



Hazardous Material Response Team State Certification/Re-certification

ACT 165, D2014-02



Michael Manley



Who Am I?



PEMA

- Michael Manley
- Technological Hazards Division
- Manage Hazardous Materials Response Team Certification for the Commonwealth of Pennsylvania
- Retired Army - 22 Years
- Area of Expertise: Demolition Materials/ Explosives

Overview

- Act 165, Directive D2014 Hazardous Material Response Team State Certification/ Re-certification Criteria
- The Certification Process
- Exercises
- Assessment Inspections
- Essential Parts of the Process
- Potential Changes/ Updates

Act 165

Act 165, also referred to as SARA Title III, was established to safeguard the citizens of the commonwealth from the health hazards and other risks resulting from incidents associated with the use, storage, distribution and/or transportation of Hazardous Materials.

Act 165

Establishes civil liability protection to officials who are properly carrying out their duties and responsibilities under the Commonwealth's HAZMAT Safety program.

Directive D2014-02



Hazardous Materials Response Team (HMRT) Certification/ Re-Certification

HMRT Mission

Assist the Authorities Having Jurisdiction within their authorized response area(s), during the release of a HAZMAT by providing advice, guidance, and/ or an offensive capability to assist in the containment, control, and neutralization of the release so as to aid in the protection of the citizens, environment, and property within the Commonwealth of Pennsylvania from death, injury, and continuing damage or exposure.

D2014-02 Purpose

- Outline the Procedures for Certification.
- Establishes the standards for which each HAZMAT Response Team must achieve for certification.
- Provide the County EMAs with a cohesive and integrated HAZMAT Response capability.

D2014-02 Guidance Documents

- OSHA Standard for Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120
- NFPA 472 Standard for Competence of Responders to Hazardous Materials/ Weapons of Mass Destruction (WMD) Incidents
- Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities, Pub No. 85-115

D2014-02



pennsylvania
EMERGENCY MANAGEMENT AGENCY

PEMA Directive

Number:	D2014-02
Effective Date:	March 19, 2014
Termination Date:	
Rescinds Directive Number:	D2010-02

Subject:

Hazardous Material Response Team State Certification/Re-certification Criteria

Scope:

Current and Potential State-Certified Hazardous Material Response Teams

Distribution:

- County Emergency Management Coordinators
- Commanders, State-certified Hazardous Materials Response Teams
- Chairs, County Local Emergency Planning Committees
- www.pema.state.pa.us (required)

By Direction of:

A handwritten signature in black ink that reads 'Glenn M. Cannon'.

Glenn M. Cannon, Esq.
Director, PA Emergency Management Agency

I. INTRODUCTION

The Process

1. County & HMRT Agreement
2. Cert/ ReCert Application (120 Days from Expiration)
3. Evaluated Exercise
4. AAR & Improvement Plan
5. On-Site Assessment
6. Certification/ ReCertification
7. Must Recertify Every 4 Years

County & HMRT Agreement/ Application

- Integration into County EM Systems
- Primary or Secondary HMRT
- Internal Operating Agreement
- Authorized Official & HMRT Lead Info
- Application Signed by County Commissioners & Notarized
- Current HMRT Roster (Attachment 4)
- **Must be Submitted 120 Days Prior to Expiration (Recert)**

Attachment 2

Directive Number: D2014-02
Effective Date: March 19, 2014
Page Number: 1

ATTACHMENT 2

COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

APPLICATION FOR INITIAL/RE-CERTIFICATION OF A HAZARDOUS MATERIALS RESPONSE TEAM

The _____ hereby submits an application for initial
(Company or County name)
certification/re-certification (circle one) of its hazardous material response team (hereinafter referred to as the "HMRT") by the Pennsylvania Emergency Management Agency (hereinafter referred to as "PEMA").

The following information and documentation are submitted to PEMA in support of this application:

1. The entity that organized and formed the HAZMAT team is: (name and address of governmental unit, corporation, volunteer service organization, etc.)
 - a. Name: _____
 - b. Street: _____
 - c. City/ZIP: _____

2. The Authorized Official (overall responsible for the team and signs the application)
 - a. Name: _____
 - b. Street: _____
 - c. City/ZIP: _____
 - d. Phone (work): _____
 - e. Email address: _____

