APPENDIX J

US NATIONAL RESPONSE SYSTEM

LIST OF FIGURES

NATIONAL RESPONSE SYSTEM

National Contingency Plan

The National Oil and Hazardous Substances Pollution Contingency Plan, more commonly called the National Contingency Plan or NCP, is the federal government's blueprint for responding to both oil spills and hazardous substance releases. The National Contingency Plan is the result of our country's efforts to develop a national response capability and promote overall coordination among the hierarchy of responders and contingency plans.

The first National Contingency Plan was developed and published in 1968. Congress has broadened the scope of the National Contingency Plan over the years. In June 1970, this plan was incorporated as part of the Code of Federal Regulations and applied to all navigable waters and adjoining shorelines of the United States. As required by the Clean Water Act of 1972, the NCP was revised the following year to include a framework for responding to hazardous substance spills as well as oil discharges. Following the passage of Superfund legislation in 1980, the NCP was broadened to cover releases at hazardous waste sites requiring emergency removal actions. Over the years, additional revisions have been made to the NCP to keep pace with the enactment of legislation.

To ensure adequate preplanning and provisions for responding to oil spills, the National Contingency Plan established the National Response Center, the National Response Team, the Regional Response Center, Regional Response Teams and the On-Scene Coordinator (Figure J1.1).

National Response Team (NRT)

National planning and coordination for oil spill response is the responsibility of the National Response Team (NRT). The NRT is responsible for evaluating methods for responding to oil spills and hazardous substances spills, and recommending changes to the National Contingency Plan. The NRT also develops procedures to coordinate activities for federal, state and local governments, and private response organizations.

The NRT consists of representatives from each of the agencies shown in Figure J1.2. Normally, the NRT is chaired by the EPA representative while the USCG representative serves as the vice-chairman. If it is activated for spills within the coastal zone of the United States, the USCG representative will hold the chair.

The NRT can be activated when an oil spill exceeds the capability of the Regional Response Team in which it occurs, crosses national boundaries, or presents a significant threat to a population, national policy, property, or national resources; or when requested by any NRT member.

Once activated, the NRT may:

1. Monitor the spill, evaluate reports from the On-Scene Coordinator (OSC), and recommend appropriate actions for abating the spill.

2. Request oil spill response resources from federal, state, and local governments or private agencies.

3. Coordinate the supply of equipment, personnel, or technical advice to the affected region from other regions or districts.

FIGURE J-1.1

NATIONAL RESPONSE SYSTEM ORGANIZATION

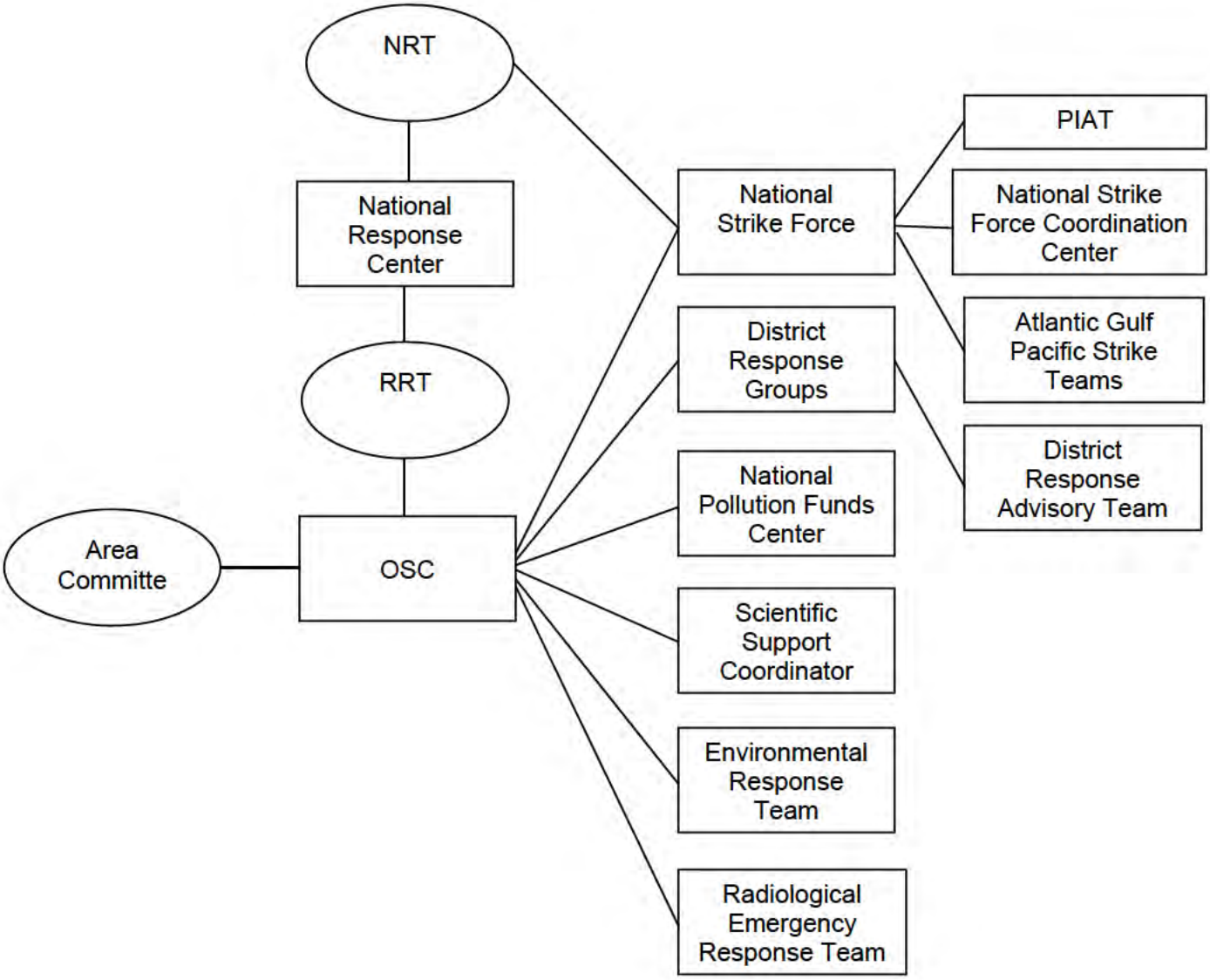
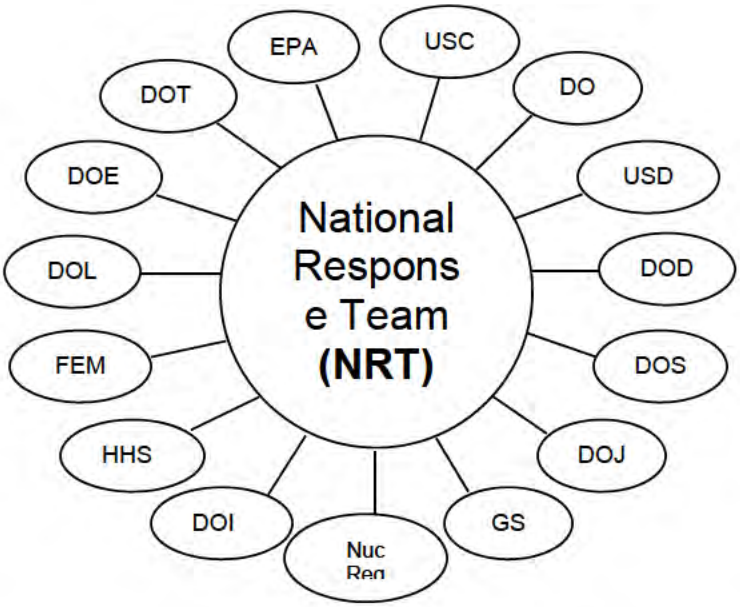


