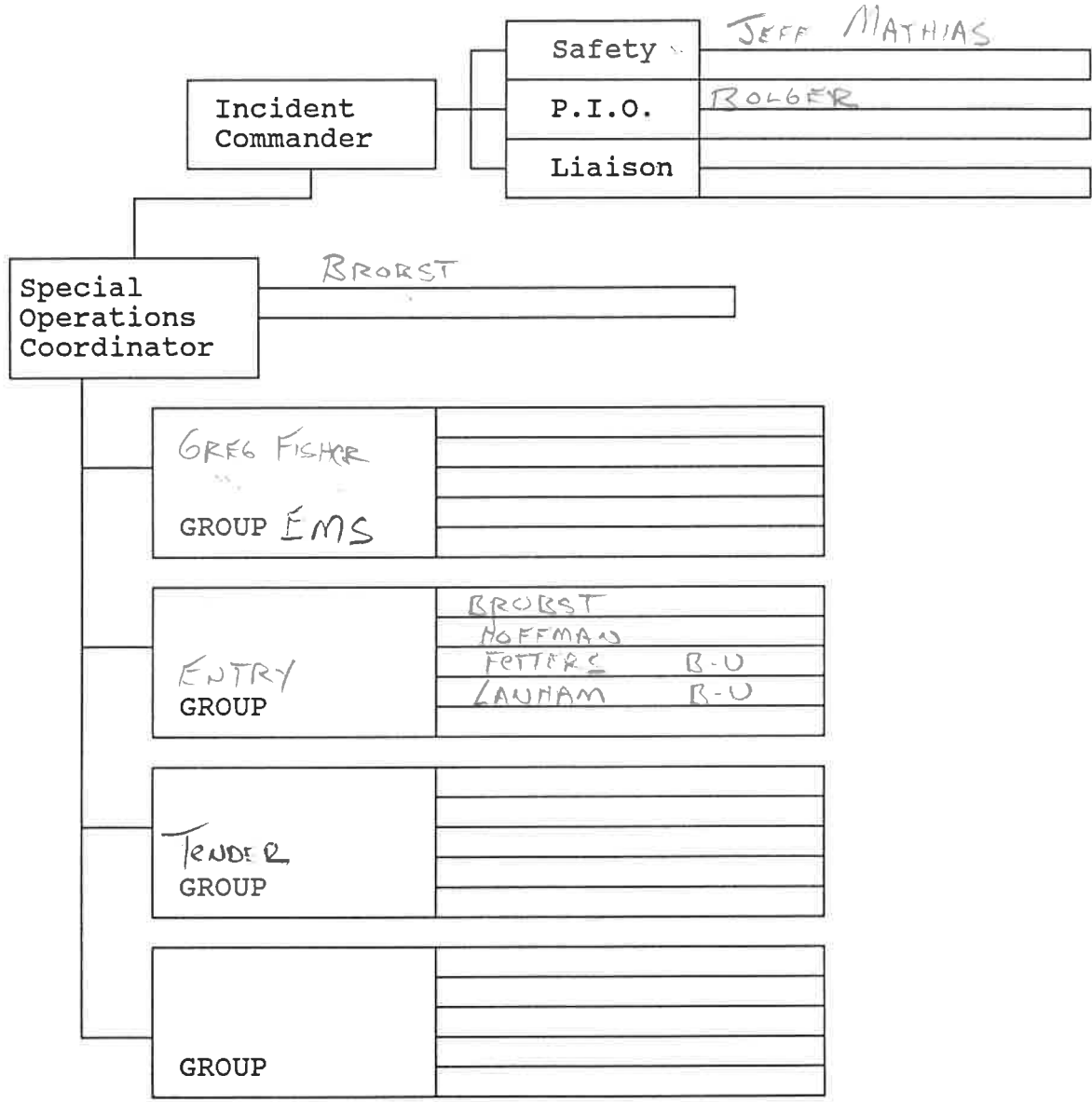


# FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

Incident Command Sheet

Incident Commander SKIP F.D. \_\_\_\_\_



# GENERIC SITE SAFETY PLAN

**A. SITE DESCRIPTION**

Date 11-13-94 Location Civ. Zones 4 37  
Hazards UNKNOWN  
Area Affected Area approx. 12' x 20'  
Surrounding Population Industrial Area minor  
Topography Mostly flat - ditch North west + Southeast  
Weather Conditions Wind 240° @ 7 knots South West  
Approx 75° temp. Clear + sunny  
Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. ENTRY OBJECTIVES - The objective of the initial entry to the contaminated area is to**

