | 7783-06-4         | > 10 ppm       |
| Natural Gas                      | 8005-14-2         | ---            |
| Benzene                          | 71-43-2           | ---            |
| N-Hexane                         | 110-54-3          | ---            |

### 4. First Aid Measures

#### Eye Contact

Immediately flush eyes, while holding eyelids open, with large amounts of clean, low-pressure tepid water for at least 15 minutes. If symptoms, irritation or injury persists, worsen or develop, seek medical attention.

#### Skin Contact

Remove contaminated clothing/shoes, wipe excess from skin. Immediately flush skin with water for 15 minutes then wash with soap and water. If illness or adverse symptoms develop or irritation persists, seek medical attention. Discard contaminated leather goods.

#### Inhalation

Remove victim to fresh air and provide oxygen if breathing labored, shallow, or difficult. Rescuer must wear appropriate supplied air respirator to remove worker from contaminated area to fresh air. Give artificial respiration if victim is not breathing. Seek medical attention immediately\*.

#### Ingestion

Do not induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into the lungs. Seek medical attention.\*

#### \*Note to Physician or Health Care Provider

If more than 2.0 ML per KG has been ingested and emesis has not occurred, vomiting should be induced with supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.



**Aggravated Medical Conditions**

Preexisting eye, skin, and respiratory disorders may be aggravated by exposure to crude oil containing hydrogen sulfide.

**5. Fire-Fighting Measures****Extinguishing Media**

For small fires, class B fire extinguishing media can be used. Use water fog, foam, dry chemical or CO<sub>2</sub> for larger fires. Do not use a direct stream of water. Product will float and can be reignited on surface of water.

**Special Fire Fighting Procedures and Precautions**

Warning: Flammable. Clear fire area of unprotected personnel. Do not enter confined fire space without full bunker gear (helmet with face shield, bunker coats, gloves and rubber boots) including a positive pressure NIOSH approved self-contained breathing apparatus (SCBA). Cool fire exposed containers with water.

**Unusual Fire Explosion Hazards**

Container exposed to intense heat from fires should be cooled with water to prevent vapor pressure buildup which could result in container rupture (bleve). Container areas exposed to direct flame contact should be cooled with large quantities of water as needed to prevent weakening of container structure. Sulfur oxides and hydrogen sulfide, both of which are toxic, may be released upon combustion.

**NFPA Ratings**

Health – 3

Flammability – 3

Reactivity – 0

Other – 0

Key: Least-0; Slight-1; Moderate-2; High-3; Extreme-4

**6. Accidental Release Measures**

Keep the public away. Isolate and evacuate the area. Eliminate all ignition sources. Handling equipment must be grounded to prevent sparking.

**\*\*\* Large Spills \*\*\*** Evacuate the hazard area of unprotected personnel. Wear appropriate respirator and protective clothing. If safe to do so, shut off source of leak. Dike and contain with sand or soil. If vapor cloud forms, water fog may be used to suppress. Contain run-off. Remove with vacuum trucks or pump to storage/salvage vessels. Soak up residue with an absorbent such as clay, sand or other suitable material; place in non-leaking containers for proper disposal. Flush area with water to remove trace residue and dispose of flush solutions as above.

**\*\*\* Small Spills \*\*\*** Take up with an absorbent material and place in non-leaking containers; seal tightly for proper disposal.

**Product Name:** Whiting Crude Oil (Sour)

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## 7. Handling and Storage

Comply with all regulatory requirements. Store in suitable tanks or closed and labeled containers in a cool, well-ventilated area.

Keep liquid and vapor away from heat, sparks and flame. Surfaces that are sufficiently hot may even ignite liquid product in the absence of sparks or flame. Extinguish pilot lights, cigarettes and turn off all other ignition sources until all vapors are gone. Containers, even those that have been emptied, can contain explosive vapors. Do not cut, drill, grind, weld or perform similar operations on or near containers. Static electricity may accumulate and create a fire hazard. Ground fixed equipment. Bond and ground transfer containers and equipment.

Wash hands with soap and water before eating, drinking, smoking or using toilet facilities. Launder contaminated clothing before reuse. Dispose of leather articles including shoes which cannot be decontaminated.

## 8. Exposure Controls/Personal Protection

### Occupational Exposure Limits

| <u>COMPONENT</u> | <u>OSHA PEL</u>    | <u>ACGIH TLV TWA</u>  |
|------------------|--------------------|-----------------------|
| Crude Oil        | 400 ***            | Not available         |
| Natural Gas      | Not available      | Not available         |
| Hexane           | 500 ppm            | 500 ppm/STEL 1000 ppm |
| Benzene          | 1 ppm**/STEL 5 ppm | 0.5 ppm               |
| Hydrogen Sulfide | 20 ppm ceiling     | 1 ppm/STEL 5 ppm      |

Notes:

\*\* OSHA's action level is 0.5 ppm (29 CFR 1910.1028)

\*\*\* Listed PEL was vacated in 1993

### Engineering Controls

Maintain air concentrations below flammable limits and occupational exposure standards for chemical components by using ventilation and other engineering controls.

### Personal Protective Equipment

#### Eye/Face Protection

Use safety glasses, chemical splash goggles, or a face shield as appropriate to prevent eye contact.

#### Skin Protection

Wear chemical resistant gloves and other protective clothing, as required, to minimize skin contact.

#### Respiratory Protection

Use NIOSH approved respiratory protection, as required, to prevent overexposure to oil mist and vapor. Do not enter storage compartments or hydrogen sulfide areas unless equipped with a NIOSH approved self-contained breathing apparatus (SCBA) with a full face-piece and operated in a positive pressure mode.

## 9. Physical and Chemical Properties

**Appearance and Odor:** Black, dark green or yellow liquid; strong hydrocarbon and possible sulfur (rotten egg like) odor. Note: Hydrogen sulfide causes olfactory fatigue or loss of smell at high concentrations.

|   |  |
|---|--|
| <b>pH:</b>                                      | Neutral  |
| <b>Melting Point/freezing point:</b>            | Not available                                      |
| <b>Boiling Point:</b>                           | <100°F   |
| <b>Flash Point and Method:</b>                  | <60°F to >200°F / Pensky-Martens Closed Cup Tester |
| <b>Evaporation Rate:</b>                        | Slower (N-Butyl Acetate =1)                        |
| <b>Flammable Limits:</b>                        | (approximate % Volume in air) Lower: 1.0Upper:7    |
| <b>Vapor Pressure:</b>                          | 0-724 mm Hg  |
| <b>Specific Gravity:</b>                        | 0.7-1.0 (H <sub>2</sub> O=1.0)                     |
| <b>Vapor Density</b>                            | 1.5-3 (Air=1)                                      |
| <b>Solubility:</b>                              | Slight (in water)                                  |
| <b>Partition coefficient (n-octanol/water):</b> | 2-6  |
| <b>Auto ignition temperature</b>                | >500 °F  |
| <b>Decomposition temperature</b>                | Not available                                      |
| <b>Viscosity</b>                                | Not available                                      |

## 10. Stability and Reactivity

**Stability:** Stable

**Hazardous polymerization:** Will not occur

**Conditions and Materials to Avoid:** Avoid heat, sparks, flame and contact with strong oxidizing agents.

**Hazardous Decomposition Products:** Thermal decomposition products are highly dependent on the combustion conditions. A complex mixture of airborne, solid, liquid, particulates and gases will evolve when this material undergoes pyrolysis or combustion. Carbon monoxide (CO), sulfur dioxide (SO<sub>2</sub>) and other unidentified organic compounds may be formed upon combustion.

## 11. Toxicological Information

**Acute toxicity** - Ingestion may cause irritation of the mouth, throat & gastrointestinal tract leading to nausea, vomiting, diarrhea and restlessness. Vapors can be harmful or fatal if inhaled. Exposure may result in central nervous system (CNS) depression. Early to moderate CNS depression may be evidenced by giddiness, headache, dizziness and nausea; in extreme cases, unconsciousness and death may occur.

Hydrogen sulfide (H<sub>2</sub>S) gas may accumulate in storage tanks and bulk transport compartments containing petroleum crudes or condensates. Prolonged breathing (greater than one hour) of concentrations of H<sub>2</sub>S around 50 ppm can produce eye and respiratory tract irritation; levels of 250 to 600 ppm will result in fluid in the lungs( pulmonary edema), and concentrations around 1,000 ppm will cause unconsciousness and death in a short period of time. The sense of smell rapidly become insensitive to this toxic, colorless gas and the odor of condensate may mask the odor of H<sub>2</sub>S. Therefore, odor cannot be relied upon as an indicator of concentration of the gas.

**Skin corrosion/irritation** - Based on the presence of light hydrocarbons and H<sub>2</sub>S, crude oil (sour) is presumed to be moderately irritating to the skin. Prolonged and repeated contact may cause various skin disorders such as dermatitis, folliculitis, oil acne, or skin tumors.

**Eye damage/irritation** - Based on the presence of light hydrocarbons and H<sub>2</sub>S, crude oil (sour) is presumed to be moderately irritating to the eyes.

**Sensitization** - Not known to cause respiratory or skin sensitization

**Germ cell mutagenicity** – Information not available

**Carcinogenicity** – May contain benzene which is a confirmed human carcinogen (leukemia). Also, several long term skin painting studies in experimental animals have shown crude oil to produce skin cancer.

**Reproductive toxicity** – Not a known reproductive toxin

**Specific Target Organs/Systemic Toxicity** – Blood/bone marrow, nervous system, respiratory system, eyes

**Aspiration hazard** – Aspiration of this product into the lungs can cause chemical pneumonia and can be fatal. Aspiration can occur while vomiting after ingestion of this product. Aspiration pneumonitis may be evidenced by coughing, labored breathing and cyanosis (bluish skin); in severe cases death may occur.

## 12. Ecological Information

Coating action of oil can kill birds, plankton, algae and fish. Keep out of all bodies of water and sewage drainage systems.

## 13. Disposal Considerations

This product as produced is not specifically listed as an EPA RCRA hazardous waste according to 40 CFR 261. However, when disposed of, it may meet the criteria of a “characteristic” hazardous waste (e.g. D001 – ignitable). This product could also contain benzene and could be considered hazardous because it exhibits the characteristic of “toxicity.” It is the responsibility of the user to determine if the material is considered hazardous for disposal under federal, state and local regulations.

## 14. Transportation Information

**Department of Transportation Classification:** Flammable liquid if flash point <200°F.

**D.O.T. proper shipping name:** Crude Oil Petroleum

**Other Requirements:** UN 1267

**Hazard Class:** 3

**Packing Group** II

**Product Name:** Whiting Crude Oil (Sour)

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**15. Regulatory Information**

**TSCA** This product is listed on the TSCA chemical inventory.

**SARA Section 302** This product contains hydrogen sulfide which has been listed on the EPA's extremely hazardous substance list.

**SARA Section 304** This product may contain the following component(s) which in the event of a spill may be subject to SARA reporting requirements: hydrogen sulfide, toluene, xylene, hexane, benzene.

**SARA Section 311/312** The following hazard categories apply to this product:

Acute health hazard  
Chronic health hazard  
Fire hazard

**SARA Section 313** This product may contain the following component(s) which may be subject to reporting on a toxic release inventory: hydrogen sulfide, toluene, xylene, hexane, benzene.

**EPA-CWA** Spills into or leading to surface waters that cause a sheen must be reported to the National Response Center, 800-424-8802.

**16. Other Information**

|                       |                  |
|-----------------------|------------------|
| <b>Date Prepared:</b> | August 29, 2008  |
| <b>Revised:</b>       | October 30, 2013 |
| <b>Last Reviewed:</b> | October 30, 2013 |

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## Checklist #2 - Hazard Analysis

Product Name: **Ethyl Alcohol (Ethanol)**

Flash Point: **55° F**

Flammable/Explosive Range: **3.3% - 19% (LEL – UEL)**

Vapor Pressure: (water=25 mm/Hg) **44 mmHg**

Vapor Density: (Air=1 <1 Rise >1 Sink)

Corrosivity: (Acid or Caustic)\_\_\_\_\_

Solubility: (Soluble-Yes or No) **Yes**

Toxicity: (TLV, IDLH) **TWA 1000 ppm (1900 mg/m<sup>3</sup>) IDLH 3300 ppm (10%LEL)**

**DOT 2016 ERG Guide No: 127 (Orange border pages)**

**PPE requirements:**

- **Wear positive pressure self-contained breathing apparatus (SCBA).**
- **Structural firefighters' protective clothing will only provide limited protection.**

\_\_\_\_\_Contact Hazmat Team for assistance in interpretation of data.

\_\_\_\_\_If product is not identified or data is inconclusive, assume a worst case scenario and protect public/exposures.

\_\_\_\_\_Set Cold, Warm and Hot Zones if possible.



**SAFETY DATA SHEET: ETHYL ALCOHOL, DENATURED 200 Proof****1. IDENTIFICATION**

Product Name: ETHYL ALCOHOL, DENATURED 200 Proof  
 Synonyms: Denatured alcohol; Denatured ethanol; Ethanol  
 Formula and Formula Weight: CH<sub>3</sub>CH<sub>2</sub>OH 46.07  
 Integra numbers beginning with: E814.50  
 Recommended Use: General industrial solvent  
 Restrictions on Use: Personal or household use

INTEGRA Chemical Company 24 Hour Emergency Response: CHEMTREC 800-424-9300 (Outside USA 703-527-3887)  
 1216 6th Ave N  
 Kent WA 98032  
 Phone: 253-479-7000

**2. HAZARDS IDENTIFICATION**

| OSHA Classification:                             | Hazard Category: | Hazard Statement:                  |
|--|------------------|------------------------------------|
| Acute Toxicity - Oral                            | 4                | Harmful if swallowed.              |
| Skin Corrosion/Irritation                        | 2                | Causes skin irritation.            |
| Eye Damage/Irritation                            | 2A               | Causes serious eye irritation.     |
| Specific Target Organ Toxicity (single exposure) | 1                | Causes damage to organs.           |
| Flammable Liquids                                | 2                | Highly flammable liquid and vapor. |

Signal Word: DANGER

**Precautionary Statements****Prevention:**

Keep away from heat, sparks, open flames, hot surfaces. – No smoking.  
 Keep container tightly closed.  
 Ground, bond container and receiving equipment. Use only non-sparking tools.  
 Use explosion-proof electrical, ventilating, lighting equipment and take precautionary measures against static discharge.  
 Do not breathe fume, gas, mist, vapors, spray.  
 Wash thoroughly after handling.  
 Do not eat, drink or smoke when using this product.  
 Wear protective gloves, eye protection, face protection.