FIGURE J-1.2

FEDERAL REPRESENTATION ON NATIONAL RESPONSE TEAM



DOC	**Department of Commerce** **Scientific expertise from NOAA for marine mammals & oil spill response**	**DOT**	**Department of Transportation** **Expertise on all modes of transporting oil & hazardous substances**
DOD	**Department of Defense** **Oil spill response equipment, ship salvage, and boarding & diving**	**EPA**	**Environmental Protection Agency** **Information on environmental impact of spills & provide scientific support coordination**
DOE	**Department of Energy** **Removal & disposal of radioactive contamination**	**FEMA**	**Federal Emergency Management Agency** **Coordinate civil emergency planning & mitigation efforts**
DOH	**Department of Health** **Assess health hazards associated with response operation & recommend steps for worker & public safety**	**GSA**	**General Services Administration** **Provides logistical and telecommunications support to federal agencies**
DOI	**Department of Interior** **Expertise on fish & wildlife**	**HHS**	**Department of Health and Human Services** **Assists with the assessment, preservation, and protection of human health and helps ensure the availability of essential human services**
DOJ	**Department of Justice** **Answer legal questions on spills & response actions**	**USCG**	**United States Coast Guard** **Establishes spill contingency planning requirements for vessels and facilities, and OSC responsibilities for wasteful zone**
DOL	**Department of Labor** **Expertise needed to minimize exposure to hazardous material during response operation**	**USDA**	**United States Department of Agriculture** **Input on the effect of soil contamination by hazardous and oil spills**

National Response Center (NRC)

The National Response Center (NRC) receives and distributes reports regarding oil and hazardous substances spills. It is located at the USCG Headquarters in Washington, D.C., and can be contacted by dialing the phone number listed in Figure 2.5.

Oil spills must be reported to the National Response Center (See External Notifications for reporting criteria). If a direct report to the National Response Center is not practical, reports may be made to the USCG or EPA predesignated OSC for the geographic area where the spill occurs. If it is not possible to immediately notify the National Response Center or the predesignated OSC, reports may be made immediately to the nearest USCG unit provided that the spiller notifies the NRC as soon as possible. Once the NRC receives notification of a spill, it will promptly notify the appropriate OSC and authorize him to proceed with the appropriate response actions as outlined in the National Contingency Plan.

Regional Response Team (RRT)

The Regional Response Team (RRT) develops oil spill response contingency plans for specific regions of the United States. This team is staffed by representatives from the agencies shown in Figure J1.2 and may include representatives of local governments as agreed upon by the specific State in which the RRT is operative.

The RRT is jointly chaired by the EPA and USCG representatives. See Figures J1.3 and J1.4 for the EPA Regions and the USCG Districts respectively. When activated for inland spills, the EPA representative will be the chairperson. If activated for offshore spills, the USCG representative shall be the chairperson.

The RRT includes two (2) components: a standing team and an incident-specific team. The standing team:

1. reviews regional and local responses to various spills, recommends revisions to the National Contingency Plan, encourages state and local communities to improve their preparedness for oil spill response activities, and reviews actions performed by the On-Scene Coordinator.

2. performs advanced planning for dispersants, surface collection agents, burning agents, biological additives, or other chemical agents that are authorized by the National Contingency Plan.

The incident-specific response team can be activated if an oil spill exceeds the response capability available to the On-Scene Coordinator, if the spill crosses regional boundaries, or if a spill presents a substantial threat to human health and welfare, the environment, or significant amounts of property. It can be activated during a pollution emergency when requested by the Federal On-Scene Coordinator.