Seal 55 gal. drum for removal - over pack +  
monitor for O<sub>2</sub>, CO, LEL,  
\_\_\_\_\_  
\_\_\_\_\_

**C. ONSITE ORGANIZATION AND COORDINATION - The following personnel are designated to carry out the stated job functions on site. (Note: One person may carry out more than one job function.)**

Project Team Leader Bill Brodes  
Scientific Advisor P+B  
Site Safety Officer Teff Mathias  
Public Information Officer Dan Ruber  
Security Officer FGSO  
Recordkeeper Malcom Lawham  
Financial Officer \_\_\_\_\_  
Field Team Leader Rick Hoffman  
Field Team Members Richard Fetters  
Ralph CONRAD  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMANDING THE INCIDENT

Federal Agency Reps \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Agency Reps

OEPA - Advised. Wes Drake contacted

Local Agency Reps

Pleasant Walnut Twp Fire  
Fairfield County Special Operations

Contractor(s)

B+B Underground 4320 Logan - Lay. Rd. - Lancaster

All personnel arriving or departing the site should log in and out with the Recordkeeper. All activities on site must be cleared through the Project Team Leader.

D. On Site Control

Jeff Mallis has been designated to coordinate access control and security on site. A safe perimeter has been established at 100' ft  
to West 200ft East 100ft south at 3500  
Green Zones Rd

No unauthorized person should be within this area.

The on-site Command Post and staging area have been established at South east  
of spill site

The prevailing wind conditions are mild. This location is upwind from the Exclusion Zone.

Control boundaries have been established, and the Exclusion Zone (the contaminated area), hotline, Contamination Reduction Zone, and Support Zone (clean area) have been identified and designated as follows: contaminated area

These boundaries are identified by: Orange cones + yellow laundry  
tape

**COMMANDING THE INCIDENT**

**E. Hazard Evaluation**

The following substance(s) are known or suspected to be on site. The primary hazard of each are identified.

<u>Substances Involved</u>	<u>Concentrations (If Known)</u>	<u>Primary Hazards</u>
<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following additional hazards are expected on site: mechanical

Hazardous substance information form(s) for the involved substance(s) have been completed and are attached.

**F. Personal Protective Equipment**

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

<u>Location</u>	<u>Job Function</u>	<u>Level of Protection</u>				
Exclusion Zone	<u>Place down in sealed</u>	A	<u>B</u>	C	D	Other
	<u>containers &amp; check</u>	A	B	C	D	Other
	<u>area for contamination</u>	A	B	C	D	Other
	_____	A	B	C	D	Other
Contamination Reduction Zone	_____	A	<u>B</u>	C	D	Other
	<u>clean &amp; remove</u>	A	B	C	D	<u>Other</u>
	<u>contaminated material</u>	A	B	C	D	Other
	<u>from entry team</u>	A	B	C	D	Other

Specific protective equipment for each level of protection is as follows:

Level A \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Level C \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Level B As per Level B  
Dressout sheet  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Level D \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMANDING THE INCIDENT

Other \_\_\_\_\_

The following protective clothing materials are required for the involved substances:

<u>Substance</u>	<u>Material</u>
_____	_____
_____	_____
_____	_____

If air-purifying respirators are authorized, N/A is the appropriate canister for use with the involved substances and concentrations. A competent individual has determined that all criteria for using this type of respiratory protection have been met.

NO CHANGES TO THE SPECIFIED LEVELS OF PROTECTION SHALL BE MADE WITHOUT THE APPROVAL OF THE SITE SAFETY OFFICER AND THE PROJECT TEAM LEADER.

G. On-Site Work Plans

Work party(s) consisting of \_\_\_\_\_ persons will perform the following tasks:

Project Team Leader Bill Ropes

Work Party #1 \_\_\_\_\_

Rick Hoffman  
Bill Ropes

Work Party #2 \_\_\_\_\_

Dick Henders

Rescue Team \_\_\_\_\_  
(required for entries to IDLH environments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decontamination Team Joe Westenberg

Bremen  
\_\_\_\_\_  
\_\_\_\_\_

The work party(s) were briefed on the contents of this plan at \_\_\_\_\_.