3. The person administratively responsible for the HAZMAT team (may be characterized as the administrative officer):

Attachment 3A

Directive Number: D2014-02
Effective Date: March 19, 2014
Page Number: 1

ATTACHMENT 3A

Note: To be completed by counties with County Commissioners

STATEMENT: We, the undersigned officials on behalf of _____ County, do hereby state that we have met with representatives of _____, a state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within our county. Based upon those discussions we have agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until our agreement has terminated. The representatives of _____ have agreed to notify us if the team has
(Hazardous Materials Response Team)
not received state re-certification or can no longer provide HAZMAT response coverage for our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current Pennsylvania Emergency Management Agency (PEMA) Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

OR

On behalf of _____ County, we do hereby state that we have met with representatives of _____ to discuss hazardous material response coverage
(Hazardous Materials Response Team)
within our county. Based upon those discussions, we have agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), _____ County intends to enter into a contract with the applicant's Hazardous Materials Response Team to provide Primary response coverage within our county. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract between these two parties shall be maintained with the county Emergency

Attachment 3B

Directive Number: D2014-02
Effective Date: March 19, 2014
Page Number: 1

ATTACHMENT 3B

Note: To be completed by Home Rule Counties

STATEMENT: On behalf of _____ County, I do hereby state that _____ County has met with representatives of _____, a
(Hazardous Materials Response Team)
state-certified HAZMAT team, to discuss continuation of hazardous material response coverage within said County. Based upon those discussions, it is agreed that said team would continue to provide PRIMARY/SECONDARY (circle one) response coverage until the agreement has terminated. The representatives of _____ have agreed to notify _____ County
(Hazardous Materials Response Team)
if the team has not received state re-certification or can no longer provide HAZMAT response coverage for the County. The County Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current Pennsylvania Emergency Management Agency (PEMA) Emergency Management Directive for Certified Hazardous Material Response Teams in Pennsylvania. A copy of the official contract between these two parties shall be maintained with the county Emergency Management Coordinator.

OR

On behalf of _____ County, I do hereby state that the County has met with representatives of _____ to discuss hazardous material response coverage
(Hazardous Materials Response Team)
within _____ County. Based upon those discussions, it is agreed that should the applicant receive certification from the Pennsylvania Emergency Management Agency (PEMA), _____ County intends to enter into a contract with the applicant's Hazardous Materials Response Team/Company to provide Primary response coverage within _____ County. The county Emergency Management Agency and 9-1-1 Center will comply with the requirements established in Act 165 and the current PEMA Directive for Certified Hazardous Material Response Teams in Pennsylvania. When executed, a copy of the official contract

Attachment 4

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 4 HAZMAT TEAM ROSTER: LIST OF TRAINING CERTIFICATIONS, CRIMINAL HISTORY CHECKS AND MEDICAL SURVEILLANCE

Name of HAZMAT Team:	Date:
HAZMAT Team Chief:	HAZMAT Team Administrative Officer:
Address:	Address:
Business Phone:	Business Phone:
Email Address:	Email Address:

List the OSHA training level or competency each member is certified in. Use the highest level of training attained, based upon the following categories: (1) Awareness; (2) Operations; (3) Technician; (4) HM Safety Officer; (5) HM Branch Officer; (6) HAZMAT Incident Commander, or (7) Support Role.

Name of Employee	Highest level of Training attained	Pro Board Certification (J)	*Date of Certification	Employee Status (F) Full Time (P) Part Time (V) Volunteer	Criminal History Check Date Completed	Medical Surveillance	
						Baseline Physical	Annual or as required
						Pass Date	Pass Date

Evaluated Exercise



Evaluated Exercise

- Exercise developed based on HSEEP Concepts
- HMRT needs to be Included in the Planning
- County EMA/ LEPC Needs to Review and Approve the Exercise
- Needs to be done in one of the counties the HMRT represents.
- County rep present for Exercise

Evaluated Exercise (will include)

- Threat Analysis (Survey)
- Collection of Hazard and Response Info
- Planning of the response
- Response
- Response Termination

Evaluated Exercise

The following shall be demonstrated in the exercise:

- Direction and control
- Integration of the HMRT within the ICS
- Communications
- Resource Management

Evaluated Exercise

- Contamination Control
- Spill control / containment
- Personnel safety
- PPE selection
- Sampling techniques
- Contain leak from either:
 - Pressure vessel
 - 55 Gal. Drum

Evaluated Exercise

The HMRT needs to provide PEMA and the County EMC with the exercise information **90 days prior to the exercise** to allow for time to review the exercise.

*Exercise AAR and Improvement Plan must be submitted for review prior to approval for certification.

