

## ATTACHMENT 1

### ADDRESSES OF PEMA HEADQUARTERS AND AREA OFFICES

**PEMA Headquarters:**

1310 Elmerton Avenue  
Harrisburg, Pennsylvania 17110  
(717) 651-2001

**PEMA Central Area Office:** Adams, Bedford, Blair, Bradford, Centre, Clinton, Cumberland, Dauphin, Fulton, Franklin, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Perry, Potter, Snyder, Sullivan, Tioga, Union, and York counties

1310 Elmerton Avenue  
Harrisburg, Pennsylvania 17110  
(717) 651-7060

**PEMA Eastern Area Office:** Berks, Bucks, Carbon, Chester, Columbia, Delaware, Lackawanna, Lehigh, Luzerne, Monroe, Montgomery, Montour, Northampton, Northumberland, Philadelphia, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming counties

3566 Old Route 22  
Hamburg, Pennsylvania 19526  
(610) 562-3003

**PEMA Western Area Office:** Allegheny, Armstrong, Beaver, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland counties

276 Stormer Road  
Indiana, Pennsylvania 15701  
(724) 357-2990

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**ATTACHMENT 2A**

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**APPLICATION FOR INITIAL/RECERTIFICATION  
OF A HAZARDOUS MATERIALS RESPONSE TEAM**

The \_\_\_\_\_ hereby submits an application for initial  
(Company or County name)  
certification/recertification (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") as a NIMS Type 1/ Type 2/ Type 3 HMRT (circle one).

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

1. The entity that organized and formed the HMRT 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 HMRT and signs the application)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Email address: \_\_\_\_\_
  
3. The person administratively responsible for the HMRT (may be characterized as the administrative officer)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Phone (alternate): \_\_\_\_\_
  - f. Email address: \_\_\_\_\_

4. List each county for which the HMRT is responsible for providing HAZMAT response. Attach a Statement of Agreement, Attachment 3 of the PEMA, Emergency Management Directive, Certified Hazardous Materials Response Team in Pennsylvania for each county.
- 
- 
- 

5. The applicant has included a team roster that identifies the training certification and criminal history check for each member, Attachment 4 of PEMA, Emergency Management Directive Certified Hazardous Materials Response Team in Pennsylvania.
6. The applicant certifies that the required apparatus, equipment inventory, and supplies listed in Attachments 4, 5, 6, 7, 8, and 9 of PEMA Directive D2019-02, *Hazardous Material Response Team Certification/Recertification Program Requirements* are on hand or, if authorized, available by simultaneous dispatch and are used by the HMRT for emergency response purposes within the service area.
7. The applicant certifies that it has prepared an emergency response plan and procedures in accordance with 29 CFR 1910.120(q) (2) and (3). This plan is an addendum to Emergency Support Function (ESF) - # 10 of the appropriate county Emergency Operations Plan (EOP) under the authority of the Emergency Management Services Code (35 Pa. C.S., Section 7101 *et seq.*) and Act 1990-165, as amended.
8. The applicant certifies that it has prepared a personal protective equipment program for its HMRT as required by 29 CFR 1910.120(g) (5) and 29 CFR 1910.120 (q) (2).
9. The applicant certifies that it has instituted a medical surveillance program for members of its HMRT in accordance with 29 CFR 1910.120(q) (9). The applicant agrees to keep all HMRT member's medical records on file for thirty (30) years after the date that the individual leaves the HMRT.
10. The applicant certifies that it provides, either directly or by agreement with a third party, workers' compensation and ordinary public liability insurance for all members of its HMRT as required by Section 209(h) of the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).

11. The HMRT will comply with all the requirements established in PEMA Directive D2019-02, *Hazardous Material Response Team Certification/Recertification Program Requirements*.
12. If requesting a new expiration/recertification date, please enter a date which is within 90 days (before/after) the current expiration date: \_\_\_\_\_.  
(Refer to Section VIII.C.5. of this Directive)

I, the undersigned Authorized Official of \_\_\_\_\_ do hereby  
(Team/County Name)

certify that the filing of this Application is duly authorized and that the statements made in this application and all attachments submitted with this application are true and correct to the best of the knowledge and belief of the undersigned and are submitted as a basis for receiving certification/recertification for the applicant's HMRT from the Pennsylvania Emergency Management Agency as authorized by the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

NOTARIZATION SEAL

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

**ATTACHMENT 2B**

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**REGIONAL HAZARDOUS MATERIALS RESPONSE TEAM APPLICATION  
FOR CERTIFICATION/RECERTIFICATION**

The \_\_\_\_\_ hereby submits an application for initial  
(Regional Team Name)  
certification/recertification (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") as a Regional NIMS Type 1/Type 2/ Type 3 HMRT (circle one).

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

1. The entity that organized and formed the Regional HMRT is: (name and address of governmental unit, corporation, volunteer service organization, etc.)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Includes the following state-certified HMRTs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. The Authorized Official (overall responsible for the Regional HMRT and signs the application)
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone(work): \_\_\_\_\_
  - e. Email address: \_\_\_\_\_
  
3. The person administratively responsible for the Regional HMRT (may be characterized as the administrative officer):
  - a. Name: \_\_\_\_\_
  - b. Street: \_\_\_\_\_
  - c. City/ZIP: \_\_\_\_\_
  - d. Phone (work): \_\_\_\_\_
  - e. Phone (alternate): \_\_\_\_\_
  - f. Email address: \_\_\_\_\_

4. List each county for which the Regional HMRT is responsible for providing HAZMAT response. Attach a Statement of Agreement, Attachment 3 of the PEMA, Emergency Management Directive, Certified Hazardous Materials Response Team in Pennsylvania for each county.
- 
- 
- 

5. The applicant has included the Regional HMRT roster that identifies the training certification and criminal history check for each member, Attachment 4 of PEMA, Emergency Management Directive Certified Hazardous Materials Response Team in Pennsylvania.
6. The applicant certifies that the required apparatus, equipment inventory, and supplies listed in Attachments 4, 5, 6, 7, 8, and 9 of PEMA Directive D2019-02, *Hazardous Material Response Team Certification/Recertification Program Requirements* are on hand or, if authorized, available by simultaneous dispatch and are used by the Regional HMRT for emergency response purposes within the service area and that the appropriate dispatch procedures and mutual aid agreements are in place to conduct joint/ regional operations.
7. The applicant certifies that it has prepared an emergency response plan and procedures in accordance with 29 CFR 1910.120(q) (2) and (3). This plan is an addendum to Emergency Support Function (ESF) - # 10 of the appropriate county Emergency Operations Plan (EOP) under the authority of the Emergency Management Services Code (35 Pa. C.S., Section 7101 *et seq.*) and Act 1990-165, as amended.
8. The applicant certifies that it has prepared a personal protective equipment program for the Regional HMRT as required by 29 CFR 1910.120(g) (5) and 29 CFR 1910.120(q) (2).
9. The applicant certifies that it has instituted a medical surveillance program for members of the Regional HMRT in accordance with 29 CFR 1910.120(q) (9). The applicant agrees to keep all HMRT member's medical records on file for thirty (30) years after the date that the individual leaves the Regional HMRT.
10. The applicant certifies that it provides, either directly or by agreement with a third party, workers' compensation and ordinary public liability insurance for all members of the Regional HMRT as required by Section 209(h) of the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).

11. The Regional HMRT will comply with all the requirements established in PEMA Directive D2019-02, *Hazardous Material Response Team Certification/Recertification Program Requirements*.
12. If requesting a new expiration/recertification date, please enter a date which is within 90 days (before/after) the current expiration date: \_\_\_\_\_.  
(Refer to Section VIII.C.5 of this Directive)

I, the undersigned Authorized Official of \_\_\_\_\_ do hereby  
(Team/County Name)

certify that the filing of this Application is duly authorized and that the statements made in this application and all attachments submitted with this application are true and correct to the best of the knowledge and belief of the undersigned and are submitted as a basis for receiving certification/recertification for the applicant's HMRT from the Pennsylvania Emergency Management Agency as authorized by the Hazardous Material Emergency Planning and Response Act (Act 1990-165, as amended).

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

NOTARIZATION SEAL

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

Notary Public



**ATTACHMENT 3A**

**COUNTY AGREEMENT FOR 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 Hazardous Materials Response 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 Management Coordinator.

It is our understanding, should the applicant not receive certification or become de-certified, \_\_\_\_\_ County must take other actions to remain in compliance with Section 209(e) of Act 1990-165, as amended.

**ATTACHMENT 3A (continued)**

**COUNTY AGREEMENT FOR COUNTIES WITH COUNTY COMMISSIONERS**

We, the undersigned officials, understand our responsibility to ensure each time the Hazardous Materials Response Team is officially dispatched, the county Emergency Management Director, 9-1-1 Center, or equivalent will make notifications to the Commonwealth Response and Coordination Center (CRCC) in accordance with the Pennsylvania Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended (Act 165) Section 206. Emergency Notification Requirements (a)(2).