COMMANDING THE INCIDENT

H. Communication Procedures

Channel \_\_\_\_\_ has been designated as the radio frequency for personnel in the Exclusion Zone. All other onsite communications will use channel \_\_\_\_\_.

Personnel in the Exclusion Zone should remain in constant radio communication or within sight of the Project Team Leader. Any failure of radio communication requires an evaluation of whether personnel should leave the Exclusion Zone.

Air Horn is the emergency signal to indicate that all personnel should leave the Exclusion Zone. In addition, a loud hailer is available if required.

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

*reviewed  
Be fore party*

- Hand gripping throat ..... Out of air, can't breathe
- Grip on partner's wrist or both hands around waist ..... Leave area immediately
- Hands on top of head ..... Need assistance
- Thumbs up ..... Ok, I'm alright, I understand
- Thumbs down ..... No, negative

Telephone communication to the Command Post should be established as soon as practicable. The phone number is \_\_\_\_\_.

I. Decontamination Procedures

Personnel and equipment leaving the Exclusion Zone shall be thoroughly decontaminated. The standard level B decontamination protocol shall be used with the following decontamination stations:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_ (7) \_\_\_\_\_
- (8) \_\_\_\_\_ (9) \_\_\_\_\_ (10) \_\_\_\_\_
- Other \_\_\_\_\_

Emergency decontamination will include the following stations:

Hose Team  
\_\_\_\_\_  
\_\_\_\_\_

The following decontamination equipment is required: dry decon - Rubber Pool  
Trash Bag + Trash Cans  
\_\_\_\_\_

\_\_\_\_\_ will be used as the decontamination solution.

COMMANDING THE INCIDENT

J. Site Safety and Health Plan

1. Todd Martin is the designated Site Safety Officer and is directly responsible to the Project Team Leader for safety recommendation on site.

2. Emergency Medical Care

Greg Fisher + Dave Savage are the qualified EMTs on site.

\_\_\_\_\_, at \_\_\_\_\_, phone \_\_\_\_\_ is located

10 minutes from this location. \_\_\_\_\_ was contacted at

\_\_\_\_\_ and briefed on the situation, the potential hazards, and the substances involved. A map of alternative routes to this facility is available at \_\_\_\_\_.

Local ambulance service is available from PW Fire - Lancaster Hill at phone ON scene and radio contact. Their response time is 0 minutes. Whenever possible, arrangements should be made for onsite standby.

First-aid equipment is available on site at the following locations:

First-aid kit EMS sector, EM center  
Emergency eye wash \_\_\_\_\_  
Emergency shower \_\_\_\_\_  
Other ALS

Emergency medical information for substances present:

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First-Aid Instructions</u>

List of emergency phone numbers:

<u>Agency/Facility</u>	<u>Phone #</u>	<u>Contact</u>
Police		
Fire		
Hospital		
Airport		
Public Health Advisor		

COMMANDING THE INCIDENT

3. Environmental Monitoring

The following environmental monitoring instruments shall be used on site (cross out if not applicable) at the specified intervals.

Combustible Gas Indicator	<u>Scientific Instruments</u>
O <sub>2</sub> Monitor	_____
Colorimetric Tubes	_____
_____	_____
_____	_____
HNU/OVA	_____
Other _____	<u>Lithmus paper</u>
_____	_____

4. Emergency Procedures (should be modified as required for incident)

The following standard emergency procedures will be used by onsite personnel. The Site Safety Officer shall be notified of any onsite emergencies and be responsible for ensuring that the appropriate procedures are followed.

Personnel Injury in the Exclusion Zone: Upon notification of an injury in the Exclusion Zone, the designated emergency signal \_\_\_\_\_ shall be sounded. All site personnel shall assemble at the decontamination line. The rescue team will enter the Exclusion Zone (if required) to remove the injured person to the hotline. The Site Safety Officer and Project Team Leader should evaluate the nature of the injury, and the affected person should be decontaminated to the extent possible prior to movement to the Support Zone. The onsite EMT shall initiate the appropriate first aid, and contact should be made for an ambulance and with the designated medical facility (if required). No persons shall reenter the Exclusion Zone until the cause of the injury or symptoms is determined.