Exercise Assessment Team (EAT)

EAT Includes:

- PEMA Rep – Tech Hazards Division
- PEMA Area Office Rep
- DEP Rep
- OSFC Rep
- DOH Rep

Exercise Assessment Team (EAT)

Any exercise that is not observed by at least part of the exercise assessment team will not be accepted as part of the certification process.

Evaluated Exercise

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 10

Exercise Evaluation Questionnaire

Team:		Date:	
Inspector's Name:			
State Agency:			

Exercise Title:	
Exercise Location:	
Name of HMRT Officer in Charge:	
Name of Incident Commander:	

Item #	Description	Yes	No	Remarks
1	Was the HMRT integrated in the NIMS Incident Command System?	<input type="checkbox"/>	<input type="checkbox"/>	
2	What was the primary method of communication used?			
3	Was there a backup method of communication?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was resource management demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Was contamination control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Was spill control demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Method of spill control used?			
8	Was an HMRT Safety Officer engaged in the operation?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Was the selection of appropriate PPE for the hazardous material(s) demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Were sampling techniques demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Was the containment of an unplanned release of hazardous material demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Method of containment demonstrated?			
13	Additional Comments:			

Evaluated Exercise



On-site Assessment



On-site Assessment

Evaluation Areas are based on standards from 29 CFR Parts 1910.120 and 1910.134 and NFPA® Standard 472 and Act 165.

- Evaluated by HMRT Assessment Team (same as EAT)
- Schedule at least 30 days prior to certification expiration

On-site Assessment

Evaluation Areas:

- Management (PEMA)
- Operations (PEMA)
- Training (PEMA)
- Specialized Equipment (Area Office)
- PPE (OSFC)
- Air Monitoring (DEP)
- Medical Monitoring (DOH)

Attachment 5

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 5

Attachment 5

Operations:		
Sub-element 2.a – Direction and Control		
Sub-element 2.b – Communications		
Sub-element 2.c – Support		
Sub-element 2.d – Safety and Health Program		
Sub-element 2.e – Post Emergency Response Operations		
Item #	Description	Remarks
1	How is the team dispatched?	
2	The team conducts an annual review and updates the hazardous materials emergency plan?	<input type="checkbox"/>
3	The team consists of the specific number of certified personnel in order to receive and maintain certification? One hazardous materials officer One hazardous materials safety officer Seven hazardous materials technicians One medical specialist (i.e., a Pennsylvania Department of Health (PaDOH) Certified Emergency Medical Technician (EMT), Paramedic, or a licensed occupational health nurse or a licensed physician) or dedicated EMS company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dedicated EMS Co (ALS / BLS) <input type="checkbox"/> Team EMS personnel

Minimal Team Structure

- 1 – Hazardous Materials Officer
- 1 – Hazardous Materials Safety Officer
- 7 – Hazardous Materials Technicians
- 1 – Medical Specialist (EMT/Paramedic)
or an ALS/BLS unit dedicated to the
HMRT

***Minimum of 10 Qualified Personnel**

Attachment 6

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 6

Personal Protective Equipment (PPE)	
Team:	Date:
Inspectors Name:	
State Agency:	

References: 29 CFR 1910.120 (c) (5) Personal Protective Equipment and
 PEMA Directive IV.A.5 Personal Protection Equipment

Item #	Description	Yes	No	Remarks
1	Vapor protective ensembles that meet NFPA 1991, most current edition. (two for entry, two for back-up and one spare)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Liquid splash-protective ensembles that meet NFPA 1992, most current edition (minimum 10 suits)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Capabilities to enter / escape from flash fires as stated in NFPA 1991 most current edition	<input type="checkbox"/>	<input type="checkbox"/>	
4	Open-Circuit Self-Contained Breathing Apparatus (SCBA), 60-minute, CBRN certification (minimum of 6 CBRN certified units)	<input type="checkbox"/>	<input type="checkbox"/>	
5	NIOSH approved air purifying respirators, full-face with select cartridges	<input type="checkbox"/>	<input type="checkbox"/>	
6	Chemical resistant gloves based on risks, i.e., Nitrile, Butyl, Viton, disposable, leather, surgical (minimum of 12 pair each) Cryogenic gloves (minimum 6 pair)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chemical resistant boots (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
8	Safety equipment (safety glasses and goggles with side shields, hard hats; not fire helmet, Hearing protection) (appropriate quantities)	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there a written Personal Protection Equipment Program? Does the program include:	<input type="checkbox"/>	<input type="checkbox"/>	