**Response**

If swallowed: Call a poison center, doctor if you feel unwell. Rinse mouth.  
 If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water, shower. If skin irritation occurs: Get medical advice, attention.  
 If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice, attention.  
 If exposed: Call a poison center, doctor  
 Specific treatment (see first aid section on this label)  
 Take off contaminated clothing and wash it before reuse.

**Storage**

Store in a well ventilated place. Keep cool.  
 Store locked up.

**Disposal**

Dispose of contents, container in accordance with all governmental regulations.

Hazards Not Otherwise Classified: No information available

**3. COMPOSITION/INFORMATION ON INGREDIENTS**

| Component              | Synonyms                               | CAS #      | % Volume |
|------------------------|--|------------|----------|
| Ethyl alcohol          | Ethanol                                | 00064-17-5 | 85       |
| Isopropyl alcohol      | Isopropanol; IPA; 2-Propanol           | 00067-63-0 | 09       |
| Methyl alcohol         | Methanol; Wood alcohol; Methyl hydrate | 00067-56-1 | 05       |
| Methyl isobutyl ketone | 4-Methyl-2-pentanone; MIBK; Hexone     | 00108-10-1 | 01       |

**4. FIRST AID MEASURES**

Inhalation: Remove person to fresh air and keep comfortable for breathing. If not breathing, give artificial respiration. If breathing is difficult administer oxygen. Seek medical attention.

|                   |   |
|-------------------|---|
| Eye Contact:      | Flush eyes with water for at least 15 minutes. Remove contact lenses, if present and easy to do. Seek immediate medical attention.  |
| Skin Contact:     | Remove contaminated clothing. Flush skin with plenty of water. Seek medical attention if irritation develops.   |
| Ingestion:        | Rinse mouth. Give victim large amounts of water and induce vomiting. Never give anything by mouth to an unconscious or convulsing person. Seek immediate medical attention. |
| Additional notes: | Symptoms and effects include drunkenness followed by severe systemic illness and perhaps blindness and death.   |

**5. FIRE-FIGHTING MEASURES**

|                                    |   |
|------------------------------------|---|
| Extinguishing Media:               | Carbon dioxide, dry chemical or alcohol foam. Water may be ineffective.   |
| Special Equipment and Precautions: | Use water to cool nearby containers and structures. Wear full protective equipment, including suitable respiratory protection.  |
| Specific Hazards:                  | Vapors may flow along surfaces to distant ignition sources and flash back. Burns with a pale blue flame which may be difficult to see under normal lighting conditions. |
| Hazardous combustion products:     | Oxides of carbon.   |

**6. ACCIDENTAL RELEASE MEASURES**

|                   |   |
|-------------------|---|
| Spill Procedures: | Remove all potential ignition sources. Prevent spread of spill. Wear full protective equipment including suitable respiratory protection. Absorb with sand or inert material. Place into suitable container for disposal. |
|-------------------|---|

**7. HANDLING AND STORAGE**

|                         |  |
|-------------------------|--|
| Incompatible Materials: | Incompatible with strong oxidizers. Strong inorganic acids, alkali metals, ammonia, peroxides.   |
| Storage and Handling:   | Store locked up in a cool, dry, well-ventilated flammable liquids storage area or cabinet away from incompatible materials. Keep away from heat and ignition sources. Keep containers tightly closed and protect them from physical damage. Bond and ground containers when transferring liquid. Use only non-sparking tools and take precautionary measures against static discharge. No smoking. Keep material cool.<br><br>Keep away from heat, sparks, open flames, hot surfaces. – No smoking.<br>Keep container tightly closed.<br>Ground, bond container and receiving equipment. Use only non-sparking tools.<br>Use explosion-proof electrical, ventilating, lighting equipment and take precautionary measures against static discharge.<br>Do not breathe fume, gas, mist, vapors, spray.<br>Wash thoroughly after handling.<br>Do not eat, drink or smoke when using this product.<br>Wear protective gloves, eye protection, face protection. |

**8. EXPOSURE CONTROLS AND PERSONAL PROTECTION**

## OSHA &amp; ACGIH Exposure Limits:

|                        |   |
|------------------------|---|
| Ethyl Alcohol          | OSHA TWA: 1000 ppm; 1900 mg/m <sup>3</sup> ACGIH STEL: 1000 ppm; 1880 mg/m <sup>3</sup>                                       |
| Isopropyl alcohol      | OSHA TWA: 400 ppm; 980 mg/m <sup>3</sup> ACGIH TWA: 200 ppm; 491 mg/m <sup>3</sup> ACGIH STEL: 400 ppm; 984 mg/m <sup>3</sup> |
| Methyl alcohol         | OSHA TWA: 200 ppm; 260 mg/m <sup>3</sup> ACGIH TWA: 200 ppm; 262 mg/m <sup>3</sup> ACGIH STEL: 250 ppm; 328 mg/m <sup>3</sup> |
| Methyl isobutyl ketone | OSHA TWA: 100 ppm; 410 mg/m <sup>3</sup> ACGIH TWA: 20 ppm; 82 mg/m <sup>3</sup> ACGIH STEL: 75 ppm; 307 mg/m <sup>3</sup>    |

|                                |   |
|--------------------------------|---|
| Engineering Controls:          | Use general or local exhaust ventilation to meet TLV and PEL requirements.  |
| Respiratory Protection:        | Respiratory protection required if airborne concentrations exceed PEL or TLV. Use a NIOSH approved chemical cartridge respirator with an organic vapor cartridge.   |
| Skin/Eye Protective Equipment: | Safety goggles, protective clothing and gloves appropriate for the risk of exposure.<br>Facilities storing or utilizing this material should have readily accessible eyewash stations and safety showers. Select respirators and other safety equipment in accordance with regulations and based upon the particular conditions of use and risk of exposure. Always use safe chemical-handling and good industrial hygiene practices. |

**9. PHYSICAL AND CHEMICAL PROPERTIES**

|  |   |
|--|---|
| Appearance:  | Clear, colorless liquid                               |
| Odor:  | Sweet odor  |
| Odor Threshold:                                    | No information available                              |
| pH:  | No information available                              |
| Melting/Freezing Point:                            | (pure ethanol) -178 °F                                |
| Initial Boiling Point and Boiling Range:           | (pure ethanol) 173 °F                                 |
| Flash Point:                                       | approx 55 °F  |
| Evaporation Rate:                                  | No information available                              |
| Flammability:                                      | Flammable   |
| Flammable or Explosive Limits (% by volume in air) | Upper: 19 (pure ethanol)<br>Lower: 3.3 (pure ethanol) |
| Vapor Pressure:                                    | No information available                              |
| Vapor Density:                                     | No information available                              |
| Relative Density:                                  | 0.79 Water=1  |
| Solubility:  | Miscible with water.                                  |

Partition Coefficient: n-octanol/water No information available  
 Auto-Ignition Temperature: (pure ethanol) 685 °F  
 Decomposition Temperature: No information available  
 Viscosity: No information available

**10. STABILITY AND REACTIVITY**

Reactivity: No information available  
 Stability: Stable  
 Possibility of Hazardous Reactions: Hazardous polymerization will not occur. Vapors may form explosive mixture with air.  
 Conditions to Avoid: Heat, sparks and open flame.  
 Incompatibles: Incompatible with strong oxidizers. Strong inorganic acids, alkali metals, ammonia, peroxides.  
 Decomposition Products: Oxides of carbon.

**11. TOXICOLOGICAL INFORMATION**Effects of Over Exposure:

Inhalation: Harmful if inhaled. Symptoms include respiratory tract irritation, coughing, dizziness, dullness and headache. High concentrations can produce central nervous system depression, narcosis and unconsciousness.  
 Skin Contact: May cause skin irritation. Prolonged contact may cause dermatitis.  
 Eye Contact: Contact may be irritating to the eyes. May cause painful sensitization to light.  
 Ingestion: Harmful if swallowed. Ingestion may cause headache, dizziness, nausea, vomiting, gastrointestinal irritation. Produces drunkenness followed by severe systemic illness and perhaps blindness and death.  
 Chronic Effects: Chronic exposure may damage the liver, kidneys, eyes, lungs, heart, central nervous system, brain and spleen. May cause loss of appetite, weight loss, nervousness, memory loss, mental retardation.  
 Target Organs: Liver, kidneys, eyes, lungs, central nervous system, brain, respiratory system, hearth, stomach and spleen.  
 Additional Effects: May aggravate pre-existing skin disorders, liver disorders  
 Reproductive Effects: Ethyl Alcohol has been linked to birth defects in humans.  
 Carcinogenicity:

Isopropyl alcohol is listed by the IARC as Group 3, Unclassifiable.  
 Methyl isobutyl ketone is listed by the IARC as Group 2B, Possible Human Carcinogen.

Toxicity Data:

|                        |                           |                   |
|------------------------|---------------------------|-------------------|
| Ethyl Alcohol          | LC50 (inhalation, rat)    | 20000 ppm/10hr    |
|                        | LD50 (oral, rat)          | 7060 mg/kg        |
|                        | LDLo (skin, rabbit)       | 20000 mg/kg       |
| Isopropyl alcohol      | LC50 (inhalation, rat)    | 16000 ppm/8H      |
|                        | LD50 (oral, rat)          | 5000 mg/kg        |
|                        | LD50 (skin, rabbit)       | 12800 mg/kg       |
| Methyl alcohol         | LD50 (oral, rat)          | 5600 mg/kg        |
|                        | LDLo (oral, human)        | 143 mg/kg         |
|                        | LD50 (skin, rabbit)       | 15800 mg/kg       |
| Methyl isobutyl ketone | Irritation (skin, rabbit) | mild 500 mg/24 hr |
|                        | LC50 (inhalation, mouse)  | 23300 mg/m3       |
|                        | LD50 (oral, rat)          | 2080 mg/kg        |

**12. ECOLOGICAL INFORMATION**Aquatic Toxicity Data:Terrestrial Toxicity Data:

|                        |   |                          |
|------------------------|---|--------------------------|
| Ethyl Alcohol          | LC50 Oncorhynchus mykiss: >10,000 mg/   | No information available |
| Isopropyl alcohol      | LC50 Pimephales promelas: 9640 mg/L -   | No information available |
| Methyl alcohol         | LC50 Lepomis macrochirus: 15,400 mg/L - | No information available |
| Methyl isobutyl ketone | LC50 Leuciscus idus melanotus: 480 mg/L | No information available |

Persistence and degradability: No information available  
 Bioaccumulative potential: No information available  
 Mobility in soil: No information available  
 Other adverse effects: No information available

**13. DISPOSAL CONSIDERATIONS**

Disposal Procedures: Dispose of material and containers in accordance with all local, state and federal regulations.

**14. TRANSPORTATION INFORMATION**

This product is a regulated material for domestic ground transportation, per CFR Title 49.

UN Number: UN1170  
 Proper Shipping Name: Ethanol  
 Packing Group: II  
 Hazard Class: 3  
 Environmental hazards: No information available  
 Special precautions: No information available

Bulk transport: No information available

**15. REGULATORY INFORMATION**

Ethyl Alcohol is listed in the TSCA inventory.

Isopropyl alcohol is listed in the TSCA inventory and in SARA 313.

Methyl alcohol is listed in the TSCA inventory and in SARA 313.

Methyl isobutyl ketone is listed in the TSCA inventory and in SARA 313.

**16. OTHER INFORMATION**

OSHA SDS #: 25602 rev 101 3/27/2015

NE = Not established, NA = Not applicable or Not available

The information presented above is offered for informational purposes only. This SDS, and the associated product, is intended for use only by technically qualified persons, and at their own discretion and risk. Since conditions and manner of use are outside the control of Integra Chemical Company, we make no warranties, either expressed or implied, and assume no liability in connection with any use of this information.