Personnel Injury in the Support Zone: Upon notification of an injury in the Support Zone, the Project Team Leader and Site Safety Officer will assess the nature of the injury. If the cause of the injury or loss of the injured person does not affect the performance of site personnel, operations may continue, with the onsite EMT initiating the appropriate first and necessary follow-up as stated above. If the injury increases the risk to others, the designated emergency signal \_\_\_\_\_ shall be sounded and all site personnel shall move to the decontamination line for further instructions. Activities on site will stop until the added risk is removed or minimized.

Fire/Explosion: Upon notification of a fire or explosion on site, the designated emergency signal Air Horn shall be sounded and all site personnel assembled at the decontamination line. The fire department shall be alerted and all personnel moved to a safe distance from the involved area.

Personal Protective Equipment Failure: If any site worker experiences a failure or alteration of protective equipment that affects the protection factor, that person and his/her buddy shall immediately leave the Exclusion Zone. Reentry shall not be permitted until the equipment has been repaired or replaced.



COMMANDING THE INCIDENT

Other Equipment Failure: If any other equipment on site fails to operate properly, the Project Team Leader and Site Safety Officer shall be notified and then determine the effect of this failure on continuing operations on site. If the failure affects the safety of personnel or prevents completion of the Work Plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

The following emergency escape routes are designated for use in those situations where egress from the Exclusion Zone cannot occur through the decontamination line: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- 1. The conditions resulting in the emergency have been corrected.
- 2. The hazards have been reassessed.
- 3. The Site Safety Plan has been reviewed.
- 4. Site personnel have been briefed on any changes in the Site Safety Plan.

5. Personal Monitoring

The following personal monitoring will be in effect on site:

Personal exposuresampling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical monitoring: The expected air temperature will be \_\_\_\_\_. If it is determined that heat stress monitoring is required (mandatory if over 70°) the following procedures shall be followed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All site personnel have read the above plan and are familiar with its provision.

Site Safety Officer

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FAIRFIELD CO  
HAZ  
M-572  
DECON

