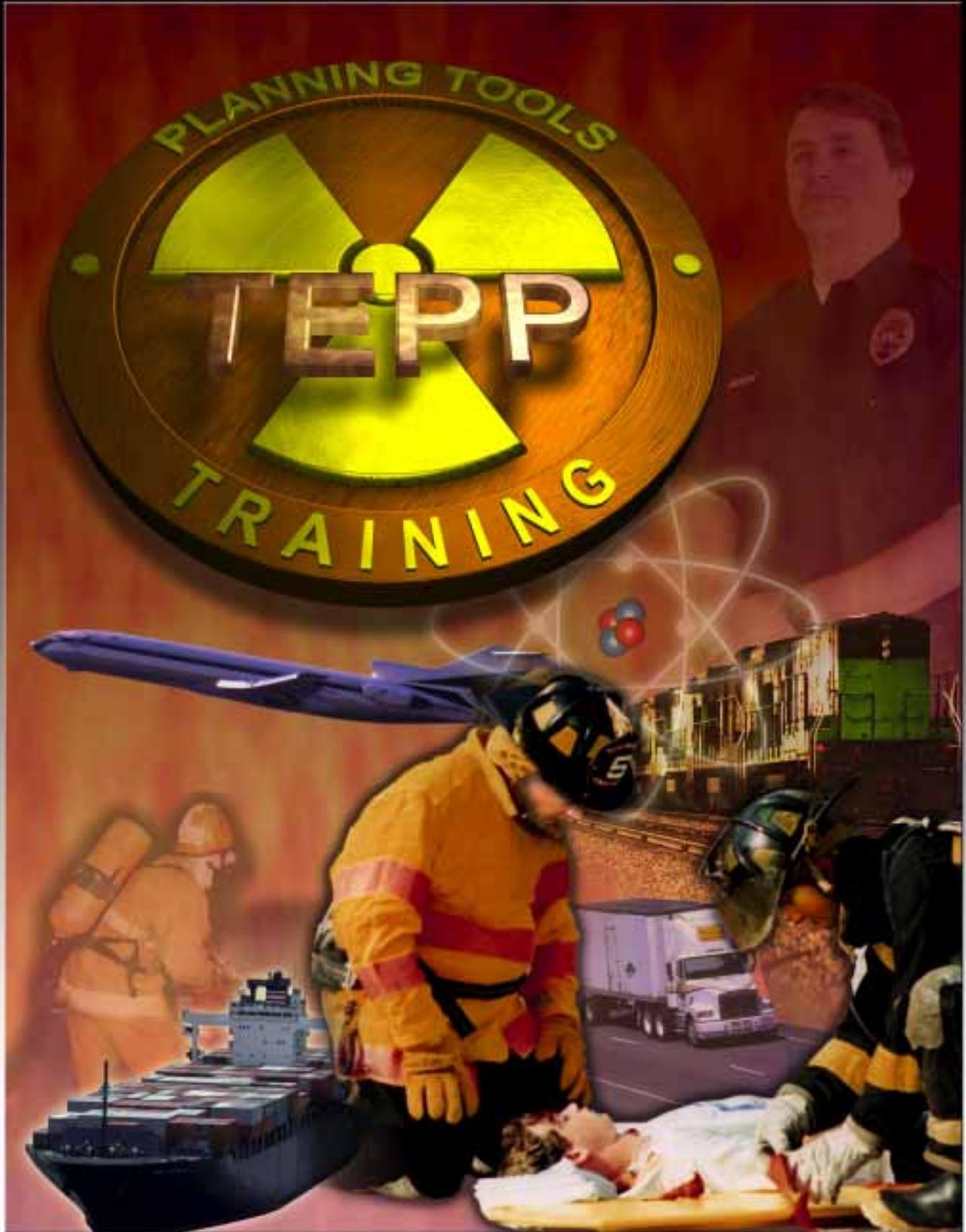




DEPARTMENT OF ENERGY



## **Hazardous Materials Exercise Evaluation Forms**

Prepared For The Department of Energy Office of Transportation and Emergency Management

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## Transportation Emergency Preparedness Program (TEPP) Hazardous Materials Exercise Evaluation Forms



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**Objective 1: INITIAL NOTIFICATION OF RESPONSE  
 AGENCIES AND RESPONSE PERSONNEL (CONT.)**

7. Did the response organization mobilize initial response personnel?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
8. If so, were the types and numbers of personnel mobilized related to the classification level of the emergency?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
9. If not, how were the types and numbers of personnel determined?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
10. Through what means were the personnel mobilized?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
11. At what time did the mobilization process start and end for the responding organizations and personnel?  
 Organization Mobilized            Start: \_\_\_\_\_ End: \_\_\_\_\_
  
12. At what time did the mobilized staff start arriving at their duty stations?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
13. At what time were most of the key positions filled?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**OBJECTIVE 2: DIRECTION AND CONTROL**

**Demonstrate the ability to direct, coordinate, and control emergency response activities through operations of an incident command system (ICS) and other direction and control structures.**

**POINTS OF REVIEW**

1. Which position within the response organization did you evaluate?
  - \_\_\_\_\_ Incident Commander
  - \_\_\_\_\_ Emergency Management Director at EOC
  - \_\_\_\_\_ Other designated personnel with leadership role in response organization (List \_\_\_\_\_)
  