\*\*\*\*\* END OF SDS \*\*\*\*\*

|   |  |   |  |   |                                   |
|---|--|---|--|---|-----------------------------------|
| <b>Ethyl alcohol</b>  |  | <b>Formula:</b><br>CH <sub>3</sub> CH <sub>2</sub> OH   | <b>CAS#:</b><br>64-17-5  | <b>RTECS#:</b><br>KQ6300000   | <b>IDLH:</b><br>3300 ppm [10%LEL] |
| <b>Conversion:</b> 1 ppm = 1.89 mg/m <sup>3</sup>   |  | <b>DOT:</b> 1170 127  |  |   |                                   |
| <b>Synonyms/Trade Names:</b> Alcohol, Cologne spirit, Ethanol, EtOH, Grain alcohol  |  |   |  |   |                                   |
| <b>Exposure Limits:</b><br>NIOSH REL: TWA 1000 ppm (1900 mg/m <sup>3</sup> )<br>OSHA PEL: TWA 1000 ppm (1900 mg/m <sup>3</sup> )  |  |   |  | <b>Measurement Methods</b><br>(see Table 1):<br>NIOSH 1400<br>OSHA 100  |                                   |
| <b>Physical Description:</b> Clear, colorless liquid with a weak, ethereal, vinous odor.  |  |   |  |   |                                   |
| <b>Chemical &amp; Physical Properties:</b><br>MW: 46.1<br>BP: 173°F<br>Sol: Miscible<br>Fl.P: 55°F<br>IP: 10.47 eV<br>Sp.Gr: 0.79<br>VP: 44 mmHg<br>FRZ: -173°F<br>UEL: 19%<br>LEL: 3.3%<br>Class IB Flammable Liquid   |  | <b>Personal Protection/Sanitation</b><br>(see Table 2):<br><b>Skin:</b> Prevent skin contact<br><b>Eyes:</b> Prevent eye contact<br><b>Wash skin:</b> When contam<br><b>Remove:</b> When wet (flamm)<br><b>Change:</b> N.R. |  | <b>Respirator Recommendations</b><br>(see Tables 3 and 4):<br><b>NIOSH/OSHA</b><br><b>3300 ppm:</b> Sa/ScbaF<br><b>§:</b> ScbaF: Pd, Pp/ SaF: Pd, Pp: AScba<br><b>Escape:</b> ScbaE |                                   |
| <b>Incompatibilities and Reactivities:</b> Strong oxidizers, potassium dioxide, bromine pentafluoride, acetyl bromide, acetyl chloride, platinum, sodium  |  |   |  |   |                                   |
| <b>Exposure Routes, Symptoms, Target Organs (see Table 5):</b><br><b>ER:</b> Inh, Ing, Con<br><b>SY:</b> Irrit eyes, skin, nose; head, drow, lass, narco; cough; liver damage; anemia; repro, terato effects<br><b>TO:</b> Eyes, skin, resp sys, CNS, liver, blood, repro sys |  |   | <b>First Aid (see Table 6):</b><br><b>Eye:</b> Irr immed<br><b>Skin:</b> Water flush prompt<br><b>Breath:</b> Fresh air<br><b>Swallow:</b> Medical attention immed |   |                                   |

## Checklist #2 - Hazard Analysis

Product Name: **Sodium chlorate**

Flash Point: N/A

Flammable/Explosive Range: N/A

Vapor Pressure: (water=25 mm/Hg) N/A

Vapor Density: (Air=1 <1 Rise >1 Sink) N/A

Corrosivity: (Acid or Caustic) **neutral**

Solubility: (Soluble-Yes or No) **Yes**

Toxicity: (TLV, IDLH) N/A

**DOT 2016 ERG Guide No: 140 (2012ERG) (Orange border pages)**

**PPE requirements:**

- **Wear positive pressure self-contained breathing apparatus (SCBA).**
- **Wear chemical protective clothing that is specifically recommended by the manufacturer. It may provide little or no thermal protection.**
- **Structural firefighters' protective clothing will only provide limited protection.**

\_\_\_\_\_Contact Hazmat Team for assistance in interpretation of data.

\_\_\_\_\_If product is not identified or data is inconclusive, assume a worst case scenario and protect public/exposures.

\_\_\_\_\_Set Cold, Warm and Hot Zones if possible.



**SAFETY DATA SHEET: SODIUM CHLORATE****1. IDENTIFICATION**

Product Name: SODIUM CHLORATE  
 Synonyms:  
 Formula and Formula Weight: NaClO<sub>3</sub> 106.44  
 Integrals numbers beginning with: S310.50  
 Recommended Use: Commercial/Industrial use  
 Restrictions on Use: No information available

INTEGRA Chemical Company  
 1216 6th Ave N  
 Kent WA 98032  
 Phone: 253-479-7000

**24 Hour Emergency Response: CHEMTREC 800-424-9300 (Outside USA 703-527-3887)**

**2. HAZARDS IDENTIFICATION**

| OSHA Classification:  | Hazard Category: | Hazard Statement:                             |
|-----------------------|------------------|---|
| Acute Toxicity - Oral | 4                | Harmful if swallowed.                         |
| Eye Damage/Irritation | 2B               | Causes eye irritation.                        |
| Oxidizing Solids      | 1                | May cause fire or explosion; strong oxidizer. |

Signal Word: Danger

**Precautionary Statements****Prevention:**

Keep away from heat.  
 Keep away from clothing and other combustible materials.  
 Take any precaution to avoid mixing with combustibles.  
 Wash thoroughly after handling.  
 Do not eat, drink or smoke when using this product.  
 Wear protective gloves, eye protection, face protection.  
 Wear fire, flame resistant, retardant clothing.

**Response**

If swallowed: Rinse mouth. Call a poison center, doctor if you feel unwell.  
 If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
 If on clothing: Rinse immediately contaminated clothing and skin with plenty of water before removing clothes.  
 If eye irritation persists: Get medical advice, attention.  
 In case of major fire and large quantities: Evacuate area. Fight fire remotely due to the risk of explosion.

**Disposal**

Dispose of contents, container in accordance with all governmental regulations.

Hazards Not Otherwise Classified: No information available

**3. COMPOSITION/INFORMATION ON INGREDIENTS**

| Component       | Synonyms | CAS #      | % Weight |
|-----------------|----------|------------|----------|
| Sodium chlorate |          | 07775-09-9 | 100      |

**4. FIRST AID MEASURES**

Inhalation: Remove person to fresh air.  
 Eye Contact: Flush eyes with plenty of water. Remove contact lenses, if present and easy to do. If irritation persists, seek medical attention.  
 Skin Contact: Rinse immediately contaminated clothing and skin with plenty of water before removing clothes. Seek medical attention if irritation develops.  
 Ingestion: Rinse mouth and give victim large quantities of water. Never give anything by mouth to an unconscious person. Seek immediate medical attention.  
 Additional notes: Symptoms and effects include skin, eye, respiratory tract irritation.

**5. FIRE-FIGHTING MEASURES**

Extinguishing Media: Water spray. Do not use fire blanket or smothering type extinguisher. Decomposition releases oxygen which supports combustion.  
 Special Equipment and Precautions: Use water to cool nearby containers and structures. Wear full protective equipment, including suitable respiratory protection.

Specific Hazards: Strong oxidizer. Contact with combustible or flammable materials can cause fire or explosion. May explode when shocked, exposed to heat or flame or by spontaneous chemical reaction. In case of major fire and large quantities: Evacuate area. Fight fire remotely due to the risk of explosion.

Hazardous combustion products: May decompose to form chlorine dioxide and/or chlorine gas.

#### 6. ACCIDENTAL RELEASE MEASURES

Spill Procedures: Prevent spread of spill. Wear suitable protective equipment. Sweep or scoop into clean, dry disposal container. Flush spill area with water.

#### 7. HANDLING AND STORAGE

Incompatible Materials: Incompatible with strong acids and strong oxidizers. Organic or combustible materials, alcohols, sulfur, phosphorous and ammonia compounds.

Storage and Handling: Store in a cool, dry, well-ventilated area dedicated to the storage of oxidizers. Keep away from incompatible materials, especially flammable or combustible materials. Keep containers tightly closed and protect them from physical damage. Protect from direct light and minimize contact with air.

Keep away from heat.

Keep away from clothing and other combustible materials.

Take any precaution to avoid mixing with combustibles.

Wash thoroughly after handling.

Do not eat, drink or smoke when using this product.

Wear protective gloves, eye protection, face protection.

Wear fire, flame resistant, retardant clothing.

#### 8. EXPOSURE CONTROLS AND PERSONAL PROTECTION

OSHA & ACGIH Exposure Limits:

Sodium chlorate None identified

Engineering Controls: Use adequate general or local exhaust ventilation to keep fume and/or dust levels as low as possible.

Respiratory Protection: If use generates annoying or irritating dusts, mists or vapors, use a NIOSH approved respirator with a particulate filter.

Skin/Eye Protective Equipment: Safety goggles, protective clothing and gloves appropriate for the risk of exposure. Wear fire retardant clothing. Facilities storing or utilizing this material should have readily accessible eyewash stations and safety showers. Select respirators and other safety equipment in accordance with regulations and based upon the particular conditions of use and risk of exposure. Always use safe chemical-handling and good industrial hygiene practices.

#### 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance: White to pail yellow crystals

Odor: Odorless

Odor Threshold: Not available

pH: Not available

Melting/Freezing Point: 248 °C

Initial Boiling Point and Boiling Range: Not available

Flash Point: Not available

Evaporation Rate: Not available

Flammability: Not available

Flammable or Explosive Upper: Not available

Limits (% by volume in air) Lower: Not available

Vapor Pressure: Not available

Vapor Density: Not available

Relative Density: 2.5

Solubility: Soluble in water

Partition Coefficient: n-octanol/water Not available

Auto-Ignition Temperature: Not available

Decomposition Temperature: 300

Viscosity: Not available

#### 10. STABILITY AND REACTIVITY

Reactivity: No information available

Stability: Stable

Possibility of Hazardous Reactions: Hazardous polymerization will not occur

Conditions to Avoid: Heat, sparks and open flame. Exposure to air.

Incompatibles: Incompatible with strong acids and strong oxidizers. Organic or combustible materials, alcohols, sulfur, phosphorous and ammonia compounds.

Decomposition Products: May decompose to form chlorine dioxide and/or chlorine gas.

#### 11. TOXICOLOGICAL INFORMATION

##### Effects of Over Exposure:

Inhalation: Inhalation may irritate the nose, throat and upper respiratory tract.

Skin Contact: Contact may cause skin irritation.

Eye Contact: Contact may be irritating to the eyes.  
 Ingestion: Harmful if swallowed. May produce abdominal pain, vomiting, and diarrhea. Absorption into the body results in the formation of methemoglobin, which may cause cyanosis. Onset may be delayed 2 to 4 hours or more. Ingestion of relatively large quantities may prove fatal.  
 Chronic Effects: No information available  
 Target Organs: Eyes, skin, blood. Kidney, liver.  
 Additional Effects: No information available  
 Reproductive Effects: No information available  
 Carcinogenicity: None identified

**Toxicity Data:**

|                 |                               |            |
|-----------------|-------------------------------|------------|
| Sodium chlorate | LD50 (intraperitoneal, mouse) | 596 mg/kg  |
|                 | LD50 (oral, rat)              | 1200 mg/kg |

**12. ECOLOGICAL INFORMATION**

|                                | <u>Aquatic Toxicity Data:</u> | <u>Terrestrial Toxicity Data:</u> |
|--------------------------------|-------------------------------|-----------------------------------|
| Sodium chlorate                | No information available      | No information available          |
| Persistence and degradability: | No information available      |                                   |
| Bioaccumulative potential:     | No information available      |                                   |
| Mobility in soil:              | No information available      |                                   |
| Other adverse effects:         | No information available      |                                   |

**13. DISPOSAL CONSIDERATIONS**

**Disposal Procedures:** Dispose of material and containers in accordance with all local, state and federal regulations.

**14. TRANSPORTATION INFORMATION**

This product is a regulated material for domestic ground transportation, per CFR Title 49.

|                        |                          |
|------------------------|--------------------------|
| UN Number:             | UN1495                   |
| Proper Shipping Name:  | Sodium chlorate          |
| Packing Group:         | II                       |
| Hazard Class:          | 5.1                      |
| Environmental hazards: | No information available |
| Special precautions:   | No information available |
| Bulk transport:        | No information available |

**15. REGULATORY INFORMATION**

Sodium chlorate is listed in the TSCA inventory.

**16. OTHER INFORMATION**

OSHA SDS #: 26372 rev 101 3/27/2015

NE = Not established, NA = Not applicable or Not available

The information presented above is offered for informational purposes only. This SDS, and the associated product, is intended for use only by technically qualified persons, and at their own discretion and risk. Since conditions and manner of use are outside the control of Integra Chemical Company, we make no warranties, either expressed or implied, and assume no liability in connection with any use of this information.

\*\*\*\*\* END OF SDS \*\*\*\*\*

# **Appendix F**

## **Four Railroad Chemicals Guidelines**

## APPENDIX F: Four Railroad Chemical Guidelines

### Some Important Tactical, Informational and Operational Guidelines for:

Sodium Chlorate

Anhydrous Ammonia

Ethanol

Bakken Crude Oil

#### Sodium Chlorate:

Odorless, pale yellow to white crystalline solid.

**Strong Oxidizer.** Contact with wood, organic matter, **railroad ties**, sulfuric acid may result in fires or explosions. Can increase the intensity of fires and may result in explosions.

Personnel near a spill or derailment should wear **full turnouts and SCBA. Stay out of product!** Avoid inhalation or contact of any dusts, vapors, smoke from fire.

Initially, **isolate spill or leak area** for at least **150 feet in all directions**.

For a **large spill**, consider initial **downwind evacuation for at least 330 feet**.

**If a railcar is involved in a fire**, isolate for ½ mile in all directions and consider the initial evacuation for ½ mile in all directions due to the explosion potential.

If involved in a **small fire, use water. Do not use dry chemical or foams.**

If involved in a **large fire, flood area from a distance with water** by use of **unmanned** master streams and monitors. **Do not move a railcar that has been exposed to heat** until technical expertise can evaluate. Cool railcars with large quantities of water from unmanned monitors well after fire is out. If this is impossible, back out and let the fire burn. (Non-Intervention)

**In case of spills**, keep personnel away from the product and evaluate product contact with combustibles such as rail ties. **Keep water out of the container (railcar).** Leave any cleanup to railroad personnel or their contractors.

**Decon**, if necessary, with **lots of water** and contain decon “runoff”.

### **Anhydrous Ammonia:**

**A clear, colorless (corrosive) gas with a strong odor.** Shipped as a liquid under pressure (railcar). **Contact with the liquid can cause frostbite.**

Normally **non-flammable outdoors** but can **become flammable (explosive) when confined** (as in a building or structure).

**Forms ammonium hydroxide, a strong corrosive (caustic) when mixed with water or moisture.** Personnel should stay out of the vapors as they are highly toxic and corrosive to the skin and respiratory system.

**Full turnouts with SCBA's may be necessary** for personnel near but not in the leak area. **Exposure to or working in and around anhydrous ammonia** requires full respiratory and full protective clothing (**Hazmat Team Operation**).