The incident-specific response team may:

1. monitor and evaluate reports from the On-Scene Coordinator and recommend specific actions for improving the response operation.

Regional Response Team (Cont'd)

2. request federal, state or local governments, or private organizations to provide resources for responding to the spill.

3. help the On-Scene Coordinator prepare information releases for the public.

4. recommend that a different OSC be designated for the response operation.

5. provide information that will assist the OSC to make timely and appropriate decisions for the response operations.

Federal On-Scene Coordinators

Federal On-Scene Coordinators (FOSC) are predesignated by the U.S. Coast Guard or Environmental Protection Agency. The FOSC collects pertinent facts about the spill, its source and cause, and the parties responsible for the spill. The FOSC also determines the potential impact the spill could have on human health and welfare, and whether it presents a significant threat to the environment. In addition, the FOSC establishes priorities for minimizing the impact of oil spills.

If the spiller assumes responsibility for the spill, the FOSC will monitor the clean-up activity. Otherwise, the FOSC will initiate the response operation and hire commercial contractors as required to clean up the spill as quickly as possible. If commercial resources are not available, the FOSC will deploy federal resources. Reimbursement of any federal funds will be sought from the spiller expenditures after the response. Federal personnel and equipment can be obtained from the National Strike Force and the U.S. Navy.

When a spill report is received, the FOSC will:

1. notify the Regional Response Team (RRT) and National Response Center (NRC).

2. investigate the report to determine pertinent information such as the threat posed to public health and welfare, or the environment.

3 officially classify the size of the discharge and determine the course of action to be followed.

4. determine whether the spiller is properly carrying out the clean-up operation.

5. determine whether the State or local government has the capability to carry out response actions and if a contract or cooperative agreement has been established with the appropriate Fund Administrator for this purpose.

6. notify the Regional Response Team and the trustees of the affected natural resources in accordance with the applicable regional plan.

Within 60 days after a major oil spill, the FOSC shall submit to the RRT a complete report on the response operation and the actions taken. A copy of this report will be submitted to the National Response Team. The format for this report is provided in the National Contingency Plan.

On-Scene Coordinators (Cont'd)

Each FOSC is responsible for developing and updating Area Contingency Plans. Each plan should be a multi-agency effort involving all agencies that would have a role in the local response effort.

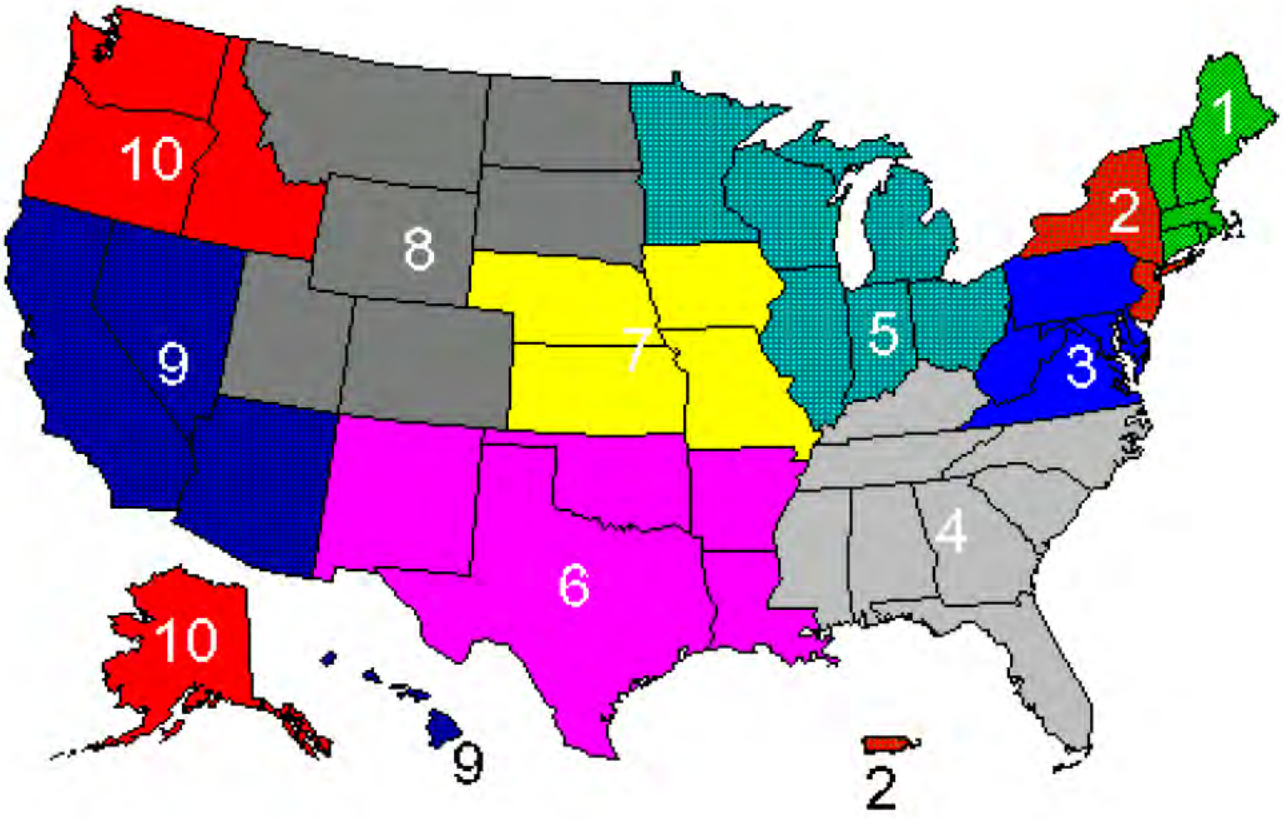
National Strike Force (NSF)

The National Strike Force (NSF) was formed in 1973 after the U.S. Coast Guard was charged with oversight and responsibilities for offshore oil spills under the Federal Water Pollution Control Act. The NSF consists of the Pacific, Gulf and the Atlantic Area Strike Teams. These teams provide experienced personnel and equipment necessary for assisting the FOSC in responding to spills in U.S. waters.