MAZETTE RD

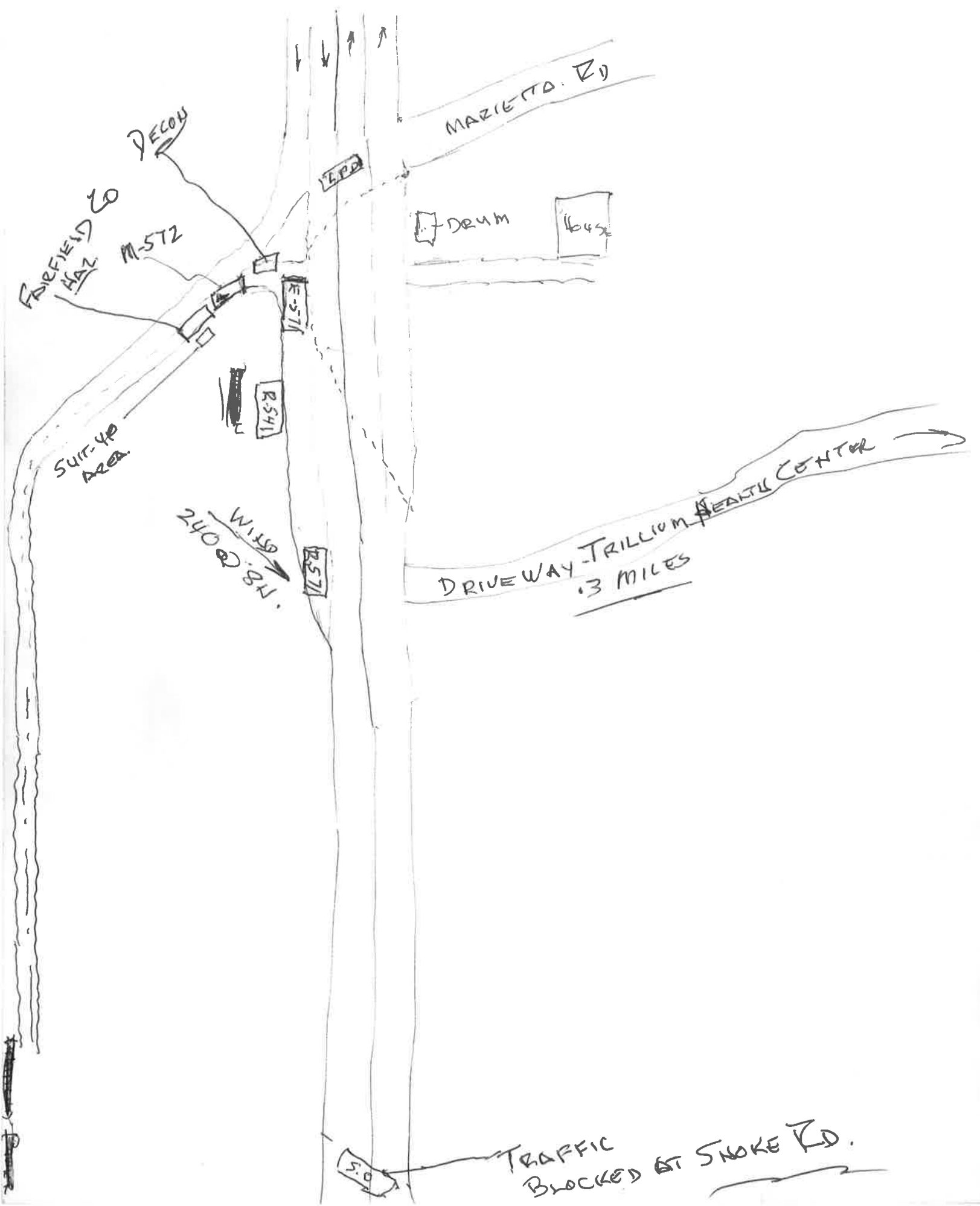
DRUM  
HOUSE

SURV-YO  
AREA

WIND  
DIRM  
240 @ 81.  
N8.00W

DRIVEWAY - TRILLIUM HEALTH CENTER  
0.3 MILES

TRAFFIC  
BLOCKED AT SNOKE RD.



# Fairfield County Special Operations Team

## Tender/Timer Checklist Level "B"

<input checked="" type="checkbox"/> Dressing Tarp	<input checked="" type="checkbox"/> Stools	<input checked="" type="checkbox"/> EMS gloves
<input checked="" type="checkbox"/> Hr SCBAs	<input checked="" type="checkbox"/> Duct tape	<input checked="" type="checkbox"/> Poly boots
<input checked="" type="checkbox"/> Chemical Boots	<input checked="" type="checkbox"/> Level "B" suits	<input checked="" type="checkbox"/> Tyvek suits
<input checked="" type="checkbox"/> Radios	<input checked="" type="checkbox"/> Personal effects bag	<input checked="" type="checkbox"/> Chemical gloves

### CHECK LIST

- Suit and glove compatibility checked with lead tender
- Medical evaluations performed
- Personal effects removed and secured
- Tyvek suit partially donned, Poly boots donned and taped
- Level "B" suit partially donned, Chemical boots donned
- EMS gloves donned
- Finish donning Tyvek suit
- 2nd pair of EMS gloves donned and taped →
- Finish donning level "B" suit
- Silver shield gloves donned and taped
- Chemical gloves donned
- SCBA donned without mask, cylinder valve on
- Record cylinder psi and determine worktime with lead tender
- Radio secured and on proper channel channel 7
- Review emergency procedures, and monitoring guidelines
- Review Decon procedures
- confirm that decon is set-up
- Review action plan with command
- Don facepiece, put hoods up, don helmet and/or ear protection if needed
- Turn on air for entry team, hook up facepiece, record time, visually inspect suit and evaluate personnel

Fairfield County  
Special Operations  
Team

Lead Tender/Timer Checklist

Name Malcolm Lanham  
Incident Location 22 - 37  
Date 11/13/94 Time \_\_\_\_\_ Incident # \_\_\_\_\_  
Chemicals Unknown

Level of Dress-out B  
Suit Type Barricade Breakthru time UNK  
Glove Type Nitril Breakthru time UNK

WORK TIME

Minimum SCBA pressure 2200 X 1 minute p/100 lbs = 22 Mins.  
minus Safety time of 5 minutes. - 5 Mins.  
Maximum time in suit. = 17 Mins.  
minus estimated decon time. - 5 Mins.  
Maximum Time in hot zone. = 12 Mins.  
minus travel time from Work area to decon area. - 2 Mins.  
Maximum Work Time, "on air" to exiting work area = 10 Mins.