Exposure to anhydrous ammonia can easily cause pulmonary edema and death. Can also cause corrosive burns to the skin and mucous membranes.

Stinging of the armpits, crotch, eyes, neck or other moist body areas may indicate an exposure to ammonia.

Vapors initially are lighter than air but can commonly hug the ground as they absorb moisture from the air and become heavier. Vapors have poor predictability.

Initially isolate a spill or leak 330 feet in all directions. See ERG Tables 1 and 3 – Initial Isolation and Protective Action Distances on the UN/NA 1005 datasheet.

If a railcar is involved in fire, isolate for 1 mile in all directions and consider initial evacuation for 1 mile in all directions.

Use water fog to disperse, reduce or control vapor cloud. If possible, safely contain any residual from water fallout from these operations.

Do not direct water at the spill or source of the leak.

### **Ethanol: (ethyl alcohol)**

A clear colorless liquid with typical odor. Vapors are heavier than air – watch low areas.

Highly flammable but highly water soluble.

Vapors are highly irritating to eyes, nose and throat.

Isolate spill or leak for 150 feet in all directions.

For a large spill or leak, consider downwind evacuation for at least 1000 feet.

If a railcar is involved in fire, isolate for ½ mile in all directions and consider an initial evacuation for ½ mile.

For small fires, use dry chemical, CO<sub>2</sub>, water spray or alcohol-resistant foam.

For large fires, use water fog or alcohol-resistant foam. **DO NOT USE STRAIGHT STREAMS!**

If the fire involves a railroad tank car, fight fire from a maximum distance or use unmanned hose streams, foam apparatus or monitors.

Be aware of operating venting devices or discoloration of the tank car. If no fire, eliminate ignition sources, dike well ahead of spill. Try to safely contain firefighting runoff.

Air monitor the area to determine concentration of vapors (flammability).

No personnel should be in a flammable atmosphere (above 10% of the LEL of 3.3%, or 0.3%).

Turnouts and SCBA's may be necessary for certain operations.

Cool flame exposed/impinged tank cars.

Adding water to a spill may raise the flashpoint.

### **Bakken Crude Oil:**

Highly flammable form of crude oil. Flash Point less than 73° F. Has toxic components including benzene, a known carcinogen.

Vapors are highly irritating to eyes, nose and throat.

Isolate spill or leak for 150 feet in all directions.

For a large spill or leak, consider downwind evacuation for at least 1000 feet.

If a railcar is involved in fire, isolate for ½ mile in all directions and consider an initial evacuation for ½ mile.

For small fires, use dry chemical, CO<sub>2</sub>, water spray or foam.

For large fires, use water fog or alcohol-resistant foam. **DO NOT USE STRAIGHT STREAMS!**

If the fire involves a railroad tank car, fight fire from a maximum distance or use unmanned hose streams, foam apparatus or monitors.

Be aware of operating venting devices or discoloration of the tank car. If no fire, eliminate ignition sources, dike well ahead of spill. Try to safely contain firefighting runoff.

Air monitor the area to determine concentration of vapors (flammability).

No personnel should be in a flammable atmosphere (above 10% of the LEL of 1.0% or 0.1%).

Turnouts and SCBA's may be necessary for certain operations.

Cool flame exposed/impinged tank cars.

For a large fire, order and use Foam Cache from State Fire Marshal.

# **Appendix G**

## **Apparatus Inventories**

| Clatskanie Rural Fire Protection District 2016 |        |       |                   |               |      |         |      |        |        |        |              |    |     |
|--|--------|-------|-------------------|---------------|------|---------|------|--------|--------|--------|--------------|----|-----|
| Apparatus                                      | Number | Type  | Year Make         | Capacity Tank | Pump | Hose 5" | 3"   | 2 1/2" | 1 3/4" | 1 1/2" | Foam Gallons |    |     |
|  |        |       |                   |               |      |         |      |        |        |        | 1"           | A  | B   |
| ENG  | 481    | 1     | 2015 Pierce       | 1000          | 1500 | 1000    | 500  |        | 700    |        | 200          |    | 100 |
| ENG  | 486    | 1     | 1995 Pierce       | 1000          | 1500 |         | 1200 |        | 700    |        | 200          |    | 30  |
| ENG  | 487    | 1     | 1977 Mack         | 1000          | 1500 |         | 1200 |        | 700    |        | 200          |    | 30  |
| ENG  | 488    | 1     | 1990 Pierce       | 2500          | 1500 |         | 1200 |        | 700    |        | 200          |    | 30  |
| Brush  | 4881   | IV    | 1978 Military     | 800           | 550  |         |      | 200    |        | 1000   | 1000         | 10 |     |
| Utility  | 482    |       | 2004 Ford PU      |               |      |         |      |        |        |        |              |    |     |
| Command  |        |       | 2008 Ford Ult     |               |      |         |      |        |        |        |              |    |     |
| Rescue   | 481    | BLS   | 1990 Freightliner |               |      |         |      |        |        |        |              |    |     |
| Medic  | 481    | ALS   | 2005 Ford         |               |      |         |      |        |        |        |              |    |     |
| Medic  | 482    | ALS   | 1997 Ford         |               |      |         |      |        |        |        |              |    |     |
| Medic  | 483    | ALS   | 2015 GMC          |               |      |         |      |        |        |        |              |    |     |
| SQT  | 481    | 50 FT | 1990 Pierce       | 500           | 1500 | 1000    | 600  |        | 700    |        |              |    |     |

| COLUMBIA RIVER FIRE & RESCUE AIO 7/18/2016 |              |                    |                  |                        |                            |            |            |                |                |                     |           |           |  |
|--|--------------|--------------------|------------------|------------------------|----------------------------|------------|------------|----------------|----------------|---------------------|-----------|-----------|--|
| APPARATUS<br># NAME                        | TYPE<br>YEAR | MAKE               | TANK<br>CAPACITY | PUMP<br>CAPCTY<br>MAX. | MASTER<br>STREAM<br>DEVICE | 5"<br>HOSE | 3"<br>HOSE | 1 3/4"<br>HOSE | 1 1/2"<br>HOSE | 1"<br>FORES-<br>TRY | A<br>FOAM | B<br>FOAM |  |
| E494                                       | 1/11 1997    | Pierce             | 750              | 1500                   | 1250 gpm                   | 1000'      | 600'       | 500'           | 300'           | 200'                | CAF       |           |  |
| E472                                       | 1-1993       | Pierce             | 750              | 1250                   | 1250 gpm                   | 1000'      | 600'       | 500'           |                |                     | 40 gal    |           |  |
| E473                                       | 1-1993       | Intenational KME   | 750              | 1250                   | 1250 gpm                   | 1000'      | 600'       | 400'           |                |                     | 20 gal    | 20 gal    |  |
| E  | 1-1998       | Spartan H&W        | 500              | 1750                   | 1250 gpm                   | 1000'      | 600'       | 600'           |                |                     | 20 gal    | 20 gal    |  |
| E  | 1-1998       | Spartan H&W        | 500              | 1750                   | 1250 gpm                   | 1000'      | 600'       | 600'           |                |                     | 20 gal    | 20 gal    |  |
| E471                                       | 1-2003       | Pierce/Contender   | 1000             | 1500                   | 1250 gpm                   | 1000'      | 1250'      | 600'           |                |                     | 50 gal    |           |  |
| E491                                       | 1-2003       | Pierce/Contender   | 1000             | 1500                   | 1250 gpm                   | 1000'      | 1250'      | 600'           |                |                     | 50 gal    |           |  |
| S491                                       | 1-1992       | Peirce/Squirt 65'  | 500              | 1500                   | 1000 gpm                   | 900'       | 500'       | 450'           | 150'           |                     | 20 gal    | 20 gal    |  |
| E4724 AWD                                  | VI - 1985    | Pierce 4X4         | 200              | 450                    |                            |            | 50'        | 300'           | 100'           | 200'                |           | 20 gal    |  |
| E4744 AWD                                  | VI - 1994    | Chevy 4X4          | 400              | 100                    |                            |            | 50'        | 300'           | 300'           | 300'                |           | 5 gal     |  |
| E4723 AWD                                  | VI - 1995    | Mailboy 4X4        | 250              | 120                    |                            |            |            |                | 700'           | 500'                | CAF       |           |  |
| E4941 AWD                                  | VI - 1994    | Chevy 4X4          | 400              | 100                    |                            |            | 50'        |                | 300'           | 300'                | 5 gal     |           |  |
| E4721 AWD                                  | VI - 1986    | Chevy 4X4          | 150              | 120                    |                            |            |            | 300'           | 300'           | 500'                |           |           |  |
| WT471                                      | I - 1985     | GMC                | 3000             | 750                    |                            |            |            |                |                |                     |           |           |  |
| WT496                                      | I - 1987     | International      | 2500             | 1250                   | 1250 gpm                   |            | 500'       |                | 100'           | 200'                |           |           |  |
| WT494                                      | I - 1987     | International      | 2500             | 1250                   | 1250 gpm                   |            | 500'       |                | 100'           | 200'                |           |           |  |
| WT491                                      | I - 1984     | Ford               | 3000             | 1000                   |                            |            | 500'       |                | 100'           | 200'                |           |           |  |
| R471                                       | 1993         | Freightliner       | RESCUE           |                        |                            |            |            |                |                |                     |           |           |  |
| M471                                       | III - 2008   | Ford               | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M471Y                                      | III - 2008   | Ford/LifeLine      | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M491Z                                      | III - 2005   | Ford/LifeLine      | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M471X                                      | III - 2003   | Ford               | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M472                                       | III - 2011   | GMC                | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M491Z                                      | I - 2000     | Ford 4X4           | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| M471Z                                      | I - 1997     | Chevy 4X4          | Ambulance        |                        |                            |            |            |                |                |                     |           |           |  |
| 4792                                       | 1990         | Trailer Port-a-pot | SUPPORT          |                        |                            |            |            |                |                |                     |           |           |  |
| U491                                       | 2000         | Chevy Suburban     | SUPPORT          |                        |                            |            |            |                |                |                     |           |           |  |
| 4981                                       | 1998         | Jeep Cherokee      | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| U471                                       | 1999         | Jeep Cherokee      | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| U494                                       | 1999         | Jeep Cherokee      | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| C43  | 2003         | Chevy Tahoe        | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| 4701                                       | 2005         | Chevy 1500 HD      | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| 4702                                       | 2003         | Suburban           | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| 4703                                       | 2007         | Expedition         | STAFF            |                        |                            |            |            |                |                |                     |           |           |  |
| 4750                                       | 2008         | GMC K3500          | Mintcoe          |                        |                            |            |            |                |                |                     |           |           |  |
| 4751                                       | 1999         | Chevy 4X4          | Mintcoe          |                        |                            |            |            |                |                |                     |           |           |  |



| SCAPOOSE FIRE DISTRICT AVO 8/16/2016 |           |                  |               |                   |                      |         |         |             |             |          |       |        |        |  |
|--------------------------------------|-----------|------------------|---------------|-------------------|----------------------|---------|---------|-------------|-------------|----------|-------|--------|--------|--|
| APPARATUS #NAME                      | TYPE YEAR | MAKE             | TANK CAPACITY | PUMP CAPACITY MAX | MASTER STREAM DEVICE | 5" HOSE | 3" HOSE | 1 3/4" HOSE | 1 1/2" HOSE | FORESTRY | 1" A  | B      |        |  |
| ENG 431                              | I 97      | FREIGHTLINER     | 750           | 1500              | 1250 GPM             | 1000    | 600     | 500         | 300         |          | 400   | 15 GAL | 15 GAL |  |
| ENG 432                              | I 89      | SPARTAN          | 1000          | 1500              | 1200 GPM             | 1000    | 600     | 650         | 0           | 300      |       | 60 GAL |        |  |
| ENG 435                              | I 97      | FREIGHTLINER     | 750           | 1500              | 1250 GPM             | 1000    | 600     | 500         | 300         |          | 400   | 15 GAL | 15 GAL |  |
| ENG 436                              | II 88     | FORD             | 1000          | 1000              |                      | 1000    | 600     | 500         | 400         |          |       |        |        |  |
| Tower 431                            | 82        | Sulphen platform | 100 foot      |                   | 1250 GPM             |         |         |             |             |          |       |        |        |  |
| E4320                                | VI 95     | GMC 4X4          | 200           | 120               |                      | 0       | 0       | 0           | 400         |          | 300 X |        |        |  |
| E4330                                | VI 99     | F550 4X4         | 300           | 120               |                      | N/A     | N/A     | N/A         | 400         |          | 300 X |        |        |  |
| E4350                                | III 96    | F650             | 500           | 180               |                      | 0       | 0       | 0           | 1200        |          | 800 X |        |        |  |
| WT 431                               | I 97      | FREIGHTLINER     | 3000          | 750               |                      | 0       | 300     | 350         | 0           |          | 0     |        |        |  |
| WT 435                               | I 81      | WHITE            | 3000          | 750               |                      | 0       | 300     | 150         | 0           |          | 0     |        |        |  |
| R 431                                | 1993      | FORD 4X4         | RESCUE        | N/A               |                      | N/A     | N/A     | N/A         | N/A         |          | N/A   |        |        |  |
| U 431                                | 2006      | DODGE Sprinter   | LOGISTICS     | N/A               |                      | N/A     | N/A     | N/A         | N/A         |          | N/A   |        |        |  |
| M 431                                | 2015      | GMC              | AMBULANCE     | N/A               |                      | N/A     | N/A     | N/A         | N/A         |          | N/A   |        |        |  |
| M 432                                | 2008      | GMC              | AMBULANCE     | N/A               |                      | N/A     | N/A     | N/A         | N/A         |          | N/A   |        |        |  |
| M 433                                | 1999      | GMC I 4X4        | AMBULANCE     | N/A               |                      | N/A     | N/A     | N/A         | N/A         |          | N/A   |        |        |  |
| 4380                                 | 2005      | SUBURBAN 4X4     |               |                   |                      |         |         |             |             |          |       |        |        |  |
| 4381                                 | 2005      | SUBURBAN 4X4     |               |                   |                      |         |         |             |             |          |       |        |        |  |
| 4382                                 | 1996      | GMC 4X4 PU       |               |                   |                      |         |         |             |             |          |       |        |        |  |
| 4383                                 | 2000      | Impala           | 4 door sedan  |                   |                      |         |         |             |             |          |       |        |        |  |
| 4385                                 | 2015      | GMC PU           | COMMAND       |                   |                      |         |         |             |             |          |       |        |        |  |
| FIREBOAT 43                          | 2004      | FIREBOAT         |               | 2000              | 2000 GPM             |         |         |             |             |          |       |        |        |  |
| MCI Trailer                          |           | 50-75 Patient    |               |                   |                      |         |         |             |             |          |       |        |        |  |