2. Check those actions which the Incident Commander Accomplished in accordance with its response plan:
  - \_\_\_\_\_ established a visible command post
  - \_\_\_\_\_ established communications with off-site organizations
  - \_\_\_\_\_ provided information about the incident/accident to off-site response authorities
  - \_\_\_\_\_ assumed responsibility for the management of operations at the incident/accident site by a site-specific IC
  - \_\_\_\_\_ established an organizational structure for the management of on-scene response operations, including delegations of authority
  - \_\_\_\_\_ coordinated with personnel at the EOC or other off-site response authorities
  - \_\_\_\_\_ managed the ICS interface with the operations of Federal On-Scene Coordinator
  - \_\_\_\_\_ provided direction and control by the IC to all organizations responsible for response actions at the incident/accident site
  
3. Check those actions which the Incident Commander/EMD/or other designated personnel with leadership role in the response organization accomplished:
  - \_\_\_\_\_ issued instructions to staff on response operations
  - \_\_\_\_\_ provided directions on adherence to the plan
  - \_\_\_\_\_ coordinated with and disseminate information to offsite response organizations or any command of the offsite response effort
  - \_\_\_\_\_ resolved conflicts
  - \_\_\_\_\_ provided leadership in decision making
  - \_\_\_\_\_ consulted with staff
  - \_\_\_\_\_ provided needed authorities for emergency action
  - \_\_\_\_\_ directed or coordinated with other response organizations



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**OBJECTIVE 3: INCIDENT ASSESSMENT**

Demonstrate the ability to identify the hazardous material(s) involved in an incident/accident and to assess the hazards associated with the material involved during both the emergency and post-emergency phases.

**POINTS OF REVIEW**

- Who performed the initial incident assessment  
\_\_\_\_\_
- Check the type of information that was obtained during the initial assessment
  - \_\_\_\_\_ type of container, package, etc. involved
  - (List \_\_\_\_\_)
  - \_\_\_\_\_ extent of damage
  - \_\_\_\_\_ estimated quantity of material involved
  - \_\_\_\_\_ shipping papers or MSDS's secured
  - \_\_\_\_\_ placards, identification numbers, markings, labels
  - \_\_\_\_\_ information from knowledgeable persons
- Did the response organization consult various emergency response resources for initial response information?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
- List which resources were consulted?  
\_\_\_\_\_
- Check those organizations that were contacted for additional assistance or response information
  - \_\_\_\_\_ CHEMTREC
  - \_\_\_\_\_ the shipper
  - \_\_\_\_\_ the transportation company
  - \_\_\_\_\_ facility management
  - \_\_\_\_\_ outside experts computer and/or manual databases
  - \_\_\_\_\_ others



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**OBJECTIVE 3: INCIDENT ASSESSMENT (CONTD.)**

6. Did the response organization report the observed field data to other response units?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
7. If yes, to which organizations?
  
8. Was the affected area secured?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
9. Who performed the ongoing incident assessment?
  
10. Did the response organization assess the potential hazards both at the affected sites and to adjacent areas?  
 YES            NO            N/A            N/O
  
11. Check following physical factors affecting the release that the response organization assessed
  - \_\_\_\_\_ the material state (liquid, gas, solid)
  - \_\_\_\_\_ actual and projected release rate
  - \_\_\_\_\_ direction of the material released in air or water
  - \_\_\_\_\_ the physical factors associated with the natural setting
  
12. Check the strategies the response organization used to assess hazards?
  - \_\_\_\_\_ established a priority for monitoring airborne toxic substances
  - \_\_\_\_\_ developed a strategy for monitoring and using direct reading instruments
  - \_\_\_\_\_ maintained monitoring capabilities for the duration of the release
  - \_\_\_\_\_ identified and responded to atmospheric and geographic conditions
  - \_\_\_\_\_ obtained environmental samples
  - \_\_\_\_\_ analyzed the samples
  - \_\_\_\_\_ supplemented filed monitoring data with assessment data that are based on various computer models



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**OBJECTIVE 3: INCIDENT ASSESSMENT (CONTD.)**

13. Who was responsible for field monitoring activities?
- \_\_\_\_\_
- \_\_\_\_\_
14. What procedures were implemented by the field monitoring teams?
- \_\_\_\_\_
- \_\_\_\_\_
15. Did the response organization use the analysis of the field samples to guide decision makers in developing protective actions for the responders and for the general public?
- YES                      NO                      N/A                      N/O



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**OBJECTIVE 4: RESOURCE MANAGEMENT**

Demonstrate the ability to mobilize and manage resources required for emergency response.

**POINTS OF REVIEW**

- 1 Did the response organization determine the resources that it required to respond to an incident/accident?  
 YES            NO            N/A            N/O

How was this accomplished?

---



---

2. Was this process triggered by development of a strategy for containing the incident/accident?  
 YES            NO

3. When did the organization start and finish this process of identifying the required resources?

---



---

- 4 Was this process completed into time to be supportive of the implementation of a response strategy?  
 YES            NO

5. Did the organization contact local resource providers and request necessary resources?  
 YES            NO            N/A            N/O

- 6 When did this process start and end?

---



---

- 7 Were these calls placed to a control cell or to actual providers?