The NSF is always on call and maintains a stock of specialized equipment for deployment anywhere in the nation and, in some cases, overseas. This equipment includes open water oil containment and recovery systems, high capacity pumps for transferring oil and chemicals, and protective clothing for working with hazardous materials. Most of this equipment is designed to fit into Coast Guard C-130 cargo planes or load onto flatbed trucks for fast response.

FIGURE J-1.3

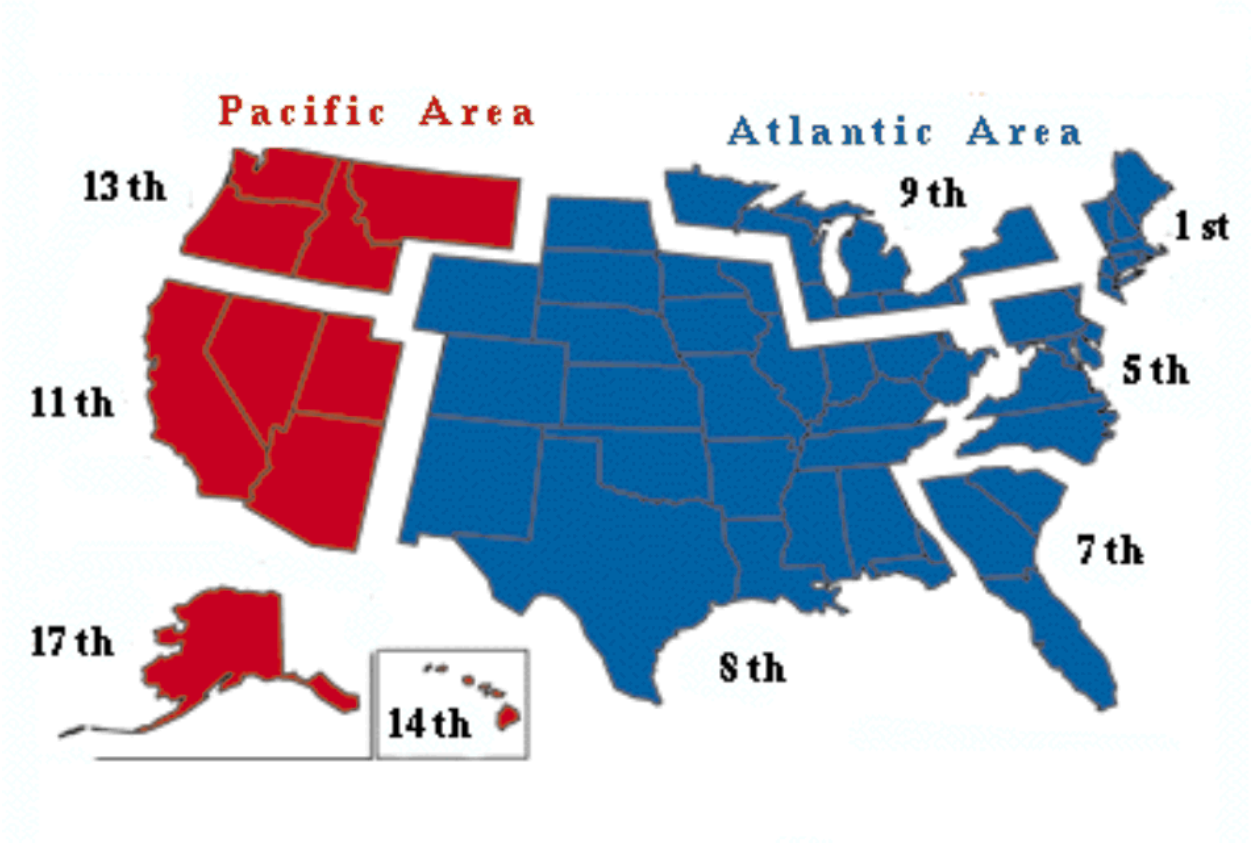
U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) REGIONAL OFFICES



EPA Region 1, Office John F. Kennedy Federal Bldg. Boston, MA 02203	EPA Region 2 Office 26 Federal Plaza New York, NY 10278	EPA Region 3 Office 1650 Arch Street Philadelphia, PA 19103-2029
EPA Region 4 Office 61 Forsythe, 11th Floor Atlanta, GA 30303	EPA Region 5 Office 77 West Jackson Blvd. Chicago, IL 60604	EPA Region 6 Office 1445 Ross Avenue Dallas, TX 75202
EPA Region 7 Office 726 Minnesota Avenue Kansas City, KS 66101	EPA Region 8 Office 999 18th Street Denver, CO 80202	EPA Region 9 Office Public Information Center 215 Fremont Street San Francisco, CA 94105
EPA Region 10 Office 1200 6th Avenue Seattle, WA 98101	U.S. EPA Office of Solid Waste 401 M Street SW Washington, DC 20460-5101	RCRA / Superfund Hotline (800) 424-9346 (in Washington, DC, (202) 879-2693)