# Appendix H

## ICS Forms

|   |                                |
|---|--------------------------------|
| 201 Incident briefing                     | 202 Incident objectives        |
| 203 Organization Assignment List          | 204 Assignment list            |
| 205 Incident radio comm plan              | 206 Medical plan               |
| 207 Incident Organization chart           | 208 safety message / plan      |
| 209 Incident status summary               | 210 Resource status summary    |
| 211 Incident check in                     | 213 General message            |
| 214 Activity log                          | 215 Operational plng worksheet |
| 215A Incident action plan safety analysis |                                |

|   |                     |  |
|---|---------------------|--|
| 1. Incident Name:   | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: _____ Time: _____ |
| 4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>   |                     |  |
| 5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br> |                     |  |
| 6. Prepared by: Name:_____Position/Title:_____Signature:_____<br>ICS 201, Page 1<br>Date/Time:_____   |                     |  |

[illegible]

|   |  |                     |                  |   |  |
|---|--|---------------------|------------------|---|--|
| 1. Incident Name:   |  | 2. Incident Number: |                  | 3. Date/Time Initiated:<br>Date:                      Time: |  |
| 9. Current Organization (fill in additional organization as appropriate):   |  |                     |                  |   |  |
| <div><div>Safety Officer</div><div>Incident Commander(s)</div><div><div>Liaison Officer</div><div></div><div>Public Information Officer</div></div><div><div>Planning Section Chief<br/>Section Chief</div><div>Operations Section Chief</div><div>Finance/Administration</div><div>Logistics Section Chief</div></div></div> |  |                     |                  |   |  |
| 6. Prepared by: Name: _____ Position/Title: _____ Signature: _____  |  |                     |                  |   |  |
| ICS 201, Page 3   |  |                     | Date/Time: _____ |   |  |

|  |                     |                     |                  |   |                                    |
|--|---------------------|---------------------|------------------|---|------------------------------------|
| 1. Incident Name:  |                     | 2. Incident Number: |                  | 3. Date/Time Initiated:<br>Date:                      Time: |                                    |
| 10. Resource Summary:  |                     |                     |                  |   |                                    |
| Resource   | Resource Identifier | Date/Time Ordered   | ETA              | Arrived   | Notes (location/assignment/status) |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
|  |                     |                     |                  | <input type="checkbox"/>                                    |                                    |
| 6. Prepared by: Name: _____ Position/Title: _____ Signature: _____ |                     |                     |                  |   |                                    |
| ICS 201, Page 4  |                     |                     | Date/Time: _____ |   |                                    |



**ICS 201****Incident Briefing**

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

**Notes:**

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.   |
| 2            | <b>Incident Number</b>  | Enter the number assigned to the incident.   |
| 3            | <b>Date/Time Initiated</b> <ul style="list-style-type: none"> <li>• Date, Time</li> </ul>   | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).  |
| 4            | <b>Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)  | <p>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.</p> <p>If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).</p> <p>North should be at the top of page unless noted otherwise.</p> |
| 5            | <b>Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. | Self-explanatory.  |
| 6            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>   | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |
| 7            | <b>Current and Planned Objectives</b>   | Enter the objectives used on the incident and note any specific problem areas.   |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 8            | <b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>- Time</li> <li>- Actions</li> </ul>  | Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.  |
| 9            | <b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>- Incident Commander(s)</li> <li>- Liaison Officer</li> <li>- Safety Officer</li> <li>- Public Information Officer</li> <li>- Planning Section Chief</li> <li>- Operations Section Chief</li> <li>- Finance/Administration Section Chief</li> <li>- Logistics Section Chief</li> </ul> | <ul style="list-style-type: none"> <li>• Enter on the organization chart the names of the individuals assigned to each position.</li> <li>• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.</li> <li>• If Unified Command is being used, split the Incident Commander box.</li> <li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul> |
| 10           | <b>Resource Summary</b>  | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.   |
|              | • Resource   | Enter the number and appropriate category, kind, or type of resource ordered.  |
|              | • Resource Identifier  | Enter the relevant agency designator and/or resource designator (if any).  |
|              | • Date/Time Ordered  | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.   |
|              | • ETA  | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).   |
|              | • Arrived  | Enter an "X" or a checkmark upon arrival to the incident.  |
|              | • Notes (location/assignment status)   | Enter notes such as the assigned location of the resource and/or the actual assignment and status.   |

**INCIDENT OBJECTIVES (ICS 202)**

|   |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
|---|--|--------------------------------|----------------------------------|----------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|--|--------------------------------|----------------------------------|--|--------------------------------|
| <b>1. Incident Name:</b>  | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>3. Objective(s):</b>   |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>4. Operational Period Command Emphasis:</b>  |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| General Situational Awareness   |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b>  |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 33%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table> |  |                                | <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 206 |  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ICS 203  | <input type="checkbox"/> ICS 207   | <u>Other Attachments:</u>      |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 204  | <input type="checkbox"/> ICS 208   | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 205  | <input type="checkbox"/> Map/Chart   | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 205A   | <input type="checkbox"/> Weather Forecast/Tides/Currents   | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 206  |  | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____   |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>ICS 202</b>  | <b>IAP Page</b> _____  | <b>Date/Time:</b> _____        |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |

## ICS 202

### Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident. If needed, an incident number can be added.  |
| 2            | <b>Operational Period</b><br>9. Date and Time From<br>10. Date and Time To                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Objective(s)</b>   | Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.<br><br>Objectives should follow the SMART model or a similar approach:<br><b>S</b> pecific – Is the wording precise and unambiguous?<br><b>M</b> easurable – How will achievements be measured?<br><b>A</b> ction-oriented – Is an action verb used to describe expected accomplishments?<br><b>R</b> ealistic – Is the outcome achievable with given available resources?<br><b>T</b> ime-sensitive – What is the timeframe? |
| 4            | <b>Operational Period Command Emphasis</b>  | Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction.<br>Examples: Be aware of falling debris, secondary explosions, etc.   |
|              | General Situational Awareness   | General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).  |
| 5            | <b>Site Safety Plan Required?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Safety Officer should check whether or not a site safety plan is required for this incident.  |
|              | <b>Approved Site Safety Plan(s) Located At</b>  | Enter the location of the approved Site Safety Plan(s).   |

| Block Number | Block Title  | Instructions  |
|--------------|--|---|
| 6            | <b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):<br><input type="checkbox"/> ICS 203<br><input type="checkbox"/> ICS 204<br><input type="checkbox"/> ICS 205<br><input type="checkbox"/> ICS 205A<br><input type="checkbox"/> ICS 206<br><input type="checkbox"/> ICS 207<br><input type="checkbox"/> ICS 208<br><input type="checkbox"/> Map/Chart<br><input type="checkbox"/> Weather Forecast/Tides/Currents<br><u>Other Attachments:</u> | Check appropriate forms and list other relevant documents that are included in the IAP.<br><input type="checkbox"/> ICS 203 – Organization Assignment List<br><input type="checkbox"/> ICS 204 – Assignment List<br><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan<br><input type="checkbox"/> ICS 205A – Communications List<br><input type="checkbox"/> ICS 206 – Medical Plan<br><input type="checkbox"/> ICS 207 – Incident Organization Chart<br><input type="checkbox"/> ICS 208 – Safety Message/Plan |
| 7            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>   | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |
| 8            | <b>Approved by Incident Commander</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>   | In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.  |

**ORGANIZATION ASSIGNMENT LIST (ICS 203)**

|   |                       |   |  |          |
|---|-----------------------|---|--|----------|
| <b>1. Incident Name:</b>  |                       | <b>2. Operational Period:</b> Date From:  |  | Date To: |
|   |                       | Time From:                                |  | Time To: |
| <b>3. Incident Commander(s) and Command Staff:</b>                        |                       | <b>7. Operations Section:</b>             |  |          |
| IC/UCs  |                       | Chief                                     |  |          |
|   |                       | Deputy                                    |  |          |
|   |                       |   |  |          |
| Deputy  |                       | Staging Area                              |  |          |
| Safety Officer  |                       | <b>Branch</b>                             |  |          |
| Public Info. Officer  |                       | Branch Director                           |  |          |
| Liaison Officer   |                       | Deputy                                    |  |          |
| <b>4. Agency/Organization Representatives:</b>                            |                       | Division/Group                            |  |          |
| Agency/Organization   | Name                  | Division/Group                            |  |          |
|   |                       | Division/Group                            |  |          |
|   |                       | Division/Group                            |  |          |
|   |                       | Division/Group                            |  |          |
|   |                       | <b>Branch</b>                             |  |          |
|   |                       | Branch Director                           |  |          |
|   |                       | Deputy                                    |  |          |
| <b>5. Planning Section:</b>   |                       | Division/Group                            |  |          |
| Chief   |                       | Division/Group                            |  |          |
| Deputy  |                       | Division/Group                            |  |          |
| Resources Unit  |                       | Division/Group                            |  |          |
| Situation Unit  |                       | Division/Group                            |  |          |
| Documentation Unit  |                       | <b>Branch</b>                             |  |          |
| Demobilization Unit   |                       | Branch Director                           |  |          |
| Technical Specialists   |                       | Deputy                                    |  |          |
|   |                       | Division/Group                            |  |          |
|   |                       | Division/Group                            |  |          |
|   |                       | Division/Group                            |  |          |
| <b>6. Logistics Section:</b>  |                       | Division/Group                            |  |          |
| Chief   |                       | Division/Group                            |  |          |
| Deputy  |                       | <b>Air Operations Branch</b>              |  |          |
| <b>Support Branch</b>   |                       | Air Ops Branch Dir.                       |  |          |
| Director  |                       |   |  |          |
| Supply Unit   |                       |   |  |          |
| Facilities Unit   |                       | <b>8. Finance/Administration Section:</b> |  |          |
| Ground Support Unit   |                       | Chief                                     |  |          |
| <b>Service Branch</b>   |                       | Deputy                                    |  |          |
| Director  |                       | Time Unit                                 |  |          |
| Communications Unit   |                       | Procurement Unit                          |  |          |
| Medical Unit  |                       | Comp/Claims Unit                          |  |          |
| Food Unit   |                       | Cost Unit                                 |  |          |
| <b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ |                       |   |  |          |
| <b>ICS 203</b>  | <b>IAP Page</b> _____ | Date/Time: _____                          |  |          |

**ICS 203****Organization Assignment List**

**Purpose.** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation.** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

**Distribution.** The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <b>Operational Period</b><br>d. Date and Time From<br>e. Date and Time To   | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Incident Commander(s) and Command Staff</b> <ul style="list-style-type: none"> <li>• IC/UCs</li> <li>• Deputy</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Liaison Officer</li> </ul>                                | Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer").<br>For all individuals, use at least the first initial and last name.<br>For Unified Command, also include agency names.   |
| 4            | <b>Agency/Organization Representatives</b> <ul style="list-style-type: none"> <li>• Agency/Organization</li> <li>• Name</li> </ul>  | Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.  |
| 5            | <b>Planning Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Resources Unit</li> <li>• Situation Unit</li> <li>• Documentation Unit</li> <li>• Demobilization Unit</li> <li>• Technical Specialists</li> </ul> | Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty.<br>If there is a shift change during the specified operational period, list both names, separated by a slash.<br>For all individuals, use at least the first initial and last name. |



| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 6            | <b>Logistics Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> </ul> <b>Support Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Supply Unit</li> <li>• Facilities Unit</li> <li>• Ground Support Unit</li> </ul> <b>Service Branch</b> <ul style="list-style-type: none"> <li>• Director</li> <li>• Communications Unit</li> <li>• Medical Unit</li> <li>• Food Unit</li> </ul> | <p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>  |
| 7            | <b>Operations Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Staging Area</li> </ul> <b>Branch</b> <ul style="list-style-type: none"> <li>• Branch Director</li> <li>• Deputy</li> <li>• Division/Group</li> </ul> <b>Air Operations Branch</b> <ul style="list-style-type: none"> <li>• Air Operations Branch Director</li> </ul>   | <p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p> |
| 8            | <b>Finance/Administration Section</b> <ul style="list-style-type: none"> <li>• Chief</li> <li>• Deputy</li> <li>• Time Unit</li> <li>• Procurement Unit</li> <li>• Compensation/Claims Unit</li> <li>• Cost Unit</li> </ul>   | <p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>   |
| 9            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>   | <p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>  |



## ICS 204

### Assignment List

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

| Block Number     | Block Title   | Instructions  |
|------------------|---|---|
| 1                | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2                | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>  | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3                | <b>Branch</b><br><b>Division</b><br><b>Group</b><br><b>Staging Area</b>   | This block is for use in a large IAP for reference only.<br><br>Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.   |
| 4                | <b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul> | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).  |
| 5                | <b>Resources Assigned</b>   | Enter the following information about the resources assigned to the Division or Group for this period:  |
|                  | • Resource Identifier   | The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).   |
|                  | • Leader  | Enter resource leader's name.   |
|                  | • # of Persons  | Enter total number of persons for the resource assigned, including the leader.  |
|                  | • Contact (e.g., phone, pager, radio frequency, etc.)   | Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.   |
| 5<br>(continued) | • Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information   | Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information. |