**COUNTY OF** \_\_\_\_\_

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
*County Commissioner*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Chief Clerk* *Date*

**ATTACHMENT 3B**

**COUNTY AGREEMENT FOR 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 Hazardous Materials Response 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 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 between these two parties shall be maintained with the \_\_\_\_\_ County Emergency Management Coordinator.

It is my understanding, should the applicant not receive certification or become de-certified, \_\_\_\_\_ County must take other actions to remain in compliance with Section 209(e) of Act 1990-165, as amended.

**ATTACHMENT 3B (continued)**

**COUNTY AGREEMENT FOR HOME RULE COUNTIES**

I understand that it is the responsibility of \_\_\_\_\_ County to ensure that each time the Hazardous Materials Response Team is officially dispatched, the County Emergency Management Director, 9-1-1 Center, or equivalent will make notifications to the Commonwealth Response and Coordination Center (CRCC) in accordance with the Pennsylvania Hazardous Material Emergency Planning and Response Act, Act 1990-165, as amended (Act 165) Section 206. Emergency Notification Requirements (a)(2).

**COUNTY OF** \_\_\_\_\_

By: \_\_\_\_\_  
*County Executive*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**ATTACHMENT 4**  
**HMRT ROSTER: LIST OF TRAINING CERTIFICATIONS,**  
**CRIMINAL HISTORY CHECKS AND MEDICAL SURVEILLANCE**

<b>Name of HMRT:</b>	<b>Date:</b>
<b>HMRT Chief:</b>	<b>HMRT Administrative Officer:</b>
<b>Address:</b>	<b>Address:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Email Address:</b>	<b>Email Address:</b>

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) HM Incident Commander, or (7) Support Role.

Name of HMRT member	Highest level of Training attained	Pro Board Certification (√)	*Date of Certification	HMRT member 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



**Attachment 5**

## Management, Operations, and Training Inspection Checklist

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		

1.0 Management and Operations						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.1	<b>EMERGENCY RESPONSE PLAN/SOG:</b> <ul style="list-style-type: none"> <li>- Pre-emergency Planning</li> <li>- Coordination with outside parties</li> <li>- Personnel roles</li> <li>- Training</li> <li>- Communication</li> <li>- Lines of authority; to include communications linkage to applicable emergency operations centers and elected officials</li> </ul>	As per Act 165 and Section VI.C. in this Directive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	COUNTY MUTUAL AID AGREEMENTS, per county contracted with:	Required for HMRTs who contract with or are dispatched in more than county		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	HMRT DISPATCH SOG:	SOG must contain process, procedures, and methods for dispatch of the HMRT				
1.4	SUPPORT PERSONNEL SOG:	Describes the requirements and implementation of Support personnel into HMRT Operations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	HAZMAT INCIDENT REPORT LOG, Reports logged and submitted to PEMA (not required for routine fuel and oil spills):	ACT 165 and this Directive requires all state-certified HMRTs to report all Hazmat incident dispatches to PEMA and to maintain a record/log of those responses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_



**Attachment 5**

2.0 Personnel Management						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
2.1	<b>NIMS TYPE 1 &amp; TYPE 2 HMRT MINIMUM MANNING REQUIREMENT, 10 - Personnel:</b> <ul style="list-style-type: none"> <li>- 1 - NFPA 472 Hazmat Incident Commander</li> <li>- 8 - NFPA 472 Hazmat Technicians</li> <li>- 1 – Medical Specialist (must be trained to NFPA 472 Hazmat Operations level if internal team member) or can be substituted by a dedicated EMS unit</li> </ul>	In accordance with FEMA NIMS Resource Typing and PA State Manning Requirements as per this Directive and Directive D2019-03, HMRT Training Requirements; must be on HMRT Roster with Background Check, current Medical Surveillance, and meet all training requirements; Medical personnel must be certified Emergency Medical Technicians (EMT) or higher level credentialed provider		<input type="checkbox"/>	<input type="checkbox"/>	
2.2	<b>NIMS TYPE 3 HMRT MINIMUM MANNING REQUIREMENT, 8 - Personnel:</b> <ul style="list-style-type: none"> <li>- 1 - NFPA 472 Hazmat Incident Commander (HMIC)</li> <li>- 6 - NFPA 472 Hazmat Technicians</li> <li>- 1 – Medical Specialist (must be trained to NFPA 472 Hazmat Operations level if internal team member) or can be substituted by a dedicated EMS unit/company</li> </ul>					<input type="checkbox"/>
2.3	<b>BACKGROUND CHECKS, for all rostered personnel:</b>	As per Act 165 and this Directive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	<b>LIABILITY INSURANCE/ WORKMAN'S COMPENSATION COVERAGE:</b>	As per Act 165 and this Directive; Provide proof of insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 Training Program						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.1	<b>TRAINING PROGRAM, includes Operations, Technician, Specialist, and team requirements, onboarding, safety, medical, respiratory protection, etc.:</b>	SOG or established policies for operating and maintaining the HMRT training program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<b>CREDENTIAL VALIDATION SYSTEM, established procedures for validating and maintaining individual qualifications and certifications:</b>	SOG or established set of procedures for ensuring all qualifications and certification standards are met and maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Inspector Initials:** \_\_\_\_\_

**Attachment 5**

3.0 Training Program						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.3	TRAINING SCHEDULE/ CALENDAR, previous year and following year from date of inspection:	Annual training schedule with dates and specific training to be conducted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	26 HOURS ANNUAL TRAINING, minimum training requirement per year, per team: <ul style="list-style-type: none"> <li>- NFPA 472 Hazmat Technician Competencies (16 Hours)</li> <li>- Incident Command System (ICS) and NFPA 472 Specialist (8 Hours); team leader discretion</li> <li>- Safety and Medical Surveillance; heat stress, cold operations, team policies (2 Hours); team leader discretion</li> </ul>	All training hours must be documented with team sign-in sheets and must coincide with Item 2.3 above; detailed training requirements as per Directive D2019-03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	INCIDENT COMMAND SYSTEM/NIMS TRAINING REQUIREMENT, minimum training required for all HMRT personnel prior to conducting operations: <ul style="list-style-type: none"> <li>- NFPA 472 Hazmat Incident Commander (ICS 100, 200, 300, 700, 800)</li> <li>- NFPA 472 Hazmat Technician and Operations Level Personnel (ICS 100, 200, 700, 800)</li> </ul>	Minimum NIMS standard for all HMRT personnel prior to conducting operations on a state-certified HMRT as per Directive D2019-03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	TRAINING RECORD, PERSONNEL, training file for each HMRT member (physical or digital):	File must include all certificates and qualification records for each HMRT member in accordance with this Directive and Directive D2019-03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	FULL SCALE EXERCISE, SELF EVALUATED:	AAR and Improvement Plan for self-evaluated full-scale exercise as per this Directive		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	RADIOLOGICAL RESPONSE TEAM (RRT):	Each Type 1 HMRT Must have a complete RRT as per Directive D2014-01, Radiological Preparedness Program or its most current revision		<input type="checkbox"/>		

Inspector Initials: \_\_\_\_\_

**Attachment 5**

**Issues and/or Recommendations identified during the Assessment Inspection for Attachment 5, Management, Operations, and Training:**

Item #:	Issue (details below)

<b>Inspector Name:</b>		<b>Date:</b>
<b>Agency:</b>		

The Attachment 5, Management, Operations, and Training Inspection for the above listed Hazardous Materials Response Team has been completed.

The \_\_\_\_\_ HMRT has met the requirements for a (Type 1  / Type 2  / Type 3  ) HMRT for Attachment 5, Management, Operations, and Training.

\_\_\_\_\_

**Inspector Signature**                      **Date**

**Inspector Initials:** \_\_\_\_\_

**Attachment 6**  
**Personal Protective Equipment (PPE) Inspection Checklist**

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		

1.0 Personal Protective Equipment (PPE)						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.1	VAPOR PROTECTIVE ENSEMBLES, NFPA 1991 STANDARD, or most current revision, for industrial chemicals:	6 suits  Current and serviceable		<input type="checkbox"/>	<input type="checkbox"/>	
1.2	FLASH PROTECTIVE ENSEMBLE, NFPA 1991 STANDARD or most current revision, provides capability to enter/ escape from flash fires:	6 Flash Protective over suits; can be same ensemble as Item 1.1 above if flash fire escape capable		<input type="checkbox"/>	<input type="checkbox"/>	
1.3	VAPOR PROTECTIVE ENSEMBLE, with NFPA 1991 WMD Chemical/ Biological Protection:	6 Suits  Can be same ensemble as 1.1 above if WMD specified and certified; certifying labels must be attached to inside of suit.  Provides for WMD entry.  Must include gloves and boots to same certification level		<input type="checkbox"/>		
1.4	LIQUID SPLASH PROTECTIVE ENSEMBLE, NFPA 1992 STANDARD or most current revision, industrial chemicals for liquid contact and splash protection (no vapor protection), can be jumpsuit style or multi-piece ensemble depending on manufacturer design:	12 suits for Type 1 & Type 2; 8 suits required for Type 3 HMRTs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	SELF-CONTAINED BREATHING APPARATUS (SCBA), COMPLETE, STRUCTURAL FIRE FIGHTING, 60-minute rating, with cylinder; unit must be NFPA and NIOSH certified for routine firefighter or HAZMAT use:	10 sets for Type 2 and 8 sets for Type 3 HMRTs  Recommend one per team member for proper fit			<input type="checkbox"/>	<input type="checkbox"/>
1.6	SELF-CONTAINED BREATHING APPARATUS (SCBA), CBRNE/ WMD CERTIFIED, 60-minute rating, with bottle; unit must be NFPA structural firefighting compliant and NIOSH certified for WMD CBRN threat atmospheres:	10 sets for Type 1 HMRTs  Recommend one per team member for proper fit		<input type="checkbox"/>		