Time On Air 16:05 Time To exit Work Area 16:15



**FAIRFIELD COUNTY  
SPECIAL OPERATIONS  
TEAM**

**109 North Broad St., P.O. Box 626, Lancaster, OH 43130-0626  
(614) 654-4357**

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DATE: 11/14/94  
TO: Sheriff Gary DeMastry  
FROM: Chief William Brobst  
RE: Hazmat Response

On Sunday, November 15th, I was requested to respond with the Special Operations trailer to an abandoned drum that fell off a truck at the intersections of state routes 37 & 22. Upon leaving my home with the trailer in tow, I requested a deputy be dispatched to escort me to the scene. I felt that this would expedite the response. Deputy Tim Bigham met me on Route 158 just north of Dumontville and proceeded to escort my vehicle to the scene. Deputy Bigham did an exceptional job in this duty. He drove very professionally and was conscientious at all times of the slower vehicle behind him. I arrived without incident, and, more importantly, without the added stress that a wild rapid response sometimes causes. On behalf of the Special Operations Team, please thank Deputy Bigham for his part in making our first response a successful one.

*William E. Brobst*

Fairfield County  
Special Operations Team

MEDICAL EVALUATION SHEET

NAME Ricky Hoffman AGE 37

INCIDENT LOCATION ST RT 22 AT ST RT 37 LANCASTER, OHIO

DATE 11/13/94 INCIDENT # 1-94 FUNCTION RECOVERY

INITIAL EVALUATION	POST EVALUATION
TIME <u>1530</u>	TIME <u>1625</u>
B/P <u>120/78</u>	B/P <u>181/82</u>
RATE <u>80</u>	RATE <u>86</u>
RESPIRATIONS <u>12</u>	RESPIRATIONS <u>16</u>
WEIGHT <u>160</u> lbs	WEIGHT <u>160</u> lbs
EKG <u>N/A</u>	EKG <u>N/A</u>
RECENT ILLNESS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> if yes notify safety officer	CHEMICAL(S) INVOLVED <u>UNKNOWN</u>
COMMENTS _____ _____	_____
APPROVAL FOR ENTRY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>Capt. J. Fisher</u> name of evaluator	POSSIBLE CONTAMINATION NONE <input type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> HIGHLY <input type="checkbox"/> AREA CONTAMINATED <u>Gloves</u>
	WAS VICTIM TX YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	TO _____ <u>Capt. J. Fisher</u> name of evaluator

Fairfield County  
Special Operations Team

MEDICAL EVALUATION SHEET

NAME MARCOLM LANHAM AGE 24  
INCIDENT LOCATION ST. RT. 37 AT ST RT 22 LANCASTER, OHIO  
DATE 11/13/94 INCIDENT # 1-94 FUNCTION RECOVERY

INITIAL EVALUATION	POST EVALUATION
TIME <u>1521</u>	TIME _____
B/P <u>160 / 120</u>	B/P _____ / _____
RATE <u>90</u>	RATE _____
RESPIRATIONS <u>16</u>	RESPIRATIONS _____
WEIGHT <u>270</u> lbs	WEIGHT _____ lbs
EKG <u>N/A</u>	EKG _____
RECENT ILLNESS YES NO if yes notify safety officer	CHEMICAL(S) INVOLVED _____
COMMENTS <u>B/P too High</u> <u>PRESENTS RISK</u>	_____
APPROVAL FOR ENTRY YES <input checked="" type="radio"/> NO	POSSIBLE CONTAMINATION
<u>Capt J. Sh...</u> name of evaluator	NONE SLIGHT HIGHLY
	AREA CONTAMINATED _____
	WAS VICTIM TX YES NO
	TO _____
	_____
	name of evaluator