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 6            | <b>Work Assignments</b>   | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.   |
| 7            | <b>Special Instructions</b>   | Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.  |
| 8            | <b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul> | <p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p> |
| 9            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>   | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|---|------|----------|---|------------|----------------|------------------|--|-------------|-------------------|---------|----------------------|
| 1. Incident Name:   |      |          | 2. Date/Time Prepared:<br>Date:<br>Time:    |            |                |                  | 3. Operational Period:<br>Date From:<br>Time From: |             |                   |         | Date To:<br>Time To: |
| 4. Basic Radio Channel Use:   |      |          |   |            |                |                  |  |             |                   |         |                      |
| Zone Grp.   | Ch # | Function | Channel Name/Trunked Radio System Talkgroup | Assignment | RX Freq N or W | RX Tone/NAC      | TX Freq N or W                                     | TX Tone/NAC | Mode (A, D, or M) | Remarks |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
|   |      |          |   |            |                |                  |  |             |                   |         |                      |
| 5. Special Instructions:  |      |          |   |            |                |                  |  |             |                   |         |                      |
| 6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____ |      |          |   |            |                |                  |  |             |                   |         |                      |
| ICS 205   |      |          | IAP Page _____                              |            |                | Date/Time: _____ |  |             |                   |         |                      |

**ICS 205****Incident Radio Communications Plan**

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

**Notes:**

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 1            | <b>Incident Name</b>   | Enter the name assigned to the incident.   |
| 2            | <b>Date/Time Prepared</b>  | Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).  |
| 3            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul> | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.   |
| 4            | <b>Basic Radio Channel Use</b>   | Enter the following information about radio channel use:   |
|              | Zone Group   |  |
|              | Channel Number   | Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.  |
|              | Function   | Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).   |
|              | Channel Name/Trunked Radio System Talkgroup  | Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).  |
|              | Assignment   | Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.  |
|              | RX (Receive) Frequency (N or W)  | Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.<br><br>The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information. |
|              | RX Tone/NAC  | Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.   |
|              |  |  |

| Block Number            | Block Title   | Instructions   |
|-------------------------|---|--|
| <b>4</b><br>(continued) | TX (Transmit) Frequency (N or W)  | Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.                                    |
|                         | TX Tone/NAC   | Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.   |
|                         | Mode (A, D, or M)   | Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.  |
|                         | Remarks   | Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.   |
| <b>5</b>                | <b>Special Instructions</b>   | Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident. |
| <b>6</b>                | <b>Prepared by</b><br>(Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).  |





## ICS 205A

### Communications List

**Purpose.** The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

**Preparation.** The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

**Distribution.** The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

#### Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.   |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.   |
| 3            | <b>Basic Local Communications Information</b>   | Enter the communications methods assigned and used for personnel by their assigned ICS position.   |
|              | • Incident Assigned Position  | Enter the ICS organizational assignment.   |
|              | • Name  | Enter the name of the assigned person.   |
|              | • Method(s) of Contact (phone, pager, cell, etc.)   | For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.). |
| 4            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |

**MEDICAL PLAN (ICS 206)**

| <b>1. Incident Name:</b>   |  | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |   |                  |   |   |   |
|--|--|--|---|------------------|---|---|---|
| <b>3. Medical Aid Stations:</b>  |  |  |   |                  |   |   |   |
| Name   | Location                                 | Contact Number(s)/Frequency  | Paramedics on Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
|  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                  |   |   |   |
| <b>4. Transportation</b> (indicate air or ground):   |  |  |   |                  |   |   |   |
| Ambulance Service  | Location                                 | Contact Number(s)/Frequency  | Level of Service  |                  |   |   |   |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |                  |   |   |   |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |                  |   |   |   |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |                  |   |   |   |
|  |  |  | <input type="checkbox"/> ALS <input type="checkbox"/> BLS                       |                  |   |   |   |
| <b>5. Hospitals:</b>   |  |  |   |                  |   |   |   |
| Hospital Name  | Address, Latitude & Longitude if Helipad | Contact Number(s)/Frequency  | Travel Time   |                  | Trauma Center<br><input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No | Burn Center<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Helipad<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  |  | Air   | Ground           |   |   |   |
|  |  |  |   |                  | <input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  |  |  |   |                  | <input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  |  |  |   |                  | <input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  |  |  |   |                  | <input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  |  |  |   |                  | <input type="checkbox"/> Yes Level: _____<br><input type="checkbox"/> No                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>6. Special Medical Emergency Procedures:</b>  |  |  |   |                  |   |   |   |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |  |  |   |                  |   |   |   |
| <b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____  |  |  |   |                  |   |   |   |
| <b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____   |  |  |   |                  |   |   |   |
| ICS 206  |  | IAP Page _____   |   | Date/Time: _____ |   |   |   |

## ICS 206

### Medical Plan

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 1            | <b>Incident Name</b>   | Enter the name assigned to the incident.   |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul> | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3            | <b>Medical Aid Stations</b>  | Enter the following information on the incident medical aid station(s):  |
|              | • Name   | Enter name of the medical aid station.   |
|              | • Location   | Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).   |
|              | • Contact Number(s)/Frequency  | Enter the contact number(s) and frequency for the medical aid station(s).  |
|              | • Paramedics on Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Indicate (yes or no) if paramedics are at the site indicated.  |
| 4            | <b>Transportation</b> (indicate air or ground)   | Enter the following information for ambulance services available to the incident:  |
|              | • Ambulance Service  | Enter name of ambulance service.   |
|              | • Location   | Enter the location of the ambulance service.   |
|              | • Contact Number(s)/Frequency  | Enter the contact number(s) and frequency for the ambulance service.   |
|              | • Level of Service<br><input type="checkbox"/> ALS <input type="checkbox"/> BLS  | Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).                          |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 5            | <b>Hospitals</b>   | Enter the following information for hospital(s) that could serve this incident:  |
|              | • Hospital Name  | Enter hospital name and identify any predesignated medivac aircraft by name a frequency.   |
|              | • Address, Latitude & Longitude if Helipad   | Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.   |
|              | • Contact Number(s)/ Frequency   | Enter the contact number(s) and/or communications frequency(s) for the hospital.   |
|              | • Travel Time<br>• Air<br>• Ground   | Enter the travel time by air and ground from the incident to the hospital.   |
|              | • Trauma Center<br><input type="checkbox"/> Yes Level: _____   | Indicate yes and the trauma level if the hospital has a trauma center.   |
|              | • Burn Center<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Indicate (yes or no) if the hospital has a burn center.  |
|              | • Helipad<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Indicate (yes or no) if the hospital has a helipad.<br>Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources  |
| 6            | <b>Special Medical Emergency Procedures</b>  | Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies. |
|              | <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. | Self explanatory. Incident assigned aviation assets should be included in ICS 220.   |
| 7            | <b>Prepared by</b> (Medical Unit Leader)<br>• Name<br>• Signature  | Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).   |
| 8            | <b>Approved by</b> (Safety Officer)<br>• Name<br>• Signature<br>• Date/Time  | Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).   |

**INCIDENT ORGANIZATION CHART (ICS 207)**

|   |  |  |  |
|---|--|--|--|
| <b>1. Incident Name:</b>  | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |  |  |
| <b>3. Organization Chart</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>Liaison Officer</b></p> <p><b>Operations Section Chief</b></p> <p><b>Public Information Officer</b></p> <p><b>Staging Area Manager</b></p> <p><b>Planning Section Chief</b></p> <p><b>Resources Unit Ldr.</b></p> <p><b>Situation Unit Ldr.</b></p> <p><b>Documentation Unit Ldr.</b></p> <p><b>Demobilization Unit Ldr.</b></p> <p><b>Medical Unit Ldr.</b></p> </div> <div style="width: 40%; text-align: center;"> <p><b>Incident Commander(s)</b></p> </div> <div style="width: 30%;"> <p><b>Safety Officer</b></p> <p><b>Logistics Section Chief</b></p> <p><b>Support Branch Dir.</b></p> <p><b>Supply Unit Ldr.</b></p> <p><b>Facilities Unit Ldr.</b></p> <p><b>Ground Spt. Unit Ldr.</b></p> <p><b>Service Branch Dir.</b></p> <p><b>Comms Unit Ldr.</b></p> <p><b>Food Unit Ldr.</b></p> </div> <div style="width: 30%;"> <p><b>Finance/Admin Section Chief</b></p> <p><b>Time Unit Ldr.</b></p> <p><b>Procurement Unit Ldr.</b></p> <p><b>Comp./Claims Unit Ldr.</b></p> <p><b>Cost Unit Ldr.</b></p> </div> </div> |  |  |  |
| <b>ICS 207</b>  | <b>IAP Page</b> ____   | <b>4. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____ |  |

**ICS 207****Incident Organization Chart**

**Purpose.** The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation.** The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

**Distribution.** The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Print the name assigned to the incident.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Organization Chart</b>   | <ul style="list-style-type: none"> <li>• Complete the incident organization chart.</li> <li>• For all individuals, use at least the first initial and last name.</li> <li>• List agency where it is appropriate, such as for Unified Commanders.</li> <li>• If there is a shift change during the specified operational period, list both names, separated by a slash.</li> </ul> |
| 4            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |



**SAFETY MESSAGE/PLAN (ICS 208)**

|   |  |                         |
|---|--|-------------------------|
| <b>1. Incident Name:</b>  | <b>2. Operational Period:</b> Date From: | Date To:                |
|   | Time From:                               | Time To:                |
| <b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>              |  |                         |
|   |  |                         |
| <b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                         |
| <b>Approved Site Safety Plan(s) Located At:</b>   |  |                         |
| <b>5. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____                     |  |                         |
| <b>ICS 208</b>  | <b>IAP Page</b> _____                    | <b>Date/Time:</b> _____ |

## ICS 208

### Safety Message/Plan

**Purpose.** The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

**Preparation.** The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

**Distribution.** The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan</b>  | Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached. |
| 4            | <b>Site Safety Plan Required?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | Check whether or not a site safety plan is required for this incident.  |
|              | <b>Approved Site Safety Plan(s) Located At</b>  | Enter where the approved Site Safety Plan(s) is located.  |
| 5            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |

**INCIDENT STATUS SUMMARY (ICS 209)**

|  |  |  |  |
|--|--|--|--|
| <b>*1. Incident Name:</b>  |  | <b>2. Incident Number:</b>   |  |
| <b>*3. Report Version</b> (check one box on left):<br><input type="checkbox"/> Initial Rpt #<br><input type="checkbox"/> Update (if used):<br><input type="checkbox"/> Final | <b>*4. Incident Commander(s) &amp; Agency or Organization:</b> | <b>5. Incident Management Organization:</b>                                  | <b>*6. Incident Start Date/Time:</b><br>Date: _____<br>Time: _____<br>Time Zone: _____ |
| <b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., “sq mi,” “city block”):   | <b>8. Percent (%) Contained</b><br><br>Completed _____         | <b>*9. Incident Definition:</b>  | <b>10. Incident Complexity Level:</b>  |
|  |  | <b>*11. For Time Period:</b><br>From Date/Time: _____<br>To Date/Time: _____ |  |

**Approval & Routing Information**

|  |  |
|--|--|
| <b>*12. Prepared By:</b><br>Print Name: _____ ICS Position: _____<br>Date/Time Prepared: _____ | <b>*13. Date/Time Submitted:</b><br><br>Time Zone: _____       |
| <b>*14. Approved By:</b><br>Print Name: _____ ICS Position: _____<br>Signature: _____          | <b>*15. Primary Location, Organization, or Agency Sent To:</b> |

**Incident Location Information**

|  |  |  |
|--|--|--|
| <b>*16. State:</b>   | <b>*17. County/Parish/Borough:</b>     | <b>*18. City:</b>  |
| <b>19. Unit or Other:</b>  | <b>*20. Incident Jurisdiction:</b>     | <b>21. Incident Location Ownership</b> (if different than jurisdiction): |
| <b>22. Longitude</b> (indicate format):<br><br><b>Latitude</b> (indicate format):  | <b>23. US National Grid Reference:</b> | <b>24. Legal Description</b> (township, section, range):                 |
| <b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):   |  | <b>26. UTM Coordinates:</b>  |
| <b>27. Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels): |  |  |

**Incident Summary**

|  |                                       |                                    |                     |                       |
|--|---------------------------------------|------------------------------------|---------------------|-----------------------|
| <b>*28. Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations, incident growth, etc.):   |                                       |                                    |                     |                       |
| <b>29. Primary Materials or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.):  |                                       |                                    |                     |                       |
| <b>30. Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.): | <b>A. Structural Summary</b>          | <b>B. # Threatened (72 hrs)</b>    | <b>C. # Damaged</b> | <b>D. # Destroyed</b> |
|  | E. Single Residences                  |                                    |                     |                       |
|  | F. Nonresidential Commercial Property |                                    |                     |                       |
|  | Other Minor Structures                |                                    |                     |                       |
|  | Other                                 |                                    |                     |                       |
| <b>ICS 209, Page 1 of ____</b>   |                                       | <b>* Required when applicable.</b> |                     |                       |

**INCIDENT STATUS SUMMARY (ICS 209)**

|                           |                            |
|---------------------------|----------------------------|
| <b>*1. Incident Name:</b> | <b>2. Incident Number:</b> |
|---------------------------|----------------------------|