Inspector Initials: \_\_\_\_\_

**Attachment 6**

1.0 Personal Protective Equipment (PPE)						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.7	AIR PURIFYING RESPIRATORS (APRs), NIOSH APPROVED, full faced, single or dual cartridge style, speaking diaphragm, certified for use in industrial chemical threat atmospheres only:	10 units for Type 2 and 8 units for Type 3 HMRTs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	AIR PURIFYING RESPIRATORS (APRs), NIOSH and CBRN APPROVED, full faced, single or dual cartridge style, speaking diaphragm, for use in industrial chemical threat atmospheres AND CBRN atmospheres:	10 units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	CARTRIDGES, APR, INDUSTRIAL, cartridges certified only for industrial chemical threat atmospheres; cartridges to be multi-gas and organic vapor protective, with solid particulate and liquid aerosol protection:	Multi-gas cartridge set for each APR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	CARTRIDGES, APR, CBRN, cartridges are certified for WMD CBRN threat atmospheres:	CBRN cartridge set for each APR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	REPLACEMENT GLOVES, Vapor Protective: compliant to NFPA Standard 1991:	6 pair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	REPLACEMENT GLOVES, Liquid Splash Protective, compliant to NFPA Standard 1992:	12 pair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	UNDER-GLOVE, light weight chemical resistant disposable type glove often used as an under-glove or "inner" glove for the 1991 and 1992 ensembles.	24 pair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	GLOVES, HIGH TEMPERATURE, provides approximately one minute of contact protection for surface temperatures of 800 F to 1,000 F, and 1,000 F to 1,300 F:	2 pair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	GLOVES, ULTRA-COLD PROTECTIVE, CYROGENIC, provides approximately one-minute continuous contact protection for liquids (minus) – 260 F to (positive) + 300 F:	2 pair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	BOOTS, CHEMICAL PROTECTIVE, NFPA 1991 or NFPA 1992 or NFPA 1994; and ANSI Z-41:	10 pair for Type 1 and Type 2, 8 pair for Type 3 HMRTs Recommend 1 pair per team member		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.17	SAFETY ENSEMBLE, safety glasses, safety goggles, helmets, hearing protection:	10 sets each for Type 1 and Type 2, 8 sets each for Type 3 HMRTs Helmets, safety glasses, and goggles must meet ANSI Z-89.1 standards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

Attachment 6

2.0 PPE Management and Equipment Testing						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
2.1	<p><b>PERSONAL PROTECTIVE EQUIPMENT (PPE) SOG, includes:</b></p> <ul style="list-style-type: none"> <li>- PPE Selection criteria</li> <li>- PPE Use and wear</li> <li>- Work mission duration</li> <li>- PPE Maintenance and storage</li> <li>- PPE Decontamination and disposal</li> <li>- PPE Training and proper fitting</li> <li>- PPE Donning and doffing procedures</li> <li>- PPE Inspection procedures prior to, during, and after use</li> <li>- Evaluation of the PPE program, limitations of use in the case of extreme temperatures, heat stress, and other medical situations</li> </ul>	<p>SOG must provide clear and concise steps and processes for each identified subject area and the equipment used by the HMRT</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<p><b>LEAK/ PRESSURE TESTS, NFPA 1991 VAPOR PROTECTIVE ENSEMBLES:</b></p>	<p>Leak/ Pressure tests performed by certified in-house individual or 3<sup>rd</sup> Party provider for all suits</p>		<input type="checkbox"/>	<input type="checkbox"/>	
2.3	<p><b>PRESSURE TEST KIT: Usually supplied by suit manufacturer, includes Magnehelic gauge:</b></p>	<p>1 kit</p>		<input type="checkbox"/>	<input type="checkbox"/>	
2.4	<p><b>ACTIVITY LOG, NFPA 1991 VAPOR PROTECTIVE ENSEMBLES:</b></p>	<p>Log must document the activity and wear of all suits</p>		<input type="checkbox"/>	<input type="checkbox"/>	
2.5	<p><b>CHEMICAL PROTECTIVE CLOTHING GUIDE:</b>  <i>Provides chemical resistance data for glove and suit materials.</i>                      Ex.: Wiley <a href="#">Quick Selection Guide to Chemical Protective Clothing</a>                      Ex.: AnselIGUADIAN <a href="#">Chemical Glove Resistance Guide</a> (Free)                      Ex.: <a href="#">Guide to Chemical-Resistant Best Gloves</a> (Free @ <a href="http://tchristy.com/wp-content/uploads/2015/11/CHEMREST-Guide_A772-SDS.pdf">http://tchristy.com/wp-content/uploads/2015/11/CHEMREST-Guide_A772-SDS.pdf</a>)                      Ex.: <a href="#">DuPont Personal Protection – 2018 Product Catalog</a> (Free @ <a href="https://www.safespec.dupont.com/content/dam/dupont/tools-tactics/dpt/safespec-chemical/documents/DPP_Personal_Protection_Catalog_FINAL_2018.pdf">https://www.safespec.dupont.com/content/dam/dupont/tools-tactics/dpt/safespec-chemical/documents/DPP_Personal_Protection_Catalog_FINAL_2018.pdf</a>)</p>	<p>1 General Reference                      – OR –                      1 set of manufacturer's information covering the brands of Chemical Protective Clothing in inventory</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 6**

2.0 PPE Management and Equipment Testing						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
	<p>Ex.: <a href="https://www.kappler.com/pdf/Kappler-Catalog.pdf">Kappler – June 18 (Free @ https://www.kappler.com/pdf/Kappler-Catalog.pdf)</a></p> <p>Ex.: <a href="https://www.lakeland.com/uploads/data-sheets/US/ChemDisp-Supplements/gr_perf_selec1.pdf">Lakeland Disposable and Chemical Clothing Performance and Selection Quick Reference Guide (Free @ https://www.lakeland.com/uploads/data-sheets/US/ChemDisp-Supplements/gr_perf_selec1.pdf)</a></p>					

3.0 Respiratory Protection Program and Equipment Testing						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.1	<p><b>RESPIRATORY PROTECTION PROGRAM SOG, includes:</b></p> <ul style="list-style-type: none"> <li>- Procedures for selecting respirators</li> <li>- Medical evaluations of HMRT members required to use respirators</li> <li>- Fit Testing procedures and requirements</li> <li>- Procedures for proper use of respirators in emergency situations</li> <li>- Procedures and schedules for maintaining respirators</li> <li>- Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere supplying respirators</li> <li>- Training of HMRT members in the respiratory hazards associated with routine and emergency situations</li> </ul>	<p>SOG must provide clear and concise steps and processes for each identified subject area and equipment used by the HMRT</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<p><b>FIT TESTING, SCBA &amp; APRs:</b></p>	<p>All HMRT personnel who don SCBA must complete Fit Testing with their assigned SCBA and APRs (where required) by a qualified individual using certified Fit Testing equipment annually; individual Fit Testing records are required for all HMRT members</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 6**

3.0 Respiratory Protection Program and Equipment Testing						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.3	HYDROSTATIC TEST, SCBA:	All SCBA must have valid hydrostatic test within the last 5 years and must have valid test sticker on the unit; documentation and logging of this testing is required for each unit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	FLOW TEST, SCBA:	All SCBA must be flow tested; documentation and logging of this testing is required for each unit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.0 Decontamination						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
4.1	TARPS, PLASTIC, Ground Cover: At least 12' x 12' each, to protect ground and aids in identifying decontamination corridor:	2 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	SHEETING, PLASTIC, ROLL, Heavy Duty, 5' x 100' (approximate):	1 roll		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	SHOWER, GROSS DECONTAMINATION, can be homemade, many commercial styles available; water supplied by garden hose or 1 ½" fire department connections; fits into catch basin (Item 3.4 below) or comes with its own catch basin as a kit:	1 set		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	CATCH BASIN, approximately six feet square, 18" high, with rigid sides; approximately 120-gallon capacity; sometimes is a separate item, or sometimes supplied with a Gross Decontamination Shower system or kit:	3 each Can be part of a complete Technical Decontamination system or kit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	DECONTAMINATION SOG, includes: <ul style="list-style-type: none"> <li>- Emergency decontamination procedures</li> <li>- Technical decontamination procedures and setup</li> <li>- Physical and chemical decontamination methods, set, and procedures</li> <li>- Casualty Decontamination Procedures</li> </ul>	SOG must provide clear and concise steps and processes for each identified subject area and equipment used by the HMRT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_



**Attachment 6**

**Issues and/or Recommendations identified during the Assessment Inspection for Attachment 6, Personal Protective Equipment (PPE):**

Item #:	Issue (details below)

<b>Inspector Name:</b>		<b>Date:</b>
<b>Agency:</b>		

The Attachment 6, Personal Protective Equipment (PPE) Inspection for the above listed Hazardous Materials Response Team has been completed.