---



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**OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD.)**

8. If calls were made to actual providers, did the response organization use up-to-date and accurate lists of telephone numbers and points of contacts?  
 YES                      NO                      N/A                      N/O
9. What types of resources were requested?  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Which local resource providers were contacted?  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Did the organization contact external resource providers and request necessary resources?  
 YES                      NO                      N/A                      N/O
12. When did this process start and end?  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Were these calls placed to a response cell or to providers?  
 \_\_\_\_\_  
 \_\_\_\_\_
14. If calls were made to providers, did the response organization use up-to-date and accurate lists of telephone numbers and points of contact?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
15. What types of resources were requested?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Which external organizations were contacted?  
 \_\_\_\_\_  
 \_\_\_\_\_



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**OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD.)**

17. Did any of the contacted local resource providers deploy any resources to the site of the incident/accident?  
 YES            NO            N/A            N/O
18. Which providers? \_\_\_\_\_  
 What resources? \_\_\_\_\_  
 When did they arrive? \_\_\_\_\_
19. Were they the resources requested?  
 YES            NO            N/A            N/O
20. Did any of the contacted external resource providers deploy any resources to the site of the incident/accident?  
 YES            NO            N/A            N/O
21. Which providers? \_\_\_\_\_  
 What resources? \_\_\_\_\_  
 When did they arrive? \_\_\_\_\_
22. Were they the resources requested?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Did the IC demonstrate the capability to integrate any deployed external resources into the response effort?  
 YES            NO            N/A            N/O
24. Did the organization demonstrate procedures for securing replacement resources of:
- |                 |     |    |
|-----------------|-----|----|
| _____ equipment | YES | NO |
| _____ personnel | YES | NO |
| _____ supplies  | YES | NO |



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**OBJECTIVE 4: RESOURCE MANAGEMENT (CONTD.)**

25. If the organization demonstrated procedures for any of the above did it contact the providers for additional resources?  
 YES                      NO                      N/A                      N/O
26. Did the providers deploy any additional resources  
 YES                      NO                      N/A                      N/O
27. Which resources were deployed?
28. Did the organization demonstrate a shift change?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
29. Was an individual/organization designated to keep record of resources expended?  
 YES                      NO                      N/A                      N/O
30. Was an individual/organization to record the expenditure of funds in support of the response?  
 YES                      NO                      N/A                      N/O
31. Identify the individual(s)/organization(s) responsible for such recordkeeping.



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**OBJECTIVE 5: COMMUNICATIONS**

Demonstrate the ability to establish and maintain communications essential to support response to a incident/accident.

**POINTS OF REVIEW**

- Check those response units the Incident Commander (IC) established communications with:

  - \_\_\_\_\_ the first responding units at the incident/accident site
  - \_\_\_\_\_ field teams engaged in operations at the incident/accident location
  - \_\_\_\_\_ all response organizations whose support is required by the IC
  - \_\_\_\_\_ all newly arriving response organizations (including those from other jurisdictions)
  - \_\_\_\_\_ the commanders of all major response organizations
  - \_\_\_\_\_ off-site sources of advice and assistance in the identification of the hazardous materials, and the development and implementation of a strategy for containment, cleanup, and recovery
  - \_\_\_\_\_ other (List \_\_\_\_\_)
- Regarding the above response units, were the communications links maintained at a functioning level in support of the IC and the supporting response units?

YES            NO            N/A            N/O
- Did the IC use the established communication linkages for the performance of his direction and control responsibilities?

YES            NO            N/A            N/O
- Were the communications links between these locations able to handle all necessary traffic?

YES            NO            N/A            N/O
- Did the EOC staff quickly establish and maintain effective communications throughout the response effort with the IC and response units under the direction of the EOC staff?

YES            NO            N/A            N/O
- Were the communications links between these locations able to handle all necessary traffic?

YES            NO            N/A            N/O



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**OBJECTIVE 5: COMMUNICATIONS (CONTD.)**

7. Were response organizations functioning at locations removed from the IC and EOC able to develop effective lines of communication (to communicate with each other)?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
8. Did the response organization use the communications system to provide direction and control to the organizations under their command?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
9. Did the response organization use the communications system to coordinate their activities with other organizations?  
  

YES	NO	N/A	N/O
-----	----	-----	-----



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**Objective 6: FACILITIES, EQUIPMENT, AND DISPLAYS**

Demonstrate the adequacy of facilities, equipment, displays, and other materials to support emergency operations.

**POINTS OF REVIEW**

- Was this a fixed or mobile facility?  
\_\_\_\_\_  
\_\_\_\_\_
- Describe the location and key features of this facility.  
\_\_\_\_\_  
\_\_\_\_\_
- What emergency response functions were performed at this facility?  
\_\_\_\_\_  
\_\_\_\_\_
- Did the facility accommodate the numbers of emergency personnel operating from this facility?  
  
YES            NO            N/A            N/O
- Was the facility adequate to support emergency operations?  
  
YES            NO            N/A            N/O
- Identify any facility needs that were not available, but necessary for the response operations.  
\_\_\_\_\_  
\_\_\_\_\_
- Was access to the facility controlled?  
  