**Additional Incident Decision Support Information**

| <b>*31. Public Status Summary:</b>  | A. # This Reporting Period | B. Total # to Date | <b>*32. Responder Status Summary:</b>                   | A. # This Reporting Period | B. Total # to Date |
|---|----------------------------|--------------------|---|----------------------------|--------------------|
| <i>C. Indicate Number of Civilians (Public) Below:</i>  |                            |                    | <i>C. Indicate Number of Responders Below:</i>          |                            |                    |
| D. Fatalities   |                            |                    | D. Fatalities   |                            |                    |
| E. With Injuries/Illness  |                            |                    | E. With Injuries/Illness                                |                            |                    |
| F. Trapped/In Need of Rescue  |                            |                    | F. Trapped/In Need of Rescue                            |                            |                    |
| G. Missing ( <i>note if estimated</i> )   |                            |                    | G. Missing  |                            |                    |
| H. Evacuated ( <i>note if estimated</i> )   |                            |                    | H. Sheltering in Place                                  |                            |                    |
| I. Sheltering in Place ( <i>note if estimated</i> )   |                            |                    | I. Have Received Immunizations                          |                            |                    |
| J. In Temporary Shelters ( <i>note if est.</i> )  |                            |                    | J. Require Immunizations                                |                            |                    |
| K. Have Received Mass Immunizations   |                            |                    | K. In Quarantine  |                            |                    |
| L. Require Immunizations ( <i>note if est.</i> )  |                            |                    |   |                            |                    |
| M. In Quarantine  |                            |                    |   |                            |                    |
| N. Total # Civilians (Public) Affected:   |                            |                    | N. Total # Responders Affected:                         |                            |                    |
| <b>33. Life, Safety, and Health Status/Threat Remarks:</b>  |                            |                    | <b>*34. Life, Safety, and Health Threat Management:</b> |                            |                    |
|   |                            |                    | A. Check if Active                                      |                            |                    |
| <b>35. Weather Concerns</b> (synopsis of current and predicted weather; discuss related factors that may cause concern):  |                            |                    | A. No Likely Threat                                     | <input type="checkbox"/>   |                    |
|   |                            |                    | B. Potential Future Threat                              | <input type="checkbox"/>   |                    |
|   |                            |                    | C. Mass Notifications in Progress                       | <input type="checkbox"/>   |                    |
|   |                            |                    | D. Mass Notifications Completed                         | <input type="checkbox"/>   |                    |
|   |                            |                    | E. No Evacuation(s) Imminent                            | <input type="checkbox"/>   |                    |
|   |                            |                    | F. Planning for Evacuation                              | <input type="checkbox"/>   |                    |
|   |                            |                    | G. Planning for Shelter-in-Place                        | <input type="checkbox"/>   |                    |
|   |                            |                    | H. Evacuation(s) in Progress                            | <input type="checkbox"/>   |                    |
|   |                            |                    | I. Shelter-in-Place in Progress                         | <input type="checkbox"/>   |                    |
|   |                            |                    | J. Repopulation in Progress                             | <input type="checkbox"/>   |                    |
|   |                            |                    | K. Mass Immunization in Progress                        | <input type="checkbox"/>   |                    |
|   |                            |                    | L. Mass Immunization Complete                           | <input type="checkbox"/>   |                    |
|   |                            |                    | M. Quarantine in Progress                               | <input type="checkbox"/>   |                    |
|   |                            |                    | N. Area Restriction in Effect                           | <input type="checkbox"/>   |                    |
| <b>36. Projected Incident Activity, Potential, Movement, Escalation, or Spread</b> and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes: |                            |                    |   |                            |                    |
| 12 hours:   |                            |                    |   |                            |                    |
| 24 hours:   |                            |                    |   |                            |                    |
| 48 hours:   |                            |                    |   |                            |                    |
| 72 hours:   |                            |                    |   |                            |                    |
| Anticipated after 72 hours:   |                            |                    |   |                            |                    |
| <b>37. Strategic Objectives</b> (define planned end-state for incident):  |                            |                    |   |                            |                    |
|   |                            |                    |   |                            |                    |
|   |                            |                    |   |                            |                    |

**INCIDENT STATUS SUMMARY (ICS 209)**

|                           |                            |
|---------------------------|----------------------------|
| <b>*1. Incident Name:</b> | <b>2. Incident Number:</b> |
|---------------------------|----------------------------|

**Additional Incident Decision Support Information (continued)**

**38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

**39. Critical Resource Needs** in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

**40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:**

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

**Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.**

**41. Planned Actions for Next Operational Period:**

**42. Projected Final Incident Size/Area** (use unit label – e.g., “sq mi”):

**43. Anticipated Incident Management Completion Date:**

**44. Projected Significant Resource Demobilization Start Date:**

**45. Estimated Incident Costs to Date:**

**46. Projected Final Incident Cost Estimate:**

**47. Remarks** (or continuation of any blocks above – list block number in notation):



**ICS 209****Incident Status Summary**

**Purpose.** The ICS 209 is used for reporting information on significant incidents. It is not intended for every incident, as most incidents are of short duration and do not require scarce resources, significant mutual aid, or additional support and attention. The ICS 209 contains basic information elements needed to support decisionmaking at all levels above the incident to support the incident. Decisionmakers may include the agency having jurisdiction, but also all multiagency coordination system (MACS) elements and parties, such as cooperating and assisting agencies/organizations, dispatch centers, emergency operations centers, administrators, elected officials, and local, tribal, county, State, and Federal agencies. Once ICS 209 information has been submitted from the incident, decisionmakers and others at all incident support and coordination points may transmit and share the information (based on its sensitivity and appropriateness) for access and use at local, regional, State, and national levels as it is needed to facilitate support.

Accurate and timely completion of the ICS 209 is necessary to identify appropriate resource needs, determine allocation of limited resources when multiple incidents occur, and secure additional capability when there are limited resources due to constraints of time, distance, or other factors. The information included on the ICS 209 influences the priority of the incident, and thus its share of available resources and incident support.

The ICS 209 is designed to provide a “snapshot in time” to effectively move incident decision support information where it is needed. It should contain the most accurate and up-to-date information available at the time it is prepared. However, readers of the ICS 209 may have access to more up-to-date or real-time information in reference to certain information elements on the ICS 209. Coordination among communications and information management elements within ICS and among MACS should delineate authoritative sources for more up-to-date and/or real-time information when ICS 209 information becomes outdated in a quickly evolving incident.

**Reporting Requirements.** The ICS 209 is intended to be used when an incident reaches a certain threshold where it becomes significant enough to merit special attention, require additional resource support needs, or cause media attention, increased public safety threat, etc. Agencies or organizations may set reporting requirements and, therefore, ICS 209s should be completed according to each jurisdiction or discipline’s policies, mobilization guide, or preparedness plans. It is recommended that consistent ICS 209 reporting parameters be adopted and used by jurisdictions or disciplines for consistency over time, documentation, efficiency, trend monitoring, incident tracking, etc.

For example, an agency or MAC (Multiagency Coordination) Group may require the submission of an initial ICS 209 when a new incident has reached a certain predesignated level of significance, such as when a given number of resources are committed to the incident, when a new incident is not completed within a certain timeframe, or when impacts/threats to life and safety reach a given level.

Typically, ICS 209 forms are completed either once daily or for each operational period – in addition to the initial submission. Jurisdictional or organizational guidance may indicate frequency of ICS 209 submission for particular definitions of incidents or for all incidents. This specific guidance may help determine submission timelines when operational periods are extremely short (e.g., 2 hours) and it is not necessary to submit new ICS 209 forms for all operational periods.

Any plans or guidelines should also indicate parameters for when it is appropriate to stop submitting ICS 209s for an incident, based upon incident activity and support levels.

**Preparation.** When an Incident Management Organization (such as an Incident Management Team) is in place, the Situation Unit Leader or Planning Section Chief prepares the ICS 209 at the incident. On other incidents, the ICS 209 may be completed by a dispatcher in the local communications center, or by another staff person or manager. This form should be completed at the incident or at the closest level to the incident.

The ICS 209 should be completed with the best possible, currently available, and verifiable information at the time it is completed and signed.

This form is designed to serve incidents impacting specific geographic areas that can easily be defined. It also has the flexibility for use on ubiquitous events, or those events that cover extremely large areas and that may involve many jurisdictions and ICS organizations. For these incidents, it will be useful to clarify on the form exactly which portion of the larger incident the ICS 209 is meant to address. For example, a particular ICS 209 submitted during a statewide outbreak of mumps may be relevant only to mumps-related activities in Story County, Iowa. This can be indicated in both the incident name, Block 1, and in the Incident Location Information section in Blocks 16–26.



[illegible]

**ICS 210****Resource Status Change**

**Purpose.** The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

**Preparation.** The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

**Distribution.** The ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit.

**Notes:**

- The ICS 210 is essentially a message form that can be used to update Resource Status Cards or T-Cards (ICS219) for incident-level resource management.
- If additional pages are needed, use a blank ICS 210 and repaginate as needed.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Resource Number</b>  | Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.  |
| 4            | <b>New Status</b> (Available, Assigned, Out of Service)   | Indicate the current status of the resource: <ul style="list-style-type: none"> <li>• Available – Indicates resource is available for incident use immediately.</li> <li>• Assigned – Indicates resource is checked in and assigned a work task on the incident.</li> <li>• Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).</li> </ul> |
| 5            | <b>From</b> (Assignment and Status)   | Indicate the current location of the resource (where it came from) and the status. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Staging Area, Incident Command Post, Western Camp).  |
| 6            | <b>To</b> (Assignment and Status)   | Indicate the assigned incident location of the resource and status. When more than one Division, Staging Area, or Camp is used, identify the specific location.   |
| 7            | <b>Time and Date of Change</b>  | Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).  |
| 8            | <b>Comments</b>   | Enter any special information provided by the resource or dispatch center. This may include details about why a resource is out of service, or individual identifying designators (IDs) of Strike Teams and Task Forces.  |
| 9            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).  |

**INCIDENT CHECK-IN LIST (ICS 211)**

|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|--|--------|---|------|---|-----------------------------|----------|--|---------------------------|--|-------------------------|-------------------------------------|---|--------------------------------|---|-----------------------------|--------------------------------|---------------------------------|--|
| <b>1. Incident Name:</b>   |        | <b>2. Incident Number:</b>  |      | <b>3. Check-In Location</b> (complete all that apply):<br><input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other |                             |          |  |                           | <b>4. Start Date/Time:</b><br>Date: _____<br>Time: _____ |                         |                                     |   |                                |   |                             |                                |                                 |  |
| <b>Check-In Information</b> (use reverse of form for remarks or comments)  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
| <b>5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:</b> |        |   |      |   |                             |          |  | <b>6. Order Request #</b> | <b>7. Date/Time Check-In</b>                             | <b>8. Leader's Name</b> | <b>9. Total Number of Personnel</b> | <b>10. Incident Contact Information</b> | <b>11. Home Unit or Agency</b> | <b>12. Departure Point, Date and Time</b> | <b>13. Method of Travel</b> | <b>14. Incident Assignment</b> | <b>15. Other Qualifications</b> | <b>16. Data Provided to Resources Unit</b> |
| State  | Agency | Category  | Kind | Type  | Resource Name or Identifier | ST or TF |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
|  |        |   |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |
| <b>ICS 211</b>   |        | <b>17. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____ |      |   |                             |          |  |                           |  |                         |                                     |   |                                |   |                             |                                |                                 |  |

## ICS 211

### Incident Check-In List

**Purpose.** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

**Preparation.** The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

**Distribution.** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

#### Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.   |
| 2            | <b>Incident Number</b>  | Enter the number assigned to the incident.   |
| 3            | <b>Check-In Location</b><br><input type="checkbox"/> Base<br><input type="checkbox"/> Staging Area<br><input type="checkbox"/> ICP<br><input type="checkbox"/> Helibase<br><input type="checkbox"/> Other | Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post.<br>Other may include... |
| 4            | <b>Start Date/Time</b><br><ul style="list-style-type: none"> <li>• Date</li> <li>• Time</li> </ul>  | Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.  |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
|              | <b>Check-In Information</b>  | Self explanatory.  |
| <b>5</b>     | <b>List single resource personnel (overhead) by agency and name, OR list resources by the following format</b> | Enter the following information for resources:<br>OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.   |
|              | • State  | Use this section to list the home State for the resource.  |
|              | • Agency   | Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).   |
|              | • Category   | Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.  |
|              | • Kind   | Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.  |
|              | • Type   | Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.  |
|              | • Resource Name or Identifier  | Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team. |
|              | • ST or TF   | Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.   |
| <b>6</b>     | <b>Order Request #</b>   | The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.   |
| <b>7</b>     | <b>Date/Time Check-In</b>  | Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.  |
| <b>8</b>     | <b>Leader's Name</b>   | <ul style="list-style-type: none"> <li>• For equipment, enter the operator's name.</li> <li>• Enter the Strike Team or Task Force leader's name.</li> <li>• Leave blank for single resource personnel (overhead).</li> </ul>   |
| <b>9</b>     | <b>Total Number of Personnel</b>   | Enter total number of personnel associated with the resource. Include leaders.   |
| <b>10</b>    | <b>Incident Contact Information</b>  | Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.   |
| <b>11</b>    | <b>Home Unit or Agency</b>   | Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).  |
| <b>12</b>    | <b>Departure Point, Date and Time</b>  | Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.   |
| <b>13</b>    | <b>Method of Travel</b>  | Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).   |
| <b>14</b>    | <b>Incident Assignment</b>   | Enter the incident assignment at time of dispatch.   |
| <b>15</b>    | <b>Other Qualifications</b>  | Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.  |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 16           | <b>Data Provided to Resources Unit</b>   | Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information. |
| 17           | <b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul> | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).                           |