The \_\_\_\_\_ HMRT has met the requirements for a (Type 1  / Type 2  / Type 3  ) HMRT for Attachment 6, Personal Protective Equipment (PPE).

\_\_\_\_\_  
**Inspector Signature**                      **Date**  
 Inspector Initials: \_\_\_\_\_

## Attachment 7

### Specialized Equipment and Reference Material Inspection Checklist

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		

1.0 Physical Methods of Mitigation						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.1	CHLORINE "A" KIT, emergency kit for 100-150 lb. chlorine cylinders:	1 kit		<input type="checkbox"/>	<input type="checkbox"/>	
1.2	CHLORINE "B" KIT, emergency kit for 1-ton chlorine cylinders:	1 kit		<input type="checkbox"/>	<input type="checkbox"/>	
1.3	CHLORINE "C" KIT, emergency kit for DOT 105J500W chlorine tank car, DOT MC331 chlorine cargo tank and DOT 51 portable tank in chlorine service:	1 kit *HMRTs without rail service in their jurisdiction do not require this item		<input type="checkbox"/>	<input type="checkbox"/>	
1.4	PATCH AND REPAIR, PIPE, LIQUIDS, standard, Kit, consists of (at a minimum) externally applied single bolt or dual bolt (preferable) steel pipe clamps, with rubber sheeting lining; Ten or more different pipe sizes ranging from 1/2" dia. pipe to at least 4" dia. pipe; with extra 1/8" neoprene material:	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	PATCH, TANKER, LIQUID, large foam and plastic patch 12" x 7" with 6 feet of ratchet strap for 55 gallon drums, extendable to 25 feet with extra strapping for highway tanker patching capability:	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	PATCH, DRUM, LIQUID, Assortment, small rubber patches of approximately 4" x 4", 4" x 9", and 7" x 7", held in place by a strapping system:	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	PATCH, DRUM, LIQUID, Compression, Kit: <ul style="list-style-type: none"> <li>- 6 – tapered plugs, different sizes</li> <li>- 2 – ball plugs, different sizes</li> <li>- 2 – "T" bolt patch, different sizes</li> <li>- 8 – wood dowels, different sizes</li> <li>- 1 – 8" x 12" rubber or foam sheet</li> </ul>	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	PLUGS, DOWELS, LIQUID, Assortment, long tapered round wood, rubber, or plastic plugs ranging from 1" dia to 5" dia, and 3" long to 10" long:	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	DOME LID LOCK, Clamp, secures or tightens highway tanker "manway" lids:	1 unit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 7**

1.0 Physical Methods of Mitigation						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.10	PIPE, PLASTIC: Assortment of various sizes and lengths to aid in construction of over-flow and under-flow dams:	1 kit which provides the capability to build one underflow or overflow dam  Can be substituted with commercially available overflow and underflow dam kits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	ABSORBENT NON-POLAR SOLVENT MINI-BOOMS, Pigs, Socks:	20 feet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	ABSORBENT GENERAL PURPOSE or POLAR SOLVENT MINI-BOOMS, Pigs, Socks, absorbs polar solvents, approximate diameter 3 to 6"; approximate length 4 – 12' each:	20 feet  If General Purpose type, will absorb non-polar solvents and can be substituted by Item 1.11 type mini-booms above		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	ABSORBENT NON-POLAR SOLVENT, Pads or Roll, repels polar solvents (water), absorbs non-polar solvents:	50 feet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	ABSORBENT GENERAL PURPOSE or POLAR SOLVENT, Pads or Roll: Absorbs polar solvents (water, acids, alkalis):	50 feet  If General Purpose type, will absorb non-polar solvents and can be substituted by Item 1.13 type pads above		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	ABSORBENT NON-POLAR SOLVENT, - Pillows, repels polar solvents (water), absorbs non-polar solvents:	10-gallon absorption  If General Purpose type, will absorb non-polar solvents and can be substituted by Item 1.14 type pillows above		<input type="checkbox"/>	<input type="checkbox"/>	
1.16	ABSORBENT GENERAL PURPOSE or POLAR SOLVENT, Pillows, absorbs polar solvents:	25-gallon absorption		<input type="checkbox"/>	<input type="checkbox"/>	
1.17	MERCURY KIT, Cleanup, Small Spills, consists of two basic parts; Mercury absorbing sponges, and approx. 500-gram container of Mercury absorbing powder:	1 kit		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Initials: \_\_\_\_\_

**Attachment 7**

1.0 Physical Methods of Mitigation						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.18	DRUM, OVER-PACK UNIT, 85 - 110 Gallon Capacity, heavy duty polyethylene drum with screw lid, suitable for multiple uses such as debris collection in Decontamination zone, containment for leaking 55-gallon drum or other secondary containment, salvage operations, or catch reservoir for transfer operations:	2 units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19	DEBRIS COLLECTION UNITS/ OVERPACKS/ LAB PACKS, ASSORTMENT, light duty:	5 assorted sizes Must display the capability to collect debris, overpack small containers, and collect items in Lab Packs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.0 Chemical Methods of Mitigation						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
2.1	NEUTRALIZATION – Acids, for concentrated acid spills of up to 5 gallons, should be neutral salt producing and nonpolluting; Granular Sesquicarbonate recommended:	50 lb. minimum		<input type="checkbox"/>	<input type="checkbox"/>	
2.2	NEUTRALIZATION – Alkali (Bases), for concentrated alkali spills up to 5 gallons; should be neutral salt producing and non-polluting; powdered Citric Acid recommended:	50 lb. minimum		<input type="checkbox"/>	<input type="checkbox"/>	
2.3	ENCAPSULATING SPREADABLE POWDER – General Purpose (and suitable for Pesticides), must be non-clay based; granular, spreadable, and pourable; acceptable for POLAR and NON-POLAR based solvents including pesticides:	10 lb. minimum		<input type="checkbox"/>	<input type="checkbox"/>	
2.4	FIRE EXTINGUISHER, CLASS “D”, capacity 30 lbs:	2 units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	CAPABILITY TO USE FIREFIGHTING FOAM FOR VAPOR SUPPRESSION, AF-AFFF type or suitable substitute:	10 Gallons On-hand with ability to distribute (proportioner) or ability to use through Mutual Aid support		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Initials: \_\_\_\_\_

**Attachment 7**

3.0 Specialized Equipment and Tools						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.1	SYSTEM, GROUNDING and BONDING, Capability:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	HAND TRUCK/ DRUM DOLLY:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	DRUM OPENER:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	DRUM "UP-ENDER", 55-GALLON TYPE	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	POWER RESCUE TOOL. HYDRAULIC, with attachments:	1 unit *May be procured via Mutual Aid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	SHOVEL, ROUND OR SQUARE POINT:	2 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	BROOM, Street, Stiff Polypropylene Bristle: With handle	2 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	SCOPE, SPOTTING, includes binoculars; adjustable telephoto spotting scope or binoculars with adjustable focus:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	LIGHT AMPLIFICATION, SCOPE, BASIC, hand-held, portable stand-alone device for diminished light environments (Night Vision):	1 each		<input type="checkbox"/>		
3.10	FLASHLIGHT, INTRINSICALLY SAFE	2 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11	CAMERA, VIDEO, DIGITAL, portable hand-held color video camera, with microphone:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12	WEATHER STATION, KIT, tripod or mounting bracket, wind monitor (up to 100 mph), barometer (+ or - 3 mBars), air temperature sensor (-20 to +120 degrees F), internal compass, humidity sensor (0 to 100%):	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13	FIRST AID, KIT, includes gauze pads, wipes, tape, ointments, bandages, splints, tourniquets, and appropriate tools (i.e. scissors)	1 kit *as per description		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.14	MEDICAL MONITORING, KIT, for both pre- and post-entry to monitor baseline vitals; includes stethoscope, aneroid gage sphygmomanometer, thermometer unit, and scale; Should include forms for documentation:	1 kit *as per description  May be procured via Mutual Aid by supporting EMS unit/ company		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15	GEL, CALCIUM GLUCONATE, for Hydrofluoric Acid burns, topical gel; example - Calgonate gel:	2 tubes  25 grams each (minimum)		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Initials: \_\_\_\_\_