FIGURE J-1.4

U.S. COAST GUARD (USCG) DISTRICTS



1st Coast Guard District Battery Park Bldg., Rm. 212 1 S. Street New York, NY 10004-5099 (212) 668-7114	11th Coast Guard District Coast Guard Island Building 51-1 Alameda, CA 94501-5100 (510) 437-3700
5th Coast Guard District Federal Building 431 Crawford Street Portsmouth, VA 23704-5004 (757) 398-6272	13th Coast Guard District 915 2nd Avenue, Suite #3352 Seattle, WA 98174-1067 (206) 220-7237
7th Coast Guard District Federal Building 909 S.E. 1st Ave., Room #954 Miami, FL 33131-3050 (305) 415-6683	14th Coast Guard District PJKK Federal Building 300 Ala Moana Blvd. Honolulu, HI 96850-4982 (808) 541-2121
8th Coast Guard District Hale Boggs Federal Building 501 Magazine Street New Orleans, LA 70130-3396 (504) 589-6198	17th Coast Guard District P.O. Box 25517 Juneau, AK 99802 (907) 463-2025
9th Coast Guard District 1240 E. 9th Street Cleveland, OH 44199-2060 (216) 902-6020	

* Note: These addresses may differ from those listed on the Distribution List.

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APPENDIX K

MISCELLANEOUS FORMS

Page

MISCELLANEOUS FORMS

Page

Canada Specific Forms

Forms and Exercise Documentation
File Maintenance Procedures

- Forms and exercise documentation records should be maintained in a separate file in the Facility's office filing system.
- These files must be available for presentation upon request by regulatory agency personnel.

EMERGENCY / SPILL REPORTING FORM & CHECK LIST

Date: _____ ***Time:*** _____

INCIDENT DESCRIPTION

Reporter's Full Name: _____ *Position:* _____
Day Phone Number: _____ *Evening Phone Number:* _____
Company: _____ *Organization Type:* _____
Facility Address: _____ *Owner's Address:* _____
_____ _____
Facility Latitude: _____ *Facility Longitude:* _____
Spill Location: _____
(if not at Facility) _____
Reporter's Full Name (If other than employee): _____
Day Phone Number: _____
Company: _____
Facility Address: _____
_____
Responsible Party (If Known):
Company: _____ *Organization Type:* _____
Facility Address _____
_____
Telephone Number: _____
Calling for Responsible Party (Y/N): _____
Were materials discharged (Y/N)? _____ *Type of Crude Spilled:* _____
Source and/or cause of discharge: _____
Date: _____ Time: _____ Does it Threaten a Body of Water (Y/N)? _____
Nearest City: _____
County: _____ *State:* _____ *Zip code:* _____
Section: _____ *Township:* _____
Distance from City: _____ *Direction from City:* _____
Container Type: (Above ground /Below ground/ Unknown) *Container Storage Capacity:* _____
Facility Oil Storage Capacity: _____
Mile post or River Mile: _____ Closest Pump Station: _____
Material:

Total Quantity Released	Discharged Material	Water Impact (Yes or No)	Quantity into Water

Does Fire threaten Surrounding installations? _____ *Source of Fire:* _____

RESPONSE ACTION(S)

Action(s) taken to Correct, Control, or Mitigate Incident: _____
_____
_____
Number of Injuries: _____ *Number of Fatalities:* _____
Evacuation(s): _____ *Number Evacuated:* _____
Damage Estimate: _____
More information about impacted medium: _____

CALLER NOTIFICATIONS

National Response Center (NRC): 1-800-424-8802
Additional Notifications (Circle all applicable): *USCG EPA State Province TSB Environment Canada Other*

ADDITIONAL INFORMATION

Any information about the incident not recorded elsewhere in this report: _____
_____
_____

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NATIONAL INCIDENT MANAGEMENT SYSTEM
INCIDENT COMMAND SYSTEM FORMS
(NIMS ICS FORMS)

IAP Cover Sheet	***Incident Action Plan Cover Sheet***
ICS 201-CG*	Incident Briefing
ICS 202-CG*	Incident Objectives
ICS 203-CG	Organization Assignment List
ICS 204-CG	Assignment List
ICS 204a-CG	Assignment List Attachment
ICS 205-CG	Incident Radio Communications Plan
ICS 205a-CG	Communications List
ICS 206-CG	Medical Plan
ICS 207-CG*	Incident Organization Chart
ICS 208-CG* (use PMPL Site Safety Plan)	Site Safety Plan
ICS 209-CG*	Status Summary (SITREP/Opsum)
ICS 209H-CG*	Hurricane and Severe Weather Response
ICS 211-CG	Check-In List
ICS 213-RR-CG	Resource Request
ICS 213-CG	General Message
ICS 214-CG	Unit Log
ICS 215-CG*	Operational Planning Worksheet
ICS 215a-CG	IAP Safety Analysis
ICS 216-CG	Radio Requirements Worksheet
ICS 220-CG	Air Operations Summary
ICS 221-CG	Demob Check Out
ICS-225-CG*	Incident Personnel Performance Rating
ICS 230-CG*	Daily Meeting Schedule
ICS 232-CG*	Resources at Risk
ICS 232a-CG	ACP Site Index
ICS 233-CG	Open Action Tracker
ICS 234-CG	Work Analysis Matrix
ICS-235-CG	Facility Needs Assessment

* Key PMPL forms for initial response

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1. Incident Name	2. Operational Period to be covered by IAP (Date/Time) From: To:	CG IAP COVER SHEET

3. Approved by Incident Commander(s):

ORG	NAME

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

- ☐ ICS 202-CG (Incident Objectives)
- ☐ ICS 202A-CG (Command Direction)
- ☐ ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart)
- ☐ ICS 204-CGs (Assignment Lists)
  One Copy each of any ICS 204-CG attachments:
- ☐ ICS 205-CG (Communications Plan)
- ☐ ICS 206-CG (Medical Plan)
- ☐ ICS 208-CG (Site Safety Plan) or Note SSP Location
- ☐ Map / Chart
- ☐ Weather Forecast / Tides/Currents