YES            NO            N/A            N/O



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**OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS  
(CONT.)**

8. Check the equipment available at this facility.
- \_\_\_\_\_ telephone system
  - \_\_\_\_\_ communications equipment
  - \_\_\_\_\_ facsimile machine
  - \_\_\_\_\_ copier machine
  - \_\_\_\_\_ computer  
(for what purpose? \_\_\_\_\_)
  - \_\_\_\_\_ backup power
  - \_\_\_\_\_ other \_\_\_\_\_

9. Was the equipment adequate to support emergency operations?  
 YES      NO      N/A      N/O      TIME: \_\_\_\_\_

10. Identify any equipment needs or deficiencies.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Check the displays available at this facility.
- \_\_\_\_\_ maps (types \_\_\_\_\_)
  - \_\_\_\_\_ status boards  
(type of information recorded \_\_\_\_\_)
  - \_\_\_\_\_ other ( \_\_\_\_\_)

12. Were displays updated in a timely manner?  
 YES      NO      N/A      N/O

13. Were displays adequate to support emergency operations at this facility?  
 YES      NO      N/A      N/O

14. Identify any displays that were needed but not available at this facility.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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**OBJECTIVE 6: FACILITIES, EQUIPMENT, AND DISPLAYS -  
CONT.)**

15. Check those items identified on the maps

familiar landmarks  
 boundaries  
 traffic/access control points  
 other (List \_\_\_\_\_)

16. Were reference materials available?

YES            NO            N/A            N/O

17. What type of reference materials were available?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Identify any reference materials that were needed but not available at this facility.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Objective 7: ALERT AND NOTIFICATION OF THE PUBLIC**

Demonstrate the ability to signal an alert and to provide emergency notifications containing information and instruction to the public.

**POINTS OF REVIEW**

- Did the response organization issue a directive to activate the public alert system? -  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
  
- Was the alert system activated?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
  
- Through what means was alerting accomplished?  
     \_\_\_\_\_ sirens  
     \_\_\_\_\_ route alerting  
     \_\_\_\_\_ other ( \_\_\_\_\_ )
  
- When did alerting take place? (If this occurred more than once note all times.)  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- Did the response organization disseminate messages to notify the public of emergency instructions and information?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
  
- Check through which means notification was accomplished.  
     \_\_\_\_\_ EBS  
     \_\_\_\_\_ route alerting  
     \_\_\_\_\_ other
  
- When did notification take place? (If this occurred more than once note all times)  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- Was notification accomplished in a timely manner?  
 YES                      NO                      N/A                      N/O



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**planning tools**

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**OBJECTIVE 7: ALERT, AND NOTIFICATION OF THE PUBLIC  
(CONT.)**

9. Did the organization select prescribed notification messages for dissemination via EBS or other means?  
 YES            NO            N/A            N/O
10. Did the organization prepare ad hoc notification messages for dissemination via EBS or other means?  
 YES            NO            N/A            N/O
11. Check those items which were included in the notification messages.
- contain accurate information about the incident/accident
  - describe protective actions clearly and succinctly
  - instruct the listener on the actions to be taken
  - identify the affected areas
  - emphasize the importance of taking these actions as promptly as possible
12. Did the organization provide alert and notification to members of special populations?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
13. Check those special populations that were provided alert and notification.
- hearing impaired
  - mobility impaired
  - visually impaired
  - schools
  - other
14. What means were employed for special population alert and notification?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Were copies of all logs and messages maintained? (Note: Obtain copies)  
 YES            NO            N/A            N/O



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**Objective 8: EMERGENCY INFORMATION - MEDIA**

Demonstrate the ability to coordinate the development and dissemination of clear, accurate, and timely information to the media.

**POINTS OF REVIEW**

- Did the organization establish and use a primary information facility where principal organizations coordinated their activities and interacted with the media?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
- What organizations were represented?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did the organizations designate a single spokesperson?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
- Did the spokesperson have access to all necessary information and technical staff?  
 YES            NO            N/A            N/O
- Did the response organization respond to telephone inquiries from the media?  
 YES            NO            N/A            N/O
- Did the organization provide technically accurate information to the media?  
 YES            NO            N/A            N/O
- Was the information provided to the media consistent with information provided in official notifications to the public?  
 YES            NO            N/A            N/O
- Were briefing and press releases offered to the media after each major development in the incident/accident?  
 YES            NO            N/A            N/O



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**OBJECTIVE 8: EMERGENCY INFORMATION - MEDIA  
(CONTD.)**

9. Note the times of briefings and/or press release.  


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10. Were dissemination of information to the media coordinated among the various Public Information Officers (PIOs)?  
YES            NO            N/A            N/O
11. Was the information provided to the media in understandable language without use of unexplained technical jargon?  
YES            NO            N/A            N/O
12. Was the information provided to the media on protective action recommendations (PAR) consistent with official messages containing PARS.  
YES            NO            N/A            N/O
13. Was the information provided to the media internally consistent.  
YES            NO            N/A            N/O
14. Did the organization monitor the media for the purpose of controlling rumors?  
YES            NO            N/A            N/O
15. Did the organization use information developed from the monitoring of media rumor control?  
YES            NO            N/A            N/O
16. Did the response organization take measures to provide the media with information that would help to control these rumors?  
YES            NO            N/A            N/O
17. If yes, what measures.  


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**Transportation Emergency Preparedness Program (TEPP)  
Hazardous Materials Exercise  
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**OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC  
(CONT.)**

7. Did the response organization make appropriate adjustments in protective action strategies as conditions changed?  

YES	NO	N/A	N/O	TIME
-----	----	-----	-----	------
  
8. Did the response organization issue directives to initiate the implementation of protective actions?  

YES	NO	N/A	N/O	TIME
-----	----	-----	-----	------
  
9. Did the response organization monitor the results of the implementation efforts?  

YES	NO	N/A	N/O	
-----	----	-----	-----	--
  
10. Did the response organization issue new directives as necessary to keep the implementation on track?  

YES	NO	N/A	N/O	TIME
-----	----	-----	-----	------
  
11. What institutions/special populations did the response organization notify of the existence of an incident/accident.  


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12. Did the response organization provide protective action recommendations to the institutions/special populations?  

