

FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

RESEARCH OFFICER DATA SHEET

Name of Research Officer JENNIFER Calhoun

Date 3-16-99 Time _____ Address 37 + Rainbow Dr

Given name of chemical Chlorine 2.3. UN1017
Hypochlorite Solution potassium Permanganate
8 UN1791, PG III 5.1, UN1490

synonyms _____

____ Contact **Poison control** at 228 1323 and give basic details.

____ Contact **PUCO** at ~~740~~ 644 5479 if a "transportation" incident

DOT UN # 1791 Hazard class 6.1 CAS # _____ - _____ - _____

NFFA 704 Health _____ Flamability _____ Reactivity _____ SP _____

Quantity Involved 55 gal drum Amount released 55 gal approx.

I Physical Properties	source	pg
Normal Physical State	solid liquid gas	_____
Vapor density	_____	_____
Specific gravity	_____	_____
Solubility	_____	_____
Boiling Point	_____	_____
Melting/freezing point	_____	_____
Vapor pressure	_____	_____
other	_____	_____
notes		

II Toxic Properties		source	pg
Inhalation Hazard	<input checked="" type="radio"/> yes <input type="radio"/> no		<u>pg 256</u>
Ingestion Hazard	<input checked="" type="radio"/> yes <input type="radio"/> no		<u>256</u>
Absorption Hazard	skin: <input checked="" type="radio"/> yes <input type="radio"/> no		<u>256</u>
	eyes: <input checked="" type="radio"/> yes <input type="radio"/> no		<u>256</u>
IDLH	_____		_____
TLV	_____		_____
notes			

III Flammability Properties		source	pg
Flash Point	_____		_____
Autoignition Temp	_____		_____
LEL/LFL	_____		_____
UEL/UFL	_____		_____
Toxic bi-products...	_____		

notes			

IV Reactivity Properties		source	pg
Water Reactive	<input type="radio"/> yes <input type="radio"/> no		_____
Product reacts violently with...	_____		

notes			

1900
342
3402
KEM

SITE SAFETY AND CONTROL PLAN	1. Incident Name: RT-37 COMMAND	2. Date Prepared: 03/16/99	3. Operational Period Time:										
Section I. Site Information													
4. Incident Location: S.R. 37, N OF RAINBOW DR.													
Section II. Organization													
5. Incident Commander: CHIEF JEFF MATHIAS	6. HM Group Supervisor: CHIEF B	7. Tech. Specialist - HM Reference:											
8. Safety Officer: LT-STEVE SAUNDERS	9. Entry Leader: JEFF SHULL	10. Site Access Control Leader:											
11. Asst. Safety Officer - HM:	12. Decontamination Leader: F.F. ANDY FEY	13. Safe Refuge Area Mgr:											
14. Environmental Health:													
15. Entry Team (Buddy System)		16. Decontamination Element											
Name:	Level	Name:	Level										
Entry 1		Decon 1											
Entry 2		Decon 2											
Entry 3		Decon 3											
Entry 4		Decon 4											
Section III. Hazard/Risk Analysis													
17. Material	Container type	Qty.	Phys. State	pH	IDLH	FP.	I.T.	V.P.	V.D.	S.G.	LEL	UEL	
HYPOCHLORITE SOL	55 GAL DRUM	55	LIQ										
Comment:													
Section IV. Hazard Monitoring													
18. LEL Instrument(s): N/A						19. O ₂ Instrument(s):							
20. Toxicity/PPM Instrument(s):						21. Radiological Instrument(s): N/A							
Comment:													
Section V. Decontamination Procedures													
22. Standard Decontamination Procedures:			YES:	NO:	Comment:								
Section VI. Site Communications													
23. Command Frequency: COMTY TWR 3			24. Tactical Frequency: F.G. CHAN 7			25. Entry Frequency: F.G. CHAN 7							
Section VII. Medical Assistance													
26. Medical Monitoring		YES:	NO: <input checked="" type="checkbox"/>	27. Medical Treatment and Transport In-place				YES: <input checked="" type="checkbox"/>	NO:	Comment:			

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Safety Officer Checklist

CHECK LIST

- Obtain Briefing from Incident Commander
- Assign Safety Assistants as needed
- Identify and Evaluate Hazards
- Alter, Suspend or Terminate any activity judged to be IDLH
- Hot, Warm & Cold Zone Proper size
- Assess Apparatus placement
- Fill Out Site Safety Plan

PRIOR TO ANY ENTRY

- Chemical compatibility checked
- Proper level of protection chosen
- Decon Properly Set Up
- Review Emergency Hand Signals
- Review Emergency Evacuation Signals
- SCBA and Suits properly donned
- Maintain List of all units within Hot Zone

**INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN
(ICS FORM 208)**

Prior to the Haz Mat Group starting operations within the Exclusion Zone a Site Safety And Control Plan must be completed by the Haz Mat Group Supervisor and reviewed by all within the Haz Mat Group.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print Name and/or Number of Incident.
2.	Date and Time	Enter Date and Time prepared.
3.	Operational Period/Time	Enter the Time of the entry into the Exclusion Zone.
4.	Incident Location	Enter the address and/or map coordinates of the Incident.
5-14.	Organization	Enter names of all ICS positions filled (5 & 8 mandatory).
15 -16.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entry 1 - 4 mandatory buddy system and equal backup).
17.	Material	Enter names and preamator information of all known chemical products, UNK if not known. Include any Comments that apply to chemical properties.
18 -21.	Hazard Monitoring	List the instruments which will be used for chemical identification and atmospheric monitoring. Include any Comments which apply to risk annalist.
22.	Decontamination Procedures	If modifications to standard decon procedures check NO and make appropriate Comments including type of solutions.
23.	Site Communications	Enter the radio frequency which apply.
26 - 27.	Medical Assistance	Enter Comments if NO is checked.
28.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (check boxes are mandatory to be identified)
29.	Entry Objectives	List all objectives to be preformed by the Entry Team into the Exclusion Zone and any parameters which will alter or stop entry operations.
30.	Emergency Procedures	List in Comments if any modifications to SOP's and any emergency procedures which will be effected if a emergency occurs while personnel are within the Exclusion Zone.
32 -34.	Safety Briefing	As the Site Safety Plan is reviewed, have the appropriate signature placed in the box. When the safety briefing is completed note the time in box 32.