**Attachment 7**

4.0 Communications and Data						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
4.1	COMPUTER, desktop or laptop, mounted in vehicle with battery backup:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	PRINTER/SCANNER, can be individual units or one unit with a combined capability:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	
4.3	INTERNET ACCESS, WIRELESS, ability for computer to access the Internet, is broadband capable, has wireless internet card or device in order to enable computer to transmit and receive email and data:	1 each		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	RADIO, PORTABLE, INTRINSICALLY SAFE, Walkie Talkie style, with carrying case, UL or FM "I.S." label must be on unit, and "I.S." battery must be of correct model compatible with unit, and neither can be interchanged with non-I.S. components:	10 units for Type 1 and Type 2, 8 units for Type 3 HMRTs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	RADIO, PORTABLE, In-Suit Communications, complete with earphone system, microphone system (i.e. built into SCBA facepiece, or throat mic, or bone mic, or ear mic, etc):	10 units		<input type="checkbox"/>	<input type="checkbox"/>	
4.6	PHONE, CELLULAR, Wireless Priority Service (WPS) capable; analog and digital function: <a href="https://www.dhs.gov/cisa/wireless-priority-service-wps">https://www.dhs.gov/cisa/wireless-priority-service-wps</a>	1 each *Can be individual or HMRT independent phone		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Initials: \_\_\_\_\_

**Attachment 7**

**5.0 REFERENCE RESOURCES - DIGITAL OR PRINTED**

(References may be in print or digital format. References in digital format must be usable on scene without the need for internet access. On-line digital references do NOT meet the requirements unless their information is downloaded in advance and available off-line.)

(For those references and electronic databases that are updated with annual or periodic revisions or new editions, no reference should be over 5 years old.)

Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
5.1	<p>Maintain the capability to access current reference materials for the following hazardous material data/ information:</p> <ul style="list-style-type: none"> <li>- Substance Identification</li> <li>- Chemical and Physical properties</li> <li>- Fire Hazards</li> <li>- Health Hazard Information</li> <li>- Exposure Limits</li> <li>- Monitoring and Measurement Procedures</li> <li>- Personal Protective Equipment / Respiratory Protection</li> <li>- Common Operations and Control Measures</li> <li>- Emergency First Aid Procedures</li> <li>- CAS Registry Cross-Index</li> <li>- DOT Guide Number Cross-Index</li> <li>- Synonym Cross-Index</li> <li>- CAMEO Software Suite - <a href="https://www.epa.gov/cameo">https://www.epa.gov/cameo</a></li> </ul>	<p>Display the capability to resource this information locally without internet/ data access from 3 or more sources</p> <p>Ex. CAMEO can automatically source from 5 resources for each search automatically</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<p>AIR MODELING, PLUME, Overlay/ Mapping Software: Ex.: ALOHA (software) with MARPLOT support @ <a href="https://www.epa.gov/cameo/aloha-software">https://www.epa.gov/cameo/aloha-software</a></p>	<p>Capability to conduct air modeling, plume dispersion; with mapping</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<p>EMERGENCY RESPONSE GUIDEBOOK (DOT PHMSA), Current edition Ex.: Digital .pdf version available @ <a href="https://www.phmsa.dot.gov">https://www.phmsa.dot.gov</a> (Free) Ex.: Digital Software (Windows) version available @ <a href="https://www.phmsa.dot.gov">https://www.phmsa.dot.gov</a> (Free)</p>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	<p><u>NIOSH POCKET GUIDE TO CHEMICAL HAZARDS</u> (NIOSH), Current edition Ex.: Print version available @ <a href="https://bookstore.gpo.gov">https://bookstore.gpo.gov</a> (\$\$) Ex.: Digital .pdf version available @ <a href="https://www.cdc.gov">https://www.cdc.gov</a> (Free) Ex.: Digital CD ROM version available @ <a href="https://www.cdc.gov">https://www.cdc.gov</a> (Free)</p>	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	<p>CAPABILITY TO ACCESS SARA PLANS FROM COUNTY REPOSITORIES WITHIN THE HMRT'S JURISDICTION:</p>	<p>Access information, process, and or SOG which describes how the HMRT obtains SARA Plan and Tier II data during a Hazmat incident</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 7**

Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
5.6	WMD CHEMICAL/ BIOLOGICAL SUBSTANCES, Printed OR Electronic: Technical data, guidelines, first aid information:	General References 1 – Chemical 2 - Biological		<input type="checkbox"/>		

Inspector Initials: \_\_\_\_\_



**Attachment 7**

**Issues and/or Recommendations identified during the Assessment Inspection for Attachment 7, Specialized Equipment and Reference Material:**

Item #:	Issue (details below)

<b>Inspector Name:</b>		<b>Date:</b>
<b>Agency:</b>		

The Attachment 7, Specialized Equipment and Reference Material Inspection for the above listed Hazardous Materials Response Team has been completed.

The \_\_\_\_\_ HMRT has met the requirements for a (Type 1  / Type 2  / Type 3  ) HMRT for Attachment 7, Specialized Equipment and Reference Material.

\_\_\_\_\_  
Inspector Signature                      Date

Inspector Initials: \_\_\_\_\_

**Attachment 8**  
Air Monitoring and Detection Inspection Checklist

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		

1.1 Testing Equipment – Test Strips and Kits						
Item #	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.1.1	TEST STRIPS, pH PAPER, WIDE RANGE:	1 pkt or roll		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2	TEST STRIPS, OXIDIZER (Potassium Iodide – Starch):	1 pkt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3	TEST STRIPS, PEROXIDE:	1 pkt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.4	TEST STRIPS, FLUORIDE:	1 pkt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.5	TEST STRIPS, WMD CHEMICAL, KIT, detection papers for field testing of liquids only; Military grade (i.e. “M-8” paper booklet of 25 sheets, which are also part of the M256A1 Kit, for nerve agents GA, GB, GD, GF VX and blister agents L, H, HD). Strip turns to one of four colors. - Or - (i.e. “3-WAY” adhesive paper booklet of 12 sheets; for some nerve agents, blister agents). Strip turns to one of three colors	1 pkt		<input type="checkbox"/>		
1.1.6	TEST PAPER, WMD CHEMICAL, ROLL, Military grade (i.e. “M9” paper rolls, for nerve or blister agents). Presence is based upon a single-color change and does not distinguish between nerve agents and blister agents.	1 pkt		<input type="checkbox"/>		
1.1.7	TEST PAPER, WMD CHEMICAL, CARD, Military M256A1 plastic card test kit (Twelve disposable plastic test cards are part of the M256A1 kit; for nerve [GA, GB, GD, VX], blister [H, HD, CX, L], blood [AC, CK] Presence is based upon color changes)	1 kit		<input type="checkbox"/>		

1.2 Testing Equipment – Colorimetric Analysis						
Item #	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.2.1	COLORIMETRIC DETECTOR TUBE KIT, BASIC (Chlorine and Ammonia):	1 kit, complete, of either type listed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 8**

1.2 Testing Equipment – Colorimetric Analysis						
Item #	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.2.2	COLORIMETRIC CHIP KIT, BASIC, (Chlorine and Ammonia):	* Not required if monitors meeting the requirements of Item 2.8 (Chlorine Monitor) and Item 2.9 (Anhydrous Ammonia Monitor) are included in inventory.				
1.2.3	COLORIMETRIC DETECTOR TUBE KIT, ADVANCED (Multi-Chemical):	1 kit, complete, of either type listed		<input type="checkbox"/>	<input type="checkbox"/>	
1.2.4	COLORIMETRIC CHIP KIT, ADVANCED (Multi-Chemical):					
1.2.5	COLORIMETRIC KIT, WMD SPECIAL, WMD chemicals spot analysis detection of vapors, gases; consists of specially selected industrial chemical colorimetric tubes assembled by the manufacturer with special instruction on how to employ for some WMD chemicals detection:	1 kit		<input type="checkbox"/>		

1.3 Testing Equipment – Instruments						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
1.3.1	SPECTROSCOPY, FOURIER TRANSFORM INFRARED (FTIR):	1 kit, of any one of the three technologies listed		<input type="checkbox"/>	<input type="checkbox"/>	
1.3.2	SPECTROSCOPY, RAMAN:					
1.3.3	SPECTROSCOPY, COMBINATION FTIR & RAMAN:					
1.3.4	GAS CHROMATOGRAPH / MASS SPECTROMETER (GC/MS):	1 kit May be acquired through Mutual Aid		<input type="checkbox"/>		
1.3.5	AGENT SPECIFIC BIOLOGICAL DETECTION, a sampling and detection system which will verify presence of a biological substance based upon protein fluorescence, or PCR / DNA replication technologies. This system is agent specific. Protein fluorescence technology – (Anthrax, SEB, Plague, Tularemia, Ricin, Botulinum, Brucella) - Or - Immuno-assay fluorescence technology, - (Ricin, Botulinum, Anthrax, Small Pox) - Or - DNA replication technology, - (Anthrax, Small Pox, Tularemia, Plague)	1 kit *as per description  **Devices from different manufacturers should be reviewed as each manufacturer may provide a different array of agents that can be detected.		<input type="checkbox"/>		