Other Attachments

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4. Prepared by: **Date/Time**

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-CG

3. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)

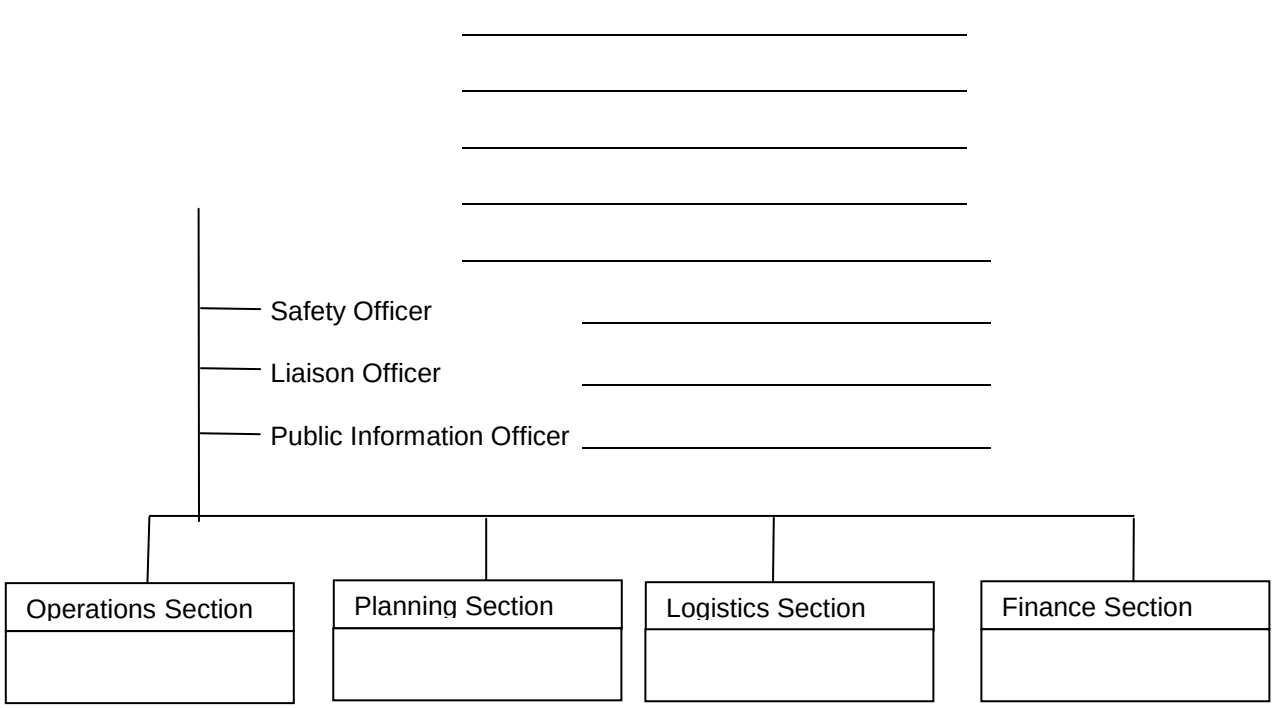
4. Current Situation:

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-CG

5. Initial Response Objectives, Current Actions, Planned Actions

1. Incident Name	2. Prepared by: (name) Date: Time:	INCIDENT BRIEFING ICS 201-CG

6. Current Organization (fill in additional appropriate organization)



1. Incident Name	**2. Prepared by:** (name) Date: Time:	INCIDENT BRIEFING ICS 201-CG

7. Resources Summary

Resource	Resource Identifier	Date Time Ordered	ETA	On-Scene (X)	NOTES: (Location/Assignment/Status)

INCIDENT BRIEFING (ICS 201-CG)

Purpose. The Incident Briefing form provides the Unified Command (and the Command and General Staffs assuming command of the incident) with basic information regarding the response situation and the resources allocated to the incident. It is also a permanent record of the initial incident response.

Preparation. This briefing form is prepared under the direction of the initial Incident Commander for presentation to the Unified Command. This form can be used for managing the response during the initial period until the beginning of the first operational period for which an Incident Action Plan (IAP) is prepared. The information from the ICS form 201-CG can be used as the starting point for other ICS forms or documents.
- Page 1 (Map/Sketch) may transition immediately to the Situation Map.
- Page 2 (Summary of Current Actions) may be used to continue tracking the response actions and as the initial input to the ICS form 215-CG and the ICS form 232-CG.
- Page 3 (Current Organization) may transition immediately to the Organization List (ICS form 203-CG) and/or Organization Chart (ICS form 207-CG).
- Page 4 (Resources Summary) may be used to continue tracking resources assigned to the incident and as input to individual T-Cards (ICS form 219) or other resource tracking system.