YES	NO	N/A	N/O	TIME
-----	----	-----	-----	------
  
13. If yes, check the protective action recommendations which were made.  

<input type="checkbox"/>	sheltering-in-place
<input type="checkbox"/>	evacuation
<input type="checkbox"/>	combination of sheltering and evacuation
  
14. If evacuation was recommended, did the response organization recommend evacuating schools to other locations outside of area of risk?  

YES	NO	N/A	N/O	TIME
-----	----	-----	-----	------



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**OBJECTIVE 9: PROTECTIVE ACTIONS FOR THE PUBLIC  
 (CONT.)**

15. Did the response organization provide assistance to special populations/institutions (e.g., hospitals, day care centers) in the accomplishment of protective actions?

YES                      NO                      N/A                      N/O

16. If so, check which special population(s).

- \_\_\_\_\_ hospitals  
 (List \_\_\_\_\_)
- \_\_\_\_\_ day car centers  
 (List \_\_\_\_\_)
- \_\_\_\_\_ mobility impaired
- \_\_\_\_\_ visually impaired
- \_\_\_\_\_ hearing impaired
- \_\_\_\_\_ other (List \_\_\_\_\_)

17. Were the residents of these institutions evacuated along preplanned routes?

YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_

18. What type of assistance was provided?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Did the response organization actually contact the providers of special assistance?

YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_

20. Were the providers actually deployed to the location requesting assistance?

YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_

21. If yes, did the providers actually move from pickup points to specified reception centers?

YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_



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**OBJECTIVE 10: RESPONSE PERSONNEL SAFETY**

**Demonstrate the ability to protect emergency responder health and safety.**

**POINTS OF REVIEW**

1. Did the response organization establish and maintain one or more zones to regulate the movement of personnel in and out of the site?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
2. Did the response organization establish barriers around a restricted zone or “hot zone?”  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
3. Were the boundaries of that zone clearly visible to all response personnel?  
 YES            NO            N/A            N/O
  
4. Did the response organization limit the number of personnel allowed in the restricted zone?  
 YES            NO            N/A            N/O
  
5. Did the response organization limit the amount of time each responder remained in that zone?  
 YES            NO            N/A            N/O
  
6. Did the response organization provide protective equipment and clothing to responders?  
 YES            NO            N/A            N/O
  
7. Was the type of equipment provided based upon the organization’s safety and health plan?  
 YES            NO            N/A            N/O
  
8. Did the response organization use the results of ongoing incident assessment to determine the level (Level A, B, or C) and types of protection to be provided to responders?  
 YES            NO            N/A            N/O



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**OBJECTIVE 10: RESPONSE PERSONNEL SAFETY (CONTD.)**

9. Did the response organization ensure that no emergency worker entered the restricted zone without the required protective equipment and clothing?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
10. Did the response organization establish and maintain rules for the use of protective equipment by responders while in the restricted zone?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
1. Did response personnel operate within the restricted zone under supervisor of a safety officer?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
12. Were fire fighters involved in operations beyond the initial stages of the incident/accident provided protective equipment which meets the criteria required by OSHA 29 CFR 1910.156(e)?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
13. If appropriate equipment was available to responders, were response personnel trained in its safe and proper use?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
14. Were communication links between the IC, the safety officer, and the site entry team adequate to support safe and effective response operation?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
15. Did the safety officer have access to weather data?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
16. By what means (status board, etc.) was equipment and manpower tracked?



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**OBJECTIVE 10: RESPONSE PERSONNEL SAFETY (CONTD.)**

17. Did emergency responders with exposure to an actual or potential inhalation hazard wear positive pressure self-contained breathing apparatus while engaged in emergency response?

YES            NO            N/A            N/O

18. Did the IC allow emergency responders to remove equipment referred to in 12 and 17 above?

YES            NO            N/A            N/O    TIME: \_\_\_\_\_

19. Were operations in hazardous area performed in the “buddy system?”

YES            NO            N/A            N/O

20. Check those actions that the response organization provided to emergency workers:

- \_\_\_\_\_ emergency assistance
- \_\_\_\_\_ rescue
- \_\_\_\_\_ first aid
- \_\_\_\_\_ emergency medical transportation
- \_\_\_\_\_ other

21. Check those actions taken upon the departure of emergency response personnel from the restricted zone:

- \_\_\_\_\_ monitored for contamination
- \_\_\_\_\_ decontaminated
- \_\_\_\_\_ re-monitored



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**OBJECTIVE 11: TRAFFIC AND ACCESS CONTROL**

Demonstrate the organizational ability and resources necessary to implement site security and to control evacuation traffic flow and access to evacuated and sheltered areas.