Inspector Initials: \_\_\_\_\_

**Attachment 8**

1.3.6	NERVE AGENT DETECTION, this includes GA, GB, GD, GF, VX:	<p>Must have capability to monitor and detect for at least one substance in each of these six categories. This may require one to several instruments, depending upon versatility of each instrument</p> <p>1 calibration kit for each</p>	<input type="checkbox"/>		
1.3.7	BLISTER AGENT, MUSTARDS DETECTION, this includes H, HD, HN:		<input type="checkbox"/>		
1.3.8	BLISTER AGENT, LEWISITE DETECTION, this includes L, HL:		<input type="checkbox"/>		
1.3.9	BLOOD AGENTS DETECTION, this includes AC, HCN, CK, SA:		<input type="checkbox"/>		
1.3.10	CHOKING / VOMITING AGENTS Detection: This includes CG, DP, CL;		<input type="checkbox"/>		
1.3.11	INCAPACITATING AGENTS DETECTION, specifically pepper spray:		<input type="checkbox"/>		

2.0 Direct-Reading Instruments						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
2.1	MULTI-GAS METER, OSHA CONFINED SPACE STANDARD Four Gas: with sampling wand & 10' tubing, (For O2, LEL, CO & H2S), with Calibration Kit	3 units + 1 calibration kit for each model in inventory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	<p>MANUFACTURER'S LEL SENSOR CORRECTION FACTORS, Current edition  <i>LEL correction factors for specific chemicals when meter is calibrated with the manufacturer's standard calibration gas</i>                      Ex.: <a href="#">ALTAIR® 5X Multigas Detector Addendum Cross Reference Factors</a>  <a href="http://s7d9.scene7.com/is/content/minesafetyappliances/Addendum%20-%20Combustible%20Cross%20Reference%20-%20North%20America">http://s7d9.scene7.com/is/content/minesafetyappliances/Addendum%20-%20Combustible%20Cross%20Reference%20-%20North%20America</a> (Free)</p> <p>Ex.: RAE Systems <a href="#">TN-156 Correction Factors For Combustible Gas LEL Sensors</a> (Free @ <a href="https://www.raesystems.com/customer-care/resource-center/tn-156-correction-factors-combustible-gas-lel-sensors">https://www.raesystems.com/customer-care/resource-center/tn-156-correction-factors-combustible-gas-lel-sensors</a>)</p>	1 for each model LEL meter in inventory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 8**

2.0 Direct-Reading Instruments						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
2.3	<p>MANUFACTURER'S PID SENSOR CORRECTION FACTORS, Current edition <i>PID correction factors for specific chemicals when meter is calibrated with the manufacturer's standard calibration gas</i> Ex.: MSA <a href="#">ALTAIR 5X PID Operating Manual</a> (Free @ <a href="http://s7d9.scene7.com/is/content/minesafetyappliances/10165710_ALTAIR%205X%20w%20PID%20Instruction%20Manual%20-%20EN">http://s7d9.scene7.com/is/content/minesafetyappliances/10165710_ALTAIR%205X%20w%20PID%20Instruction%20Manual%20-%20EN</a>)  Ex.: RAE Systems <a href="#">TN-106 Correction Factors For PIDs</a> (Free @ <a href="https://www.raesystems.com/customer-care/resource-center/tn-106-guideline-pid-instrument-response">https://www.raesystems.com/customer-care/resource-center/tn-106-guideline-pid-instrument-response</a>)</p>	1 for each model PID in inventory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	THERMOMETER, INFRARED:	2 units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	FLAME IONIZATION DETECTOR (FID): with Calibration Kit	3 unit of any one of the two technologies listed + 1 calibration kit for each model in inventory		<input type="checkbox"/>	<input type="checkbox"/>	
2.6	PART-PER-MILLION (PPM) PHOTO IONIZATION DETECTOR (PID), with Calibration Kit:					
2.7	FREON DETECTOR, Halogenated Hydrocarbons, Refrigerants:					
2.8	<p>CHLORINE MONITOR, stand-alone meter or a Chlorine sensor that is part of a multi-gas meter, with Calibration Kit: *See Item 1.2.1</p>					
2.9	<p>ANHYDROUS AMMONIA MONITOR, stand-alone meter or an Ammonia sensor that is part of a multi-gas meter, with Calibration Kit: *See Item 1.2.2</p>	<p>1 unit + 1 calibration kit  May be part of multi-gas meter calibration kit</p>		Opt <input type="checkbox"/>	Opt <input type="checkbox"/>	Opt <input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 8**

3.0 Radiological Survey Instruments						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
3.1	SURVEY METER, COMBINATION, GAMMA-BETA-ALPHA:	3 units		<input type="checkbox"/>	<input type="checkbox"/>	
3.2	RADIO-NUCLIDE DETECTION, hand-held instrument which includes either an internal or external detector, and includes an internal memory of a radioactive nuclide library; graphical display in counts per second, and energy corrected dose; displays correct chemical name of identified radio-nuclide, classification, and nuclide size:	1 unit		<input type="checkbox"/>		

4.0 Personal Dosimeters						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
4.1	DOSIMETER, DIRECT READING, with Recharger:	3 Dosimeters of either type listed		align="center"> <input type="checkbox"/>	align="center"> <input type="checkbox"/>	
4.2	DOSIMETER, ELECTRONIC, ALARM:					
4.3	DOSIMETER, PRD OR DIRECT ION TECHNOLOGY: - Purchased and Issued by PEMA	24 PRDs and 1 Control Module  *Required for inspection by all HMRTs issued PRDs by PEMA		<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Initials: \_\_\_\_\_

**Attachment 8**

5.0 Standard Operating Guides (SOG's) and Log Requirements						
Item	Item Name and Description	Requirement	Inspection Comments	Type 1	Type 2	Type 3
5.1	<b>MONITORING/ DETECTION SOGs, specify the monitoring of:</b> <ul style="list-style-type: none"> <li>- Radiation monitoring and detection</li> <li>- Combustible/ explosive conditions</li> <li>- Oxygen deficiency</li> <li>- Toxic Substances</li> <li>- Use and maintenance of monitoring and detection equipment</li> </ul>	SOGs must be specific and address all areas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<b>CALIBRATION SOGs, Monitoring and Detection Equipment, must contain:</b> <ul style="list-style-type: none"> <li>- Calibration requirements and procedures</li> <li>- Bump Testing requirements and procedures</li> <li>- Daily checks (if required) per item</li> </ul>	SOGs must be specific and address all areas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<b>CALIBRATION LOGS, Monitoring and Detection Equipment (as required per item by the manufacturer):</b>	Logs required for calibration for specific monitoring equipment per the manufacturer's requirements (daily/ monthly, etc.), bump testing, etc., by qualified individual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	<b>SENSORS/ TUBES, Current, Unexpired:</b>	Sensors and Tubes meet minimum requirement for monitoring and detection per the manufacturer's requirements for each required item listed in Attachment 8 and are unexpired and within the proper use and date range		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	<b>MANUFACTURER'S OPERATING / INSTRUCTION MANUALS FOR ALL MONITORING AND DETECTION EQUIPMENT IN INVENTORY</b>  <i>Manufacture's Operating / Instruction manuals provide information on equipment startup and operation, operating parameters, specifications and trouble-shooting.</i>	1 per model		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 8**

**Issues and/or Recommendations identified during the Assessment Inspection for Attachment 8, Air Monitoring and Detection:**

Item #:	Issue (details below)

<b>Inspector Name:</b>		<b>Date:</b>
<b>Agency:</b>		

The Attachment 8, Air Monitoring and Detection Inspection for the above listed Hazardous Materials Response Team has been completed.

The \_\_\_\_\_ HMRT has met the requirements for a (Type 1  / Type 2  / Type 3  ) HMRT for Attachment 8, Air Monitoring and Detection.

\_\_\_\_\_  
**Inspector Signature**

\_\_\_\_\_  
**Date**

**Inspector Initials:**\_\_\_\_\_



## Attachment 9

### Medical Surveillance Program Inspection Checklist

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		

\*100% validation of all requirements listed in this Attachment are required by all Team Types for certification/ recertification.