**ICS 213****General Message**

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

**Notes:**

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 1            | <b>Incident Name</b> (Optional)  | Enter the name assigned to the incident. This block is optional.   |
| 2            | <b>To</b> (Name and Position)  | Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.           |
| 3            | <b>From</b> (Name and Position)  | Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names. |
| 4            | <b>Subject</b>   | Enter the subject of the message.  |
| 5            | <b>Date</b>  | Enter the date (month/day/year) of the message.  |
| 6            | <b>Time</b>  | Enter the time (using the 24-hour clock) of the message.   |
| 7            | <b>Message</b>   | Enter the content of the message. Try to be as concise as possible.  |
| 8            | <b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>                     | Enter the name, signature, and ICS position/title of the person approving the message.   |
| 9            | <b>Reply</b>   | The intended recipient will enter a reply to the message and return it to the originator.  |
| 10           | <b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).                                  |

|  |  |                                   |  |                            |
|--|--|-----------------------------------|--|----------------------------|
| 1. Incident Name:  |  | 2. Operational Period: Date From: |  | Date To:                   |
|  |  | Time From:                        |  | Time To:                   |
| 3. Name:   |  | 4. ICS Position:                  |  | 5. Home Agency (and Unit): |
| 6. Resources Assigned:   |  |                                   |  |                            |
| Name   |  | ICS Position                      |  | Home Agency (and Unit)     |
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| 7. Activity Log:   |  |                                   |  |                            |
| Date/Time  |  | Notable Activities                |  |                            |
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|  |  |                                   |  |                            |
| 8. Prepared by: Name: _____ Position/Title: _____ Signature: _____ |  |                                   |  |                            |
| ICS 214, Page 1  |  | Date/Time: _____                  |  |                            |

[illegible]

## ICS 214

### Activity Log

**Purpose.** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

**Preparation.** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

**Distribution.** Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

#### Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

| Block Number | Block Title   | Instructions   |
|--------------|---|--|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.   |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>                    | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.   |
| 3            | <b>Name</b>   | Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).  |
| 4            | <b>ICS Position</b>   | Enter the name and ICS position of the individual in charge of the Unit.   |
| 5            | <b>Home Agency (and Unit)</b>   | Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.   |
| 6            | <b>Resources Assigned</b>   | Enter the following information for resources assigned:  |
|              | <ul style="list-style-type: none"> <li>• Name</li> </ul>  | Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.  |
|              | <ul style="list-style-type: none"> <li>• ICS Position</li> </ul>  | Use this section to enter the resource's ICS position (e.g., Finance Section Chief).   |
|              | <ul style="list-style-type: none"> <li>• Home Agency (and Unit)</li> </ul>  | Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).  |
| 7            | <b>Activity Log</b> <ul style="list-style-type: none"> <li>• Date/Time</li> <li>• Notable Activities</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day.</li> <li>• Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc.</li> <li>• This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.</li> </ul> |
| 8            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |

**OPERATIONAL PLANNING WORKSHEET (ICS 215)**

|                          |                                     |  |                     |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|--------------------------|-------------------------------------|--|---------------------|---|---|---|---|--|---|---|---|---|---|---|---|--------------------------------|---|------------------------------|-----------------------------------|--|
| <b>1. Incident Name:</b> |                                     |  |                     |   |   |   |   | <b>2. Operational Period:</b> Date From: |   |   |   |   |   |   |   | Date To:                       |   |                              |                                   |  |
|                          |                                     |  |                     |   |   |   |   | Time From:                               |   |   |   |   |   |   |   | Time To:                       |   |                              |                                   |  |
| <b>3. Branch</b>         | <b>4. Division, Group, or Other</b> | <b>5. Work Assignment &amp; Special Instructions</b> | <b>6. Resources</b> |   |   |   |   |  |   |   |   |   |   |   |   | <b>7. Overhead Position(s)</b> | <b>8. Special Equipment &amp; Supplies</b>  | <b>9. Reporting Location</b> | <b>10. Requested Arrival Time</b> |  |
|                          |                                     |  | Req.                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Have                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Need                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Req.                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Have                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Need                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Req.                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Have                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Need                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Req.                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Have                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Need                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Req.                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Have                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
|                          |                                     |  | Need                |   |   |   |   |  |   |   |   |   |   |   |   |                                |   |                              |                                   |  |
| <b>ICS 215</b>           |                                     | <b>11. Total Resources Required</b>                  |                     | / | / | / | / | /  | / | / | / | / | / | / | / |                                | <b>14. Prepared by:</b><br>Name: _____<br>Position/Title: _____<br>Signature: _____<br>Date/Time: _____ |                              |                                   |  |
|                          |                                     | <b>12. Total Resources Have on Hand</b>              |                     | / | / | / | / | /  | / | / | / | / | / | / |   |                                |   |                              |                                   |  |
|                          |                                     | <b>13. Total Resources Need To Order</b>             |                     | / | / | / | / | /  | / | / | / | / | / | / |   |                                |   |                              |                                   |  |

## ICS 215

### Operational Planning Worksheet

**Purpose.** The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operational period. The ICS 215 is used by the Resources Unit to complete the Assignment Lists (ICS 204) and by the Logistics Section Chief for ordering resources for the incident.

**Preparation.** The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

**Distribution.** When the Branch, Division, or Group work assignments and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

#### Notes:

- This worksheet can be made into a wall mount.
- Also available as 8½ x 14 (legal size) and 11 x 17 chart.
- If additional pages are needed, use a blank ICS 215 and repaginate as needed.

| Block Number | Block Title  | Instructions  |
|--------------|--|---|
| 1            | <b>Incident Name</b>   | Enter the name assigned to the incident.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul> | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Branch</b>  | Enter the Branch of the work assignment for the resources.  |
| 4            | <b>Division, Group, or Other</b>   | Enter the Division, Group, or other location (e.g., Staging Area) of the work assignment for the resources.   |
| 5            | <b>Work Assignment &amp; Special Instructions</b>  | Enter the specific work assignments given to each of the Divisions/Groups and any special instructions, as required.  |
| 6            | <b>Resources</b>   | Complete resource headings for category, kind, and type as appropriate for the incident. The use of a slash indicates a single resource in the upper portion of the slash and a Strike Team or Task Force in the bottom portion of the slash. |
|              | • Required   | Enter, for the appropriate resources, the number of resources by type (engine, squad car, Advanced Life Support ambulance, etc.) required to perform the work assignment.   |
|              | • Have   | Enter, for the appropriate resources, the number of resources by type (engines, crew, etc.) available to perform the work assignment.   |
|              | • Need   | Enter the number of resources needed by subtracting the number in the "Have" row from the number in the "Required" row.   |
| 7            | <b>Overhead Position(s)</b>  | List any supervisory and nonsupervisory ICS position(s) not directly assigned to a previously identified resource (e.g., Division/Group Supervisor, Assistant Safety Officer, Technical Specialist, etc.).                                    |
| 8            | <b>Special Equipment &amp; Supplies</b>  | List special equipment and supplies, including aviation support, used or needed. This may be a useful place to monitor span of control.   |
| 9            | <b>Reporting Location</b>  | Enter the specific location where the resources are to report (Staging Area, location at incident, etc.).   |
| 10           | <b>Requested Arrival Time</b>  | Enter the time (24-hour clock) that resources are requested to arrive at the reporting location.  |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 11           | <b>Total Resources Required</b>  | Enter the total number of resources required by category/kind/type as preferred (e.g., engine, squad car, ALS ambulance, etc.). A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/ Task Forces in the bottom portion of the slash. |
| 12           | <b>Total Resources Have on Hand</b>  | Enter the total number of resources on hand that are assigned to the incident for incident use. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.                                  |
| 13           | <b>Total Resources Need To Order</b>   | Enter the total number of resources needed. A slash can be used again to indicate total single resources in the upper portion of the slash and total Strike Teams/Task Forces in the bottom portion of the slash.  |
| 14           | <b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul> | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).   |

|  |                  |  |                |
|--|------------------|--|----------------|
| 1. Incident Name:  |                  | 2. Incident Number:  |                |
| 3. Date/Time Prepared:<br>Date:                      Time:           |                  | 4. Operational Period:    Date From:                      Date To:<br>Time From:                      Time To: |                |
| 5. Incident Area   | 6. Hazards/Risks |  | 7. Mitigations |
|  |                  |  |                |
|  |                  |  |                |
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| 8. Prepared by (Safety Officer): Name: _____ Signature: _____        |                  |  |                |
| Prepared by (Operations Section Chief): Name: _____ Signature: _____ |                  |  |                |
| ICS 215A   |                  | Date/Time: _____   |                |



## ICS 215A

### Incident Action Plan Safety Analysis

**Purpose.** The purpose of the Incident Action Plan Safety Analysis (ICS 215A) is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety, and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

**Preparation.** The ICS 215A is typically prepared by the Safety Officer during the incident action planning cycle. When the Operations Section Chief is preparing for the tactics meeting, the Safety Officer collaborates with the Operations Section Chief to complete the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments involving risks and hazards, mitigations or controls should be developed to safeguard responders, and appropriate incident personnel should be briefed on the hazards, mitigations, and related measures. Use additional sheets as needed.

**Distribution.** When the safety analysis is completed, the form is distributed to the Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

#### Notes:

- This worksheet can be made into a wall mount, and can be part of the IAP.
- If additional pages are needed, use a blank ICS 215A and repaginate as needed.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident.  |
| 2            | <b>Incident Number</b>  | Enter the number assigned to the incident.  |
| 3            | <b>Date/Time Prepared</b>   | Enter date (month/day/year) and time (using the 24-hour clock) prepared.  |
| 4            | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>  | Enter the start date (month/day/year) and time (24-hour clock) and end date and time for the operational period to which the form applies.  |
| 5            | <b>Incident Area</b>  | Enter the incident areas where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division, or Group.   |
| 6            | <b>Hazards/Risks</b>  | List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.   |
| 7            | <b>Mitigations</b>  | List actions taken to reduce risk for each hazard indicated (e.g., specify personal protective equipment or use of a buddy system or escape routes).                                      |
| 8            | <b>Prepared by</b> (Safety Officer and Operations Section Chief) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul> | Enter the name of both the Safety Officer and the Operations Section Chief, who should collaborate on form preparation.<br>Enter date (month/day/year) and time (24-hour clock) reviewed. |

# **Appendix I**

## **Contact List**

# Appendix I: Contact List

(All telephone Area Codes are 503 unless noted otherwise)

## FIRE DEPARTMENTS

|                                       | <b><u>Business</u></b> | Emergency | <b><u>FAX</u></b> |
|---------------------------------------|------------------------|-----------|-------------------|
| Clatskanie RFP District & Ambulance   | 728-2025               | 9-1-1     | 728-4388          |
| Columbia River Fire and Rescue        | 397-2990               | 9-1-1     |                   |
| Scappoose Fire Department & Ambulance | 543-5026               | 9-1-1     |                   |

## LAW ENFORCEMENT

|   |                 |              |                 |
|---|-----------------|--------------|-----------------|
| <b>Columbia County Sheriff's Office</b> | <b>366-4611</b> | <b>9-1-1</b> | <b>366-4644</b> |
| Clatskanie Police Department            | 728-2145        | 9-1-1        | 728-2113        |
| Columbia City Police Dept               | 397-4010        | 9-1-1        | 366-2870        |
| Oregon State Police St Helens office    | 397-0235        | 9-1-1        | 397-0607        |
| N Command Center Dispatch               | 375-3555        |              | 585-6635        |
| Rainier Police Department               | 556-3644        | 9-1-1        |                 |
| Saint Helens Police Department          | 397-3333        | 9-1-1        | 397-0619        |
| Scappoose Police Department             | 543-7146        | 9-1-1        | 543-7182        |
| Vernonia Police Department              | 429-7335        | 9-1-1        | 429-5141        |

## LEAD AGENCIES

|   |          |                |          |
|---|----------|----------------|----------|
| Columbia County Emergency Management        | 366-3931 |                | 366-3927 |
| Portland & Western Railroad                 |          | 800-800-2203   |          |
| Kevin Haugh, General Manager                | 480-7765 | 816-6001       |          |
| Frankie Gonzales, Manager of Transportation |          | 930-8222(cell) |          |

## SUPPORTING AGENCIES

|   |              |                |          |
|---|--------------|----------------|----------|
| Columbia 9-1-1 Communications District          | 397-7255     | 9-1-1          | 366-7136 |
| American Red Cross                              | 284-1234     | 888-680-1455   |          |
| CHEMTREC  |              | 1-800-424-9300 |          |
| Public Health Foundation of Columbia County     | 397-4651     | 396-2072       | 397-1424 |
| Life Flight Helicopter                          | 678-4364     |                | 678-4369 |
| Dispatch  | 800-232-0911 |                |          |
| Lifeguard Air Ambulance                         | 640-2927     |                |          |
| AMR   | 239-0389     |                |          |
| Medix Ambulance Service                         | 861-5554     | 861-1990       | 861-5555 |
| Metro West Ambulance                            | 648-6658     |                |          |
| Dispatch  | 648-6656     |                |          |
| Mist-Birkenfield Rural Fire Protection District | 755-2710     | 9-1-1          | 755-2556 |
| Oregon Department of Environmental Quality      | 229-5696     |                | 229-6124 |
| Oregon Emergency Response System (OERS)         | 378-2911     |                | 373-7833 |
| Oregon Office of the State Fire Marshal         | 373-1540     |                | 373-1825 |
| Portland Regional HazMat Team # 7               | 823-3856     | 793-1606       |          |
| Astoria Regional HazMat Team # 11               | 325-2345     | 325-4411       | 325-2346 |
| Vernonia Fire Department                        | 429-8252     | 9-1-1          |          |

## APPENDIX I: CONTACT LIST (continued)

### AREA HOSPITALS

|                                     | <u>Business</u> | Emergency | <u>FAX</u> |
|-------------------------------------|-----------------|-----------|------------|
| Columbia Memorial Hospital, Astoria | 325-4321        |           |            |
| Emanuel Hospital, Portland          | 413-4121        |           |            |
| Good Samaritan Hospital, Portland   | 413-7260        |           |            |
| Kaiser Westside Hospital, Hillsboro | 971-310-4500    |           |            |
| OHSU Hospital, Portland             | 494-7551        |           |            |
| St John's Hospital, Longview, WA    | 360-636-4830    |           |            |
| St Vincent's Hospital, Portland     | 216-0300        |           |            |