**POINTS OF REVIEW**

- Was site security implemented at the incident/accident?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
- Who was responsible for implementing site security?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Were only authorized and necessary personnel allowed access to the incident/accident scene?  
 YES            NO            N/A            N/O
- Check those actions included in site security procedures:  
 \_\_\_\_\_ cordoning off the area with police tape or roadblocks  
 \_\_\_\_\_ removing unauthorized vehicles and personnel to allow for easier access to the site by the response organization  
 \_\_\_\_\_ diverting all unnecessary traffic away from the area of the incident/accident
- Were traffic controllers actually deployed to designated traffic/access control points?  
 YES            NO            N/A            N/O
- Was this deployment accomplished in a manner to facilitate traffic and access control?  
 YES            NO            N/A            N/O
- Did the traffic/access controllers minimize delays?  
 YES            NO            N/A            N/O



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**OBJECTIVE 11: TRAFFIC AND ACCESS CONTROL (CONTD.)**

8. Were the number of traffic and access control personnel and resources mobilized adequate to direct and control the evacuation traffic flow?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
9. Were maps provided to local law enforcement personnel depicting the affected area and evacuation routes?  
 YES            NO            N/A            N/O
  
10. In the event the protective action strategy was to shelter-in-place, did the traffic controllers control the access of personnel, equipment, etc. into and from the sheltered area?  
 YES            NO            N/A            N/O
  
11. Did traffic/access controllers limit and prevent access to evacuated or hazardous areas?  
 YES            NO            N/A            N/O
  
12. Did traffic/access controllers limit access to waterways, railways, and airspace in the affected area?  
 YES            NO            N/A            N/O
  
13. Did response organizations keep the traffic access control personnel informed of significant developments in the emergency situation?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
14. How was this information provided to traffic and access control staff?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
15. Check those areas in which traffic and access control personnel demonstrated accurate knowledge of their roles:
  - \_\_\_\_\_ traffic control and access control
  - \_\_\_\_\_ evacuation routes
  - \_\_\_\_\_ destination routes
  - \_\_\_\_\_ location of reception centers
  - \_\_\_\_\_ any relocation, recovery, and re-entry activities for which traffic and access control are pertinent



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**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC**

Demonstrate the ability to monitor and control hazardous materials decontamination of the public through an appropriate combination screening, decontamination, and registration process.

**POINTS OF REVIEW**

1. Was a location for registration, screening, and decontamination of public activated by the response organization?

YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_

Name of location: \_\_\_\_\_

2. Check those activities this facility was capable of performing:

\_\_\_\_\_ screening or monitoring evacuees  
 \_\_\_\_\_ decontaminating evacuees  
 \_\_\_\_\_ registering evacuees

3. Check those activities this facility had adequate space for:

\_\_\_\_\_ screening or monitoring evacuees  
 \_\_\_\_\_ decontaminating evacuees  
 \_\_\_\_\_ registering evacuees

Facilities

4. Did the response organization minimize possible contamination to the facility?

YES                      NO                      N/A                      N/O

5. Did the response organization segregate "clean" from potentially contaminated areas?

YES                      NO                      N/A                      N/O



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**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONT.)**

6. Did the response organization separate males and females during the decontamination process?  
 YES            NO            N/A            N/O

*Monitoring/Decontamination*

7. Which organizations were responsible for:  
 \_\_\_\_\_ screening or monitoring evacuees  
 \_\_\_\_\_ decontaminating evacuees

8. Was there sufficient staff to perform monitoring/decontamination?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_

9. Did the response organization detect contamination based on action levels appropriate for the hazardous material involved in the incident?  
 YES            NO            N/A            N/O

10. Were medical personnel present at the facility?  
 YES            NO            N/A            N/O

11. Did the response organization decontaminate evacuees through the use of procedures entailing removal and control of contaminated clothing and other articles and the use of shower facilities?  
 YES            NO            N/A            N/O

12. Did the response organization provide clothing for person(s) who did not have "clean" clothing with them?  
 YES            NO            N/A            N/O

13. Did the response organization re-monitor persons who were decontaminated?  
 YES            NO            N/A            N/O



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**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONT.)**

14. Did the response organization store contaminated clothing to prevent further contamination of evacuees or “clean” clothes?  
 YES            NO            N/A            N/O
15. Did the response organizations refer significantly contaminated individuals who could not be adequately decontaminated to a medical facility?  
 YES            NO            N/A            N/O
16. Did the response organization establish and maintain records for persons who are seriously contaminated?  
 YES            NO            N/A            N/O

Registration

17. Which organization(s) was responsible for registering evacuees?  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Did the response organization register evacuees on a standardized form designed for evacuee registration?  
 YES            NO            N/A            N/O
19. Check those items recorded during the registration process.  
       \_\_\_\_\_ name  
       \_\_\_\_\_ address  
       \_\_\_\_\_ results of monitoring  
       \_\_\_\_\_ time of decontamination, if any  
       \_\_\_\_\_ other
20. Did the response organization use the registration records as means for  
       \_\_\_\_\_ locating and reuniting families  
 YES    NO  
       \_\_\_\_\_ providing a record of monitoring  
 YES    NO

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**OBJECTIVE 12: REGISTRATION, SCREENING, AND DECONTAMINATION OF PUBLIC (CONT.)**

21. Did the response organization provide to a central location a list of those evacuees registered from all open reception centers?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_

Vehicle Monitoring and Decontamination

22. Did the response organization monitor arriving vehicles for contamination?  
 YES            NO            N/A            N/O

23. Which organization(s) was responsible for monitoring and decontaminating vehicles?  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Did the response organization detect contamination based on action levels appropriate for hazardous material(s) involved in the incident?  
 YES            NO            N/A            N/O

25. Check those actions performed by the response organization.  
       \_\_\_\_\_ segregated contaminated vehicles from clean vehicles  
       \_\_\_\_\_ prevented contact of clean persons with contaminated vehicles

26. Was there sufficient parking for the anticipated number of evacuees?  
 YES            NO            N/A            N/O

27. Were the parking facilities adequate to isolate contaminated vehicles?  
 YES            NO            N/A            N/O

28. Were vehicles decontaminated immediately?  
 YES            NO            N/A            N/O

29. If no, were the vehicles parked and secured awaiting further equipment and instructions?  
 YES            NO            N/A            N/O



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**OBJECTIVE 13: CONGREGATE CARE**

Demonstrate the adequacy of procedures, facilities, equipment, and services for the congregate care of evacuees.