Distribution. After the initial briefing of the Unified Command and General Staff members, the Incident Briefing form is duplicated and distributed to the Command Staff, Section Chiefs, Branch Directors, Division/Group Supervisors, and appropriate Planning and Logistics Section Unit Leaders. The sketch map and summary of current action portions of the briefing form are given to the Situation Unit while the Current Organization and Resources Summary portion are given to the Resources Unit. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Prepared By	Enter the name and position of the person completing the form.
	Date	Enter date prepared (month, day, year).
	Time	Enter time prepared (24-hour clock).
3.	Map/Sketch	Show the total Area of Operations, the incident site, overflight results, trajectories, impacted shorelines, or other graphics depicting situation and response status on a sketch or attached map.
4.	Current Situation	Enter short, clear, concise summary of the actions taken in managing the initial response
5.	Initial Response, Objectives, Current & Planned Actions	Enter short, clear, concise statements of the objectives for managing the initial response, any actions taken in response to the incident, including the time, and note any significant events or specific problem areas as well as planned actions for the future.
6.	Current Organization	Enter, on the organization chart, the names of the individuals assigned to each position. Modify the chart as necessary, using additional boxes in the space provided under the Sections. Blank lines are provided in the Unified Command section for adding other agencies or groups participating in the Unified Command and/or for multiple Responsible Parties.
7.	Resources Summary	Enter the following information about the resources allocated to the incident:
	Resource	Description of the resource (e.g., open water boom, skimmer, vac truck, etc.).
	Resource Identifier	Identifier for the resource (e.g., radio call-sign, vessel name, vendor name, license plate, etc.).
	Date/Time Ordered	Date and time ordered (24-hour clock).
	ETA	Estimated date and time for the resource to arrive at the staging area.
	On-Scene	"X" upon the resource's arrival.
	Notes	Location of the resource, the actual assignment, and the status of the resource (if other than working).

NOTE: Additional pages may be added to ICS 201-CG if needed

1. Incident Name	2. Operational Period (Date/Time) From: To:	**Command Direction** **ICS 202A-CG**

3. Key Decisions and Procedures:

4. Priorities:

5. Limitations and Constraints:

6. Prepared by: (Planning Section Chief) **Date/Time**

FORM INSTRUCTIONS

Purpose. The Command Direction form supplements the ICS 202 form by documenting the IC/UC strategic direction and guidance through Key Decisions/Procedures, Priorities and Limitations/Constraints for use during the next operational period.

Preparation. The Command Direction form is completed by the Planning Section following each Unified Command Objectives Meeting conducted (input may be made during the Initial Unified Command Meeting) and aids with Command Direction for the Command and General Staff meeting and when preparing the Incident Action Plan.

Distribution. The Command Direction form may be included with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end operational period date and time.
3.	Key Decisions and Procedures	Enter operational guiding measures from the Unified Command. Provide IMT process guidance for delegation of authority, agency cooperation, cost sharing, resource ordering and other administrative guidance.
4.	Priorities	Enter clear, concise statements of strategic direction for managing the response. These priorities are for the incident response for this operational period and for the duration of the incident. Listed in order of importance.
5.	Limitations and Constraints	Enter clear, concise guidelines for response limiting factors and restrictions due to operations, weather, jurisdictions, resources and parameters agreed upon by the Unified Command.
6.	Prepared by	Enter the name of the person completing the form (usually the Planning Section Chief).
	Date/Time	Enter date (month, day, and year) and time prepared (24-hour clock).

NOTE: The 03/2013 version changes the order from Priorities, Limitations/Constraints and Key Decisions to Key Decisions/Procedures, Priorities and Limitations/Constraints because that is the order they will be developed by the UC and briefed to the Incident Management Team. The new version also corrected some typographical errors and explanation of preparation and use of the form.

1. Incident Name	2. Operational Period (Date/Time) From: To:	Critical Information Requirements ICS 202B

3. Critical Information Requirements:

4. Prepared by: (Planning Section Chief) **Date/Time**

Critical Information Requirements **ICS 202B (rev 07/2012)**

Purpose. The Critical Information Requirements form supplements the ICS 202 form by documenting the IC/UC strategic direction and guidance through Critical Information Requirements for use during the next operational period.

Preparation. The Critical Information Requirements form is completed and/or updated by the Planning Section following each Unified Command Objectives Meeting (input may be made during the Initial Unified Command Meeting) conducted in preparing the Incident Action Plan.

Distribution. The Critical Information Requirements form may be reproduced with the IAP and should be given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Critical Information Requirements	Enter clear, concise statements of critical information requirements for the response. These requirements are for the incident response for this operational period and for the duration of the incident. Listed in order of importance.
4.	Prepared by	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter date (month, day, and year) and time prepared (24-hour clock).

NOTE: ICS 202B-CG, Critical Information Requirements, may serve as part of the Incident Action Plan (IAP)

1. Incident Name	2. Operational Period (Date/Time) From: To:	**INCIDENT OBJECTIVES** **ICS 202-CG**

3. Objective(s)

4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)

Approved Site Safety Plan Located at:

5. Prepared by: (Planning Section Chief) **Date/Time**

INCIDENT OBJECTIVES (ICS 202-CG)

Purpose. The Incident Objectives form describes the basic incident strategy, control objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The Incident Objectives form is completed by the Planning Section following each Command and General Staff Meeting conducted in preparing the Incident Action Plan.

Distribution. The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives are for the incident response for this operational period and for the duration of the incident. Include alternatives.
4.	Operational Period Command Emphasis	Enter clear, concise statements for safety message, priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
	Site Safety Plan	Note location of the approved Site Safety Plan.
5.	Prepared By	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

NOTE: ICS 202-CG, Incident Objectives, serves as part of the Incident Action Plan (IAP)

1. Incident Name	2. Operational Period (Date/Time) From: To:	ORGANIZATION ASSIGNMENT LIST ICS 203-CG

3. Incident Commander(s) and Staff

Agency	IC	Deputy

Safety Officer:	
Information Officer:	
Liaison Officer:	

4. Agency Representatives

Agency	Name

5. PLANNING/INTEL SECTION

Chief	
Deputy	
Resources Unit	
Situation Unit	
Environmental Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. LOGISTICS SECTION

Chief	
Deputy	
a. Support Branch	
Director	
Supply Unit	
Facilities Unit	
Vessel Support Unit	
Ground Support Unit	
b. Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. OPERATION SECTION

Chief		
Deputy		
Deputy		
Staging Area Manager		
Staging Area Manager		
Staging Area Manager		
a. Branch – Division Groups		
Branch Director		
Deputy		
Division Group		
Division Group		
Division Group		
Division/Group		
Division/Group		
b. Branch – Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
c. Branch – Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Br. Dir		
Helicopter Coordinator		

8. FINANCE/ADMINISTRATION SECTION

Chief	
Deputy	
Time Unit	
Procurement Unit	
Compensation/Claims Unit	
Cost Unit	

9. Prepared By: (Resources Unit) **Date/Time**

ORGANIZATION ASSIGNMENT LIST (ICS 203-CG) Instructions for filling out the form

Purpose. The Organization Assignment List provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS form 207-CG) which is posted on the Incident Command Post display. An actual organization will be event-specific. **Not all positions need to be filled.** The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief.