Fairfield County  
Special Operations Team

MEDICAL EVALUATION SHEET

NAME RICHARD FETTERS AGE 44

INCIDENT LOCATION STRT 22 AT STRT 37 LANCASTER Ctcd

DATE 11/13/94 INCIDENT # 1-94 FUNCTION RECOVER

INITIAL EVALUATION	POST EVALUATION
TIME <u>1524</u>	TIME <u>1631</u>
B/P <u>154/90</u>	B/P <u>128/90</u>
RATE <u>68</u>	RATE <u>84</u>
RESPIRATIONS <u>12</u>	RESPIRATIONS <u>12</u>
WEIGHT <u>184</u> lbs	WEIGHT <u>183</u> lbs
EKG <u>N/A</u>	EKG <u>N/A</u>
RECENT ILLNESS YES <input type="radio"/> NO <input checked="" type="radio"/> if yes notify safety officer	CHEMICAL(S) INVOLVED _____
COMMENTS _____	_____
_____	POSSIBLE CONTAMINATION
_____	<input checked="" type="radio"/> NONE    SLIGHT    HIGHLY
APPROVAL FOR ENTRY YES <input type="radio"/> NO <input checked="" type="radio"/>	AREA CONTAMINATED _____
<u>Capt. D. J. [Signature]</u> name of evaluator	WAS VICTIM TX YES <input type="radio"/> NO <input checked="" type="radio"/>
	TO _____
	<u>David Savage</u> name of evaluator

Fairfield County  
Special Operations Team

MEDICAL EVALUATION SHEET

NAME RALPH CONRAD AGE 26  
INCIDENT LOCATION STRT 37 AT STRT 22 LANCASTER OFFIC  
DATE 11/13/94 INCIDENT # 1-94 FUNCTION RECOVERY

INITIAL EVALUATION	POST EVALUATION
TIME <u>1534</u>	TIME <u>1632</u>
B/P <u>152/98</u>	B/P <u>148/90</u>
RATE <u>82</u>	RATE <u>98</u>
RESPIRATIONS <u>16</u>	RESPIRATIONS <u>16</u>
WEIGHT <u>151</u> lbs	WEIGHT <u>150</u> lbs
EKG <u>N/A</u>	EKG <u>N/A</u>
RECENT ILLNESS YES <input type="radio"/> NO <input checked="" type="radio"/> if yes notify safety officer	CHEMICAL(S) INVOLVED _____
COMMENTS _____	_____
APPROVAL FOR ENTRY YES <input checked="" type="radio"/> NO <input type="radio"/> <u>Cpt G [Signature]</u> name of evaluator	POSSIBLE CONTAMINATION <input checked="" type="radio"/> NONE <input type="radio"/> SLIGHT <input type="radio"/> HIGHLY AREA CONTAMINATED _____
	WAS VICTIM TX YES <input type="radio"/> NO <input checked="" type="radio"/>
	TO _____ <u>[Signature]</u> name of evaluator

Fairfield County  
Special Operations Team

MEDICAL EVALUATION SHEET

NAME Bill Brobst AGE 34  
INCIDENT LOCATION STRT 22 at STRT 37 LANCASTER, OHIO  
DATE 11/13/94 INCIDENT # 1-94 FUNCTION RECOVERY

INITIAL EVALUATION	POST EVALUATION
TIME <u>1531</u>	TIME <u>1624</u>
B/P <u>122/80</u>	B/P <u>120/84</u>
RATE <u>68</u>	RATE <u>70</u>
RESPIRATIONS <u>12</u>	RESPIRATIONS <u>12</u>
WEIGHT <u>157</u> lbs	WEIGHT <u>155</u> lbs
EKG <u>N/A</u>	EKG <u>N/A</u>
RECENT ILLNESS YES <input type="radio"/> NO <input checked="" type="radio"/> if yes notify safety officer	CHEMICAL(S) INVOLVED <u>UNKNOWN</u>
COMMENTS _____	_____
_____	_____
APPROVAL FOR ENTRY YES <input checked="" type="radio"/> NO <input type="radio"/>	POSSIBLE CONTAMINATION
<u>Capt. [Signature]</u> name of evaluator	NONE <input type="radio"/> SLIGHT <input checked="" type="radio"/> HIGHLY <input type="radio"/>
	AREA CONTAMINATED <u>Gloves only</u>
	WAS VICTIM TX YES <input type="radio"/> NO <input checked="" type="radio"/>
	TO _____
	<u>Capt. [Signature]</u> name of evaluator