		Yes	No	N/A
<b>1</b>	Has the HMRT developed and implemented a written safety and health program for their HMRT members involved in hazardous waste operations - <b>1910.120(b)(1)(i):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>2</b>	Does the written safety and health program incorporate - <b>1910.120(b)(1)(ii) - 1910.134(c)(1):</b>			
	<b>A</b> The medical surveillance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b> Standard operating procedures for safety and health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b> Written respiratory protection program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>3</b>	Does the medical surveillance program instituted by the HMRT include all HMRT members - <b>1910.120(f)(2)(i):</b>			
	<b>A</b> 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>B</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"/>
	<b>C</b> 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"/>
	<b>D</b> Who are members of the HMRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>4</b>	Are there provisions for Medical Examinations and Consultations to be made available by the HMRT to each HMRT member:			
	<b>A</b> Prior to assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b> Before the HMRT member is fit tested or required to use the respirator in the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b> As soon as possible, upon notification by an HMRT member, that the HMRT member has developed signs or symptoms indicating possible overexposure to hazardous substances or health hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b> As soon as possible, upon notification by an HMRT member, that the HMRT member has been injured or exposed above the permissible exposure limits or published exposure levels in an emergency situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b> For HMRT members who may have been injured, received a health impairment, developed signs or symptoms which may have resulted from exposure to hazardous substances resulting from an emergency incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 9**

		Yes	No	N/A
<b>4</b>	<b>F</b>	For HMRT members who may have been exposed during an emergency incident to hazardous substances at concentrations above the permissible exposure limits or the published exposure levels without the necessary personal protective equipment being used.		
	<b>G</b>	At the end of employment.		
	<b>H</b>	At additional times, if the examining physician determines that follow-up examinations or consultations are medically necessary.		
	<b>I</b>	At least once every twelve months for each HMRT member unless the attending physician believes a longer interval (not greater than biennially) is appropriate – <b>They must have a written document from the Physician with the recommendation they can extend the physical requirements two years based on the individual's current health, previous and potential exposures, expected work, and fitness for respiratory protection.</b>		
	<b>J</b>	More frequent depending on the extent of potential or actual exposure, the type of chemicals involved, the duration of the work assignment, and the individual worker's profile.		
	<b>K</b>	By or under the supervision of a licensed physician, preferably one knowledgeable in occupational medicine.		
	<b>L</b>	Without cost to the HMRT member, without loss of pay, and at a reasonable time and place.		

**Reference:** 1910.120(f)(3); 1910.120(f)(5); 1910.134(e)(1) - Termination examination may be limited to obtaining an interval medical history of the period since the last full examination (consisting of medical history, physical examination, and laboratory tests) if all three following conditions are met:

1. The last full medical examination was within the last 6 months. No exposure occurred since the last examination.
2. No symptoms associated with exposure occurred since the last examination.
3. If any of these criteria are not met, a full examination is necessary at the termination of employment.

		Yes	No	N/A
<b>Are the following provided to the attending physician:</b>				
<b>5</b>	<b>A</b>	One copy of 29 CFR 1910.120 and its appendices.		
	<b>B</b>	One copy of 29 CFR 1910.134 Section (e).		
	<b>C</b>	A description of the HMRT member's duties as they relate to the HMRT member's exposures.		
	<b>D</b>	The HMRT member's exposure levels or anticipated exposure levels.		
	<b>E</b>	A description of any personal protective clothing and equipment used or to be used.		
	<b>F</b>	Information from previous medical examinations of the HMRT member which is not readily available to the examining physician made available to the attending physician.		
	<b>G</b>	The type and weight of the respirator to be used by the HMRT member.		
	<b>H</b>	The duration and frequency of respirator use (including use for rescue and escape).		
	<b>I</b>	The expected physical work effort.		
	<b>J</b>	Temperature and humidity extremes that may be encountered.		
	<b>K</b>	A copy of the written respiratory protection program.		

**Inspector Initials:** \_\_\_\_\_

**Attachment 9**

**Reference: 1910.120(f)(6) & 1910.134(e)(5)** - When the HMRT replaces a Physician or Other Licensed Health Care Professional (PLHCP), the HMRT must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect HMRTs to have HMRT members medically reevaluated solely because a new PLHCP has been selected.

**Note:**

Yes    No    N/A

<b>Does the HMRT obtain and furnish the HMRT member with a copy of a written opinion from the examining physician containing:</b>		Yes	No	N/A	
<b>6</b>	<b>A</b>	The physician's opinion as to whether the HMRT member has any detected medical conditions which would place the HMRT member at increased risk of material impairment of the HMRT member's health from work in hazardous waste operations or emergency response, or from respirator use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	The physician's recommended limitations upon the HMRT member's assigned work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	The results of the medical examination and tests if requested by the HMRT member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	A statement that the HMRT member has been informed by the physician of the results of the medical examination and any medical conditions which require further examination or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	A written assessment of the worker's capacity to perform while wearing a respirator if wearing a respirator is a job requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reference: 1910.120(f)(7)(i)** - The written opinion obtained by the HMRT shall not reveal specific findings or diagnoses unrelated to occupational exposure. Occupational Safety and Health Administration (OSHA) respirator standard (29 CFR Part 1910.134) states that no HMRT member should be assigned to a task that requires the use of a respirator unless it has been determined that the person is physically able to perform under such conditions.

**Note:**

<b>7</b>	Are medical records maintained and preserved on exposed workers for 30 years after they leave employment IAW (29 CFR Part 1910.1020).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------	---	--------------------------	--------------------------	--------------------------

**Reference: 1910.1020(d)(1)(i)** - Nothing in this section is intended to mandate the form, manner, or process by which an HMRT preserves a record so long as the information contained in the record is preserved and retrievable, except that chest X-ray films shall be preserved in their original state.

**Note:**

<b>8</b>	Are medical records made available to workers, their authorized representatives, and authorized OSHA representatives the results of medical testing and full medical records and analyses IAW (29 CFR Part 1910.20) - <b>1910.1020(e)(1)(i)</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------	---	--------------------------	--------------------------	--------------------------

**Note:**

Do the records include - <b>1910.120(f)(8)(ii)(A)-(D)</b> :		Yes	No	N/A	
<b>9</b>	<b>A</b>	The name and social security number of the HMRT member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	The physicians' written opinions, recommended limitations and results of examinations and tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	All HMRT member medical complaints related to exposure to hazardous substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Inspector Initials:** \_\_\_\_\_

<b>D</b>	A copy of the information provided to the examining physician by the HMRT, with the exception of the standard and its appendices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------	---	--------------------------	--------------------------	--------------------------

**Note:**

**PRE-EMPLOYMENT SCREENING**

Pre-employment screening has two major functions: (1) determination of an individual's fitness for duty, including the ability to work while wearing protective equipment, and (2) provision of baseline data for comparison with future medical data.

Yes	No	N/A
-----	----	-----

**Does Pre-employment screening:**

<b>10</b>	<b>A</b>	Include medical history (questionnaire).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	Include occupational history (questionnaire).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	Include a physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	Include baseline testing (both medical screening tests and biologic monitoring tests).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	Include urinalysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F</b>	Include pulmonary function test (spirometry testing) performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G</b>	Include electrocardiogram (EKG) performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>H</b>	Include vision tests that measure refraction, depth perception, and color vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>I</b>	Include audiometric tests, performed at 500, 1,000, 2,000, 3,000, 4,000, and 6,000 hertz (Hz) pure tone in an approved booth (see requirements listed in 29 CFR Part 1910.95, Appendix D).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>J</b>	Include a 14 x 17-inch posterior/anterior view chest X-ray, with lateral or oblique views only if indicated or if mandated by state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>K</b>	Disqualify individuals who are clearly unable to perform based on the medical history and physical exam (e.g., those with severe lung disease, heart disease, or back or orthopedic problems).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Vision tests should be administered by a qualified technician or physician. Vision quality is essential to safety, the accurate reading of instruments and labels, the avoidance of physical hazards, and for appropriate response to color-coded labels and signals.

1. Audiometric tests should be administered by a qualified technician, and results read by a certified audiologist or a physician familiar with audiometric evaluation. The integrity of the eardrum should be established since perforated eardrums can provide a route of entry for chemicals into the body. The physician evaluating HMRT members with perforated eardrums should consider the environmental conditions of the job and discuss possible specific safety controls with the Site Safety Officer, industrial hygienist, and/or other health professionals before deciding whether such individuals can safely work on site.
2. The Chest X-ray should be taken by a certified radiology technician and interpreted by a board-certified or board-eligible radiologist. Chest X-rays taken in the last 12-month period, as well as the oldest chest X-ray available, should be obtained and used for comparison. Chest X-rays should not be repeated more than once a year and no more than every 5 years, unless otherwise determined by the examining physician.
3. At least one standard, 12-lead resting EKG should be performed at the discretion of the physician. A "stress test" (graded exercise) may be administered at the discretion of the examining physician, particularly where heat stress may occur.

**Inspector Initials:** \_\_\_\_\_

**Note:****PERIODIC MEDICAL EXAMINATIONS**

Periodic medical examinations should be developed and used in conjunction with pre-employment screening examinations. Comparison of sequential medical reports with baseline data is essential to determine biologic trends that may mark early signs of adverse health effects, and thereby facilitate appropriate protective measures. The basic periodic medical examination is the same as the pre-employment screening, modified according to current conditions, such as changes in the worker's symptoms, site hazards, or exposures.