Attachment 7

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 7

Specialized Equipment				
Team:		Date:		
Inspectors Name:				
State Agency:				
Reference Material				
Item #	Description	Yes	No	Remarks
1	Maintain the capability to access current reference materials for the following hazardous material data / information:			
	• Substance Identification	<input type="checkbox"/>	<input type="checkbox"/>	
	• Chemical and Physical properties	<input type="checkbox"/>	<input type="checkbox"/>	
	• Fire Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
	• Health Hazard Information	<input type="checkbox"/>	<input type="checkbox"/>	
	• Exposure Limits	<input type="checkbox"/>	<input type="checkbox"/>	
	• Monitoring and Measurement Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	• Personal Protective Equipment / Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	
	• Common Operations and Control Measures	<input type="checkbox"/>	<input type="checkbox"/>	
	• Emergency First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>	
	• CAS Registry Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	• DOT Guide Number Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	• Synonym Cross-Index	<input type="checkbox"/>	<input type="checkbox"/>	
	This information may be accessed via electronic local files (Digital Media), Hard Copy, and/or Internet (at least two methods must be available for redundancy).			
• Electronic local files (Digital Media)	<input type="checkbox"/>	<input type="checkbox"/>		
• Hard Copy	<input type="checkbox"/>	<input type="checkbox"/>		
• Internet	<input type="checkbox"/>	<input type="checkbox"/>		
2	North American Emergency Response Guidebook (most current edition) ISBN: 0-16-05173-3 (Free)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Responder information on Bacterial Agents, Viral Agents / and Biological Toxins	<input type="checkbox"/>	<input type="checkbox"/>	
4	Chemical Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
5	EPA List of Lists Consolidated List of Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	

Attachment 8

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 8

AIR MONITORING AND DETECTION EQUIPMENT QUESTIONNAIRE

Team:		Date:	
Inspectors Name:			
State Agency:			

Monitoring and Detection Equipment

Item #	Description	Yes	No	Remarks / Unit
1	Air monitoring capability – LEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Air monitoring capability – O ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Air monitoring capability – Toxic gases <input type="checkbox"/> CO <input type="checkbox"/> H ₂ S <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
4	Air monitoring capability – PID	<input type="checkbox"/>	<input type="checkbox"/>	
5	Radiological monitor (α β γ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
6	Heat scanner / thermal imager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Other
7	Thermometer – air, surface, and liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
8	pH paper / meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Attachment 9

Directive Number: D2014-02
 Effective Date: March 19, 2014
 Page Number: 1

ATTACHMENT 9

MEDICAL SURVEILLANCE PROGRAM QUESTIONNAIRE							
Team:		Date:					
Inspectors Name:							
State Agency:							
		Yes	No	N/A			
1	Has the employers developed and implemented a written safety and health program for their employees involved in hazardous waste operations - 1910.120(b)(1)(i):				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: <input type="checkbox"/>							
2		Does the written safety and health program incorporate - 1910.120(b)(1)(ii) - 1910.134(c)(1):					
A		The medical surveillance program.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B		Standard operating procedures for safety and health.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C		Written respiratory protection program.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note: <input type="checkbox"/>							
3		Does the medical surveillance program instituted by the employer include all employees - 1910.120(f)(2)(i):					
A		Who are or may be exposed to hazardous substances or health hazards at or above the established permissible exposure limit, above the published exposure levels for these substances, without regard to the use of respirators for 30 days or more a year.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B		Who wear a respirator for 30 days or more a year or as required by 1910.134.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C		Who are injured, become ill, or develops signs or symptoms due to possible overexposure involving hazardous substances or health hazards from an emergency response or hazardous waste operation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D		All members of the HAZMAT team.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note: <input type="checkbox"/>							

On-site Assessment

Key Areas of Emphasis:

- ICS Training & Integration
- WMD/ Anti-Terrorism Training
- Training Certifications & Records
- Fit Testing, Calibrations, Bump Tests, Logs
- Medical Surveillance
- Medical Record Keeping



Summary

- ACT 165, Directive D2014-02
- HMRT Certification Process
- HMRT Application for Certification
- HMRT Certification Exercise Req.
- Post Exercise Requirements
- HMRT Assessment Process & Req.
- How this all leads to HMRT Certification/ Re-Certification

Questions



Contact information

717-651-7076

michaemanl@pa.gov

PEMA

Bureau of Planning & Preparedness

Technological Hazards Division

2605 Interstate Dr.

Harrisburg, PA 17110

Thank you and Please Stay Safe.