**POINTS OF REVIEW**

1. Was a location for congregate care of the public activated by the response organization?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_

Name of location: \_\_\_\_\_

2. Was there adequate space for the functions of this center?  
 YES                      NO                      N/A                      N/O

3. Which organization was responsible for managing this center?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Was the manager capable of coordinating the limited resources of this center?  
 YES                      NO                      N/A                      N/O

5. Was the manager knowledgeable about the capacity of this center?  
 YES                      NO                      N/A                      N/O

6. Did the response organization keep the manager apprised of how many evacuees to expect?  
 YES                      NO                      N/A                      N/O

7. Was the response organization capable of communicating with the manager?  
 YES                      NO                      N/A                      N/O

8. If yes, through what type of communications system?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**OBJECTIVE 13: CONGREGATE CARE (CONT.)**

9. Check those services that the congregate care center provided to evacuees:
- shelter
  - food
  - sanitation services
  - parking
  - secure storage for evacuee personnel belongings
  - family assistance
  - care for the disabled or other special needs
  - child care
  - medical care
  - first aid
  - other
10. Check those items that the manager had ready access to:
- cots and blankets
  - drinking water
  - food
  - first aid supplies
11. Were these items available in sufficient quantities for the expected number of evacuees?
- YES            NO            N/A            N/O
12. Were these supplies available at the center?
- YES            NO            N/A            N/O
13. If no, what arrangements were made?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Were medical personnel available at the congregate care center?
- YES            NO            N/A            N/O



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**OBJECTIVE 13: CONGREGATE CARE (CONT.)**

15. Check those services provided by medical personnel.
- first aid  
 crisis counseling  
 other (List \_\_\_\_\_)
16. Were police and fire and rescue units on hand to assist the manager with evacuee safety?
- YES                      NO                      N/A                      N/O
17. Did the manager provide accurate and up-to-date information to the evacuees concerning the status of the incident/accident?
- YES                      NO                      N/A                      N/O



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**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES**

**Demonstrate the adequacy of personnel, procedures, equipment, and vehicles for transporting contaminated and/or injured individuals, and the adequacy of medical personnel and facilities to support the operation.**

**POINTS OF REVIEW**

- Which organization(s) demonstrated this objective?
  
- Did EMS personnel establish a protective zone around injured or contaminated individual(s)?  
  

YES	NO	N/A	N/O	TIME: _____
-----	----	-----	-----	-------------
  
- Were the EMS personnel aware of the hazardous material involved?  
  

YES	NO	N/A	N/O	TIME: _____
-----	----	-----	-----	-------------
  
- If yes, describe how the material(s) was identified and the material involved.
  
- Did EMS personnel determine the nature and extent of the injuries?  
  

YES	NO	N/A	N/O
-----	----	-----	-----
  
- Check those actions taken by the EMS personnel?  
  

_____	referred to an initial response resource for immediate first aid for injured patients
_____	instituted emergency care using the triage concept
_____	in case of contact with material, immediately flushed the skin or eyes with running water for at least fifteen minutes
_____	removed and isolated any contaminated clothing and shoes
_____	kept the patient quiet and maintained normal body temperature



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**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONT.)**

7. Did the EMS personnel take steps to limit contamination to:
 

<input type="checkbox"/> other personnel	YES	NO	
<input type="checkbox"/> the vehicle	YES	NO	
<input type="checkbox"/> the facility/site	YES	NO	
  
8. Check those contamination control procedures used by the EMS personnel.
 

<input type="checkbox"/> used gloves as protection against contamination			
<input type="checkbox"/> lined the interior and shielding the floor of the ambulance with a protective covering			
<input type="checkbox"/> wrapped the individual in a sealed sheet or blanket other			
  
9. After the injured individual(s) was delivered to a medical facility, were the following monitored for possible contamination?
 

<input type="checkbox"/> the ambulance crew	YES	NO	
<input type="checkbox"/> the ambulance	YES	NO	
  
10. Was decontamination of the EMS personnel or vehicle necessary?  
 YES                      NO                      N/A                      N/O
  
11. If yes, describe the decontamination procedures.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
12. Did the response organization know which ambulance services were designated to provide transportation for contaminated and/or injured persons?  
 YES                      NO                      N/A                      N/O
  
13. Did the ambulance crew know which medical facility to transport the injured individual(s)?  
 YES                      NO                      N/A                      N/O
  
14. Did the ambulance crew actually drive the individual(s) to the selected medical facility?  
 YES                      NO                      N/A                      N/O







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**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONT.)**