Yes No N/A

**Do the periodic medical examinations include:**

<b>11</b>	<b>A</b>	Interval medical history, focusing on changes in health status, illnesses, and possible work-related symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>B</b>	A physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>C</b>	Additional medical testing, depending on available exposure information, medical history, and examination results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	Pulmonary function.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>E</b>	Audiometric tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>F</b>	Vision tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>G</b>	Blood and urine tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** The examining physician should have information about the worker's interval exposure history, including exposure monitoring at the job site, supplemented by worker-reported exposure history and general information on possible exposures at previously worked sites.

1. Testing should be specific for the possible medical effects of the worker's exposure. Multiple testing for a large range of potential exposures is not always useful; it may involve invasive procedures (e.g., tissue biopsy), be expensive, and may produce false-positive results.
2. Annual Audiometric retests are required for personnel subject to high noise exposures (an 8-hour, time-weighted average of 85 dBA2 or more), those required to wear hearing protection, or as otherwise indicated.
3. Pulmonary function tests should be administered if the individual uses a respirator, has been or may be exposed to irritating or toxic substances, or if the individual has breathing difficulties, especially when wearing a respirator.
4. Annual retests are recommended to check for vision degradation.

**Note:****EMERGENCY TREATMENT / NON-EMERGENCY TREATMENT**

<b>12</b>	Are there provisions for emergency treatment and acute non-emergency treatment made at each site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>13</b>	Is there a team of site personnel trained in emergency first aid? This should include a Red Cross or equivalent certified course in cardiopulmonary resuscitation (CPR), and first-aid training that emphasizes treatment for explosion and burn injuries, heat stress, and acute chemical toxicity. In addition, this team should include an emergency medical technician (EMT) if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

**Attachment 9**

<b>Note:</b>				
<b>14</b>	Are personnel trained in emergency decontamination procedures in coordination with the Emergency Response Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
		Yes	No	N/A
<b>15</b>	Are emergency/first-aid stations established on site, capable of providing (1) stabilization for patients requiring offsite treatment, and (2) general first aid (e.g., minor cuts, sprains, abrasions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>16</b>	Are there established protocols for monitoring heat stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>17</b>	Are plans made in advance for emergency transportation to, treatment at, and contamination control procedures for a nearby medical facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>18</b>	Are local emergency transport and hospital personnel educated about possible medical problems on site; typed of hazards and their consequences; potential for exposure; scope and function of the site medical program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>19</b>	Is there a review of emergency procedures with all site personnel at safety meetings before beginning the work shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>20</b>	Do offsite medical personnel investigate and treat non-job-related illnesses that may put the worker at risk because of task requirements (e.g., a bad cold or flu that might interfere with respirator use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>21</b>	Is a copy of the worker's medical records kept at the site (with provisions for security and confidentiality) and, when appropriate, at a nearby hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
		Yes	No	N/A

**ON-SCENE MEDICAL MONITORING**

The ongoing, systematic evaluation of response personnel who are at risk of suffering adverse effects of heat/cold exposure, stress, or hazardous materials exposure.

<b>22</b>	Is pre-entry medical monitoring performed at the site of a hazardous materials incident to obtain baseline vital signs and physical assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>23</b>	Are exclusion criteria guidelines identified to determine medical/physical fitness for entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Inspector Initials:** \_\_\_\_\_

**Attachment 9**

<b>Note:</b>				
<b>24</b>	Is post-entry medical monitoring performed including follow-up monitoring and treatment protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>PROGRAM REVIEW</b>				
<b>25</b>	Does the organization perform maintenance and review of medical records and test results in assessing the effectiveness of the health and safety program with the safety officer, medical consultant, and /or management representative at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>26</b>	Are all accidents or illness promptly investigated to determine the cause, and make necessary changes in health and safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>27</b>	Is there an evaluation of the efficacy of specific medical testing in the context of potential site exposures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>28</b>	Does the program review allow adding or deleting medical tests as suggested by current industrial hygiene and environmental data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				
<b>29</b>	Is there a review of potential exposures and site safety plans at all sites to determine if additional testing is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b>				

**Inspector Initials:** \_\_\_\_\_

**Attachment 9**

**Issues and/or Recommendations identified during the Assessment Inspection for  
Attachment 9, Medical Surveillance:**

Item #:	Issue (details below)

<b>Inspector Name:</b>		<b>Date:</b>
<b>Agency:</b>		

The Attachment 9, Medical Surveillance Inspection for the above listed Hazardous Materials Response Team has been completed.

The \_\_\_\_\_ HMRT has met the requirements for a (Type 1  / Type 2  / Type 3  )  
HMRT for Attachment 9, Medical Surveillance.

\_\_\_\_\_  
**Inspector Signature** **Date**

**Inspector Initials:** \_\_\_\_\_



**THIS PAGE IS INTENTIONALLY LEFT BLANK**

**Inspector Initials:\_\_\_\_\_**

## Attachment 10

### Exercise Evaluation Checklist

<b>HMRT Name:</b>		<b>Date:</b>
<b>Location:</b>		
<b>Incident Commander:</b>		
<b>Safety Officer:</b>		

1.0 Site Management and Control					
Item	Item Name and Description	Remarks	Yes	No	NA
1.1	Approach and Position:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Establish and Mark Zones/ Identify Isolation Area:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Command and Control of Incident Site:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Safety Officer Engagement***: - Identify Hazards - Conduct Risk Assessment - Employ Mitigation Strategies - Ensure Safety of all Personnel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.0 Research and Identification					
Item	Item Name and Description	Remarks	Yes	No	NA
2.1	Weather Monitoring/ Updates/ Effects:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Chemical Identification***, Classification and Verification (minimum of 3 resources used):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Hazard/ Threat Identification*** (minimum of 3 resources used):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 Pre-Entry Preparation					
Item	Item Name and Description	Remarks	Yes	No	NA
3.1	Proper PPE Selection, Donning, and Use: - PPE equipment and suits - Respiratory Protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Pre-Entry Medical Monitoring: - All participants meet minimum exclusion criteria		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

3.0 Pre-Entry Preparation					
Item	Item Name and Description	Remarks	Yes	No	NA
3.3	<b>Communications:</b> <ul style="list-style-type: none"> <li>- Communication Plan</li> <li>- Radio Checks</li> <li>- Secondary means of communication/ hand and arm signals</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<b>Pre-Entry Briefing:</b> <ul style="list-style-type: none"> <li>- Actions on Objective</li> <li>- Safety/ Threat and Hazard Assessment</li> <li>- Communications</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	<b>Air Monitoring/ Detection Equipment:</b> <ul style="list-style-type: none"> <li>- Proper Selection</li> <li>- Calibrated (if required)</li> <li>- Bump Tested (if required)</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.0 Implement Response Objectives					
Item	Item Name and Description	Remarks	Yes	No	NA
4.1	Proper Air Monitoring and Detection for Identified Chemical Threat/ Hazard:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Spill Control***:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Leak Containment***:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Contamination/ Transfer Control:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Mitigation Confirmation/ Air Clearance (if required):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.0 Decontamination and Recovery					
Item	Item Name and Description	Remarks	Yes	No	NA
5.1	<b>Decontamination Method Selection:</b> <ul style="list-style-type: none"> <li>- Appropriate Method Selected for Chemical Threat/ Hazard</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Decontamination Setup and Flow:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Overspray/ Run-off Control:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Initials: \_\_\_\_\_

5.0 Decontamination and Recovery					
Item	Item Name and Description	Remarks	Yes	No	NA
5.4	<b>Decontamination Completed:</b> - Includes all exposed personnel - Post Decon Air Monitoring and Detection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	<b>PPE Doffing:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	<b>Post-Entry Medical Monitoring/ Rehab:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.0 Terminating the Incident					
Item	Item Name and Description	Remarks	Yes	No	NA
6.1	<b>Scene Termination:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	<b>Incident Hotwash/ Debriefing:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Critical Task\*\*\*** - If the HMRT is not able to complete a critical task as annotated above, the HMRT will be required to conduct the evaluated exercise again in order to meet the requirements of certification.

**Safety Violation** - Committing a safety violation will result in a need to re-assess the entire evaluation.

**Safety Violation Example:** Entry Team enters Hot Zone prior to Decontamination Setup being complete.

**\*Completion of 70% or more of the above evaluated criteria is required.**

### Exercise Evaluation Definitions

**Containment** - The action taken to keep a material, in its container.

**Control** - The procedure, techniques, and methods, used in the mitigation of hazardous materials/ weapons of mass destruction (WMD) incidents, including containment, extinguishment, and confinement.

**Critical Task** - Tasks which are required to safely mitigate the threat, reduce risk to HMRT, public, infrastructure and close out the incident effectively.

**Safety Violation** – Actions or a lack of actions which that will put the HMRT, the public or infrastructure at a greater risk for exposure or contamination.

#### **References**

Bevelacqua, A. S. (2014). *Hazardous Materials Managing the Incident Field Operations Guide*. Burlington: Jones & Bartlett Learning.

National Fire Protection Association. (2018). *472 Standard for Competence of Responders to Hazardous Materials/ Weapons of Mass Destruction Incidents*. Quincy: National Fire Protection Association.

**Inspector Initials:** \_\_\_\_\_