21. Check those procedures implemented by the medical facility to ensure the controlled area is isolated and self-contained.
  - all doors leading to the area remain closed
  - ventilation systems are filtered or independent of other systems within the medical facility
  - \_\_\_\_\_ floors are covered to minimize contamination within the area
  - appropriate warning signs are in place
  - unnecessary equipment is either removed or covered
  - necessary equipment, including a portable x-ray machine, if applicable, is in place
  - a buffer zone separating the controlled area from the rest of the facility is established
  - medical facility staff who have direct contact with contaminated individuals take the necessary precautions to avoid contact with the contamination
  
22. Did the medical staff monitor and assess the injured individual(s) for contamination?  
 YES            NO            N/A            N/O
  
23. If yes, describe how this was demonstrated.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
24. If more than one hazardous material was involved, did the medical staff treat the patient(s) with the proper priority of the materials involved?  
 YES            NO            N/A            N/O
  
25. Did a toxicologist analyze the sample from the injured individual(s)?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
26. Were the results of the analysis transmitted to the attending medical staff?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
27. Did the medical staff implement decontamination procedures for cleansing localized areas on the patient(s)?  
 YES            NO            N/A            N/O



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**OBJECTIVE 14: EMERGENCY MEDICAL SERVICES (CONT.)**

28. Were antidotes or neutralizing chemicals used?
- YES            NO            N/A            N/O
29. Describe the decontamination procedures.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
30. Did the medical staff contain and store any waste solutions for disposal?
- YES            NO            N/A            N/O
31. Did the medical staff maintain contamination control measures during and after treatment of the patient(s)?
- YES            NO            N/A            N/O
32. Did the medical staff properly dispose of any contaminated waste clothing?
- YES            NO            N/A            N/O
33. Did the medical staff properly decontaminate any instruments or medical paraphernalia?
- YES            NO            N/A            N/O
34. Was the medical staff decontaminated before reentering the medical facility from the controlled area?
- YES            NO            N/A            N/O



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_____	_____	_____

**OBJECTIVE 15: CONTAINMENT AND CLEANUP**

Demonstrate the ability to implement appropriate measures for containment, recovery, and cleanup of a release of a hazardous material

**POINTS OF REVIEW**

- Was the source of the release controlled?  
 YES                      NO                      N/A                      N/O
- If yes, describe how this was accomplished.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Was the released material contained?  
 YES                      NO                      N/A                      N/O      TIME: \_\_\_\_\_
- If yes, describe how this was accomplished.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Check those resources used to assist in containing the release.  
 \_\_\_\_\_ DOT ERG  
 \_\_\_\_\_ CHEMTREC  
 \_\_\_\_\_ Shipper Transporter  
 \_\_\_\_\_ Other
- Did the response organization assess the impact of the control/containment strategies on public health and safety and the environment?  
 YES                      NO                      N/A                      N/O
- Did the response organization have available an up-to-date list of cleanup and disposal contractors?  
 YES                      NO                      N/A                      N/O



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**OBJECTIVE 15: CONTAINMENT AND CLEANUP (CONT.)**

8. Did the response organization contact and secure cleanup and disposal contractors?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
9. If yes, who made the contact?  
 \_\_\_\_\_
  
10. What organization/company was contacted?  
 \_\_\_\_\_
  
11. Did the response organization have available an updated list of RCRA disposal facilities?  
 YES .            NO            N/A            N/O
  
12. Did the response organization contact the appropriate State agency offices for information on State requirements for hazardous waste disposal?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
  
13. Who made the call?  
 \_\_\_\_\_
  
14. Which State agency was contacted?  
 \_\_\_\_\_



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**OBJECTIVE 15: CONTAINMENT AND CLEANUP (CONT.)**

23. Did the response organization establish needs for decontamination efforts?

YES            NO            N/A            N/O    TIME: \_\_\_\_\_

24. Did the response organization restore vital services in the affected area?

YES            NO            N/A            N/O    TIME: \_\_\_\_\_

25. Did the response organization prioritize the use of resources necessary for such restoration?

YES            NO            N/A            N/O    TIME: \_\_\_\_\_



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**OBJECTIVE 16: INCIDENT DOCUMENTATION AND INVESTIGATION**

Demonstrate the ability to document a hazardous materials incident/accident and response.

**POINTS OF REVIEW**

- Was an incident/accident debriefing meeting conducted?  
 YES            NO            N/A            N/O    TIME: \_\_\_\_\_
- Who was responsible for conducting the debriefing.  
 \_\_\_\_\_
- List the response personnel involved in the debriefing.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Was a time-line developed at the debriefing?  
 YES            NO            N/A            N/O
- Was an incident/accident investigation initiated?  
 YES            NO            N/A            N/O
- Who was responsible for the investigation?  
 \_\_\_\_\_
- Was the cause of the incident/accident determined?  
 YES            NO            N/A            N/O
- Were response personnel logs and records used as part of the investigation?  
 YES            NO            N/A            N/O
- Was incident/accident information from the media secured to aid in the investigation?  
 YES            NO            N/A            N/O



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**OBJECTIVE 16: INCIDENT DOCUMENTATION AND INVESTIGATION -CONT.)**

10. Was the response to the incident/accident evaluated?

YES                  NO                  N/A                  N/O

11. If yes, describe how was the response was evaluated?

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12. Check recommendations that were made:

- amend the plan
- provide training to responders
- conduct additional drills/exercises
- provide training to the public
- other (List \_\_\_\_\_)

13. Were plans initiated to document the response to the incident/accident in a written report?

YES                  NO                  N/A                  N/O

14. Who was responsible for preparing the written report?

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