Note: Depending on the incident, the Intelligence and Information function may be organized in several ways: 1) within the Command Staff as the Intelligence Officer; 2) As an Intelligence Unit in Planning Section; 3) As an Intelligence Branch or Group in the Operations Section; 4) as a separate General Staff Intelligence Section; and 5) as an Intelligence Technical Specialist. The incident will drive the need for the Intelligence and Information function and where it is located in the ICS organization structure. The Intelligence and information function is described in significant detail in NIMS and in the Coast Guard Incident Management Handbook (IMH).

Distribution. The Organization Assignment List is duplicated and attached to the Incident Objectives form (ICS 202-CG) and given to all recipients of the Incident Action Plan. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Incident Commander and Staff	Enter the names of the Incident Commander and Staff. Use at least the first initial and last name.
4.	Agency Representative	Enter the agency names and the names of their representatives. Use at least the first initial and last name.
5. thru 8.	Section	Enter the name of personnel staffing each of the listed positions. Use at least the first initial and last name. For Units, indicate Unit Leader and for Divisions/ Groups indicate Division/Group Supervisor. Use an additional page if more than three branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash.
9.	Prepared By	Enter the name and position of the person completing the form
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	ASSIGNMENT LIST ATTACHMENT ICS 204a-CG
3. Branch	4. Division/Group	
5. Strike Team/Task Force/Resource (Identifier)	6. Leader	7. Assignment Location

8. Work Assignment Special Instructions, Special Equipment/Supplies Needed for Assignment, Special Environmental Considerations, Special Site Specific Safety Considerations

Approved Site Safety Plan Located at:

9. Other Attachments (as needed)

☐ **Map/Chart** ☐ **Weather Forecast/Tides/Currents** ☐ _____

☐ _____ ☐ _____ ☐ _____

10. Prepared by: Date/Time	11. Reviewed by (PSC): Date/Time	12. Reviewed by (OSC): Date/Time

1. Incident Name	2. Operational Period (Date/Time) From: To:	**Assignment List** **ICS 204-CG**
3. Branch	**4. Division/Group/Staging**	

5. Operations Personnel Name Affiliation Contact # (s)

Operations Section Chief: _____

Deputy Operations Section Chief: _____

Branch Director: _____

Deputy Branch Director: _____

Division/Group Supervisor/STAM: _____

Str ke Team/Task Force/Resource Identifier	Leader	Contact Info. #	# Of Persons	Reporting Info/Notes/Remarks	
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

7. Work Assignments

8. Special Instructions

9. Communications (radio and/or phone contact numbers needed for this assignment)

Assignment	Channel Name	Frequency (Tx)	Phone

Emergency Communications

Medical _____ Evacuation _____ Other _____

10. Prepared by: Date/Time	11. Reviewed by (PSC): Date/Time	12. Reviewed by (OSC): Date/Time

Purpose. The Assignment List(s) informs Division and Group supervisors of incident assignments. Once the Unified Command and General Staff agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The Assignment List is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202-CG), Operational Planning Worksheet (ICS 215-CG), and the Operations Section Chief. The Assignment List must be approved by the Planning Section Chief and Operations Section Chief. When approved, it is included as part of the Incident Action Plan (IAP). Specific instructions for specific resources may be entered on an ICS 204a-CG for dissemination to the field. A separate sheet is used for each Division or Group. The identification letter of the Division is entered in the form title. Also enter the number (roman numeral) assigned to the Branch.

Special Note. The Assignment List, ICS 204-CG submits assignments at the level of Divisions and Groups. The Assignment List Attachment, ICS 204a-CG shows more specific assignment information, if needed. The need for an ICS 204a-CG is determined by the Planning and Operations Section Chiefs during the Operational Planning Worksheet (ICS 215-CG) development.

Distribution. The Assignment List is duplicated and attached to the Incident Objectives and given to all recipients of the Incident Action Plan. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Branch	Enter the Branch designator.
4.	Division/Group/Staging	Enter the Division/Group/Staging designator.
5.	Operations Personnel	Enter the name of the Operations Chief, applicable Branch Director, and Division Supervisor.
6.	Resources Assigned	Each line in this field may have a separate Assignment List Attachment (ICS 204a-CG). Enter the following information about the resources assigned to Division or Group for this period:
	Identifier	List identifier
	Leader	Leader name
	Contact Information	Primary means of contacting this person (e.g., radio, phone, pager, etc.). Be sure to include area code when listing a phone number.
	# Of Persons	Total number of personnel for the strike team, task force, or single resource assigned.
	Reporting Info/Notes/ Remarks	Special notes or directions, specific to this strike team, task force, or single resource. Enter an "X" check if an Assignment List Attachment (ICS 204a-CG) will be prepared and attached. The Planning and Operations Section Chiefs determine the need for an ICS 204a-CG during the Operational Planning Worksheet (ICS 215-CG) development.
7.	Work Assignment	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
8.	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, or other important information.
9.	Communications	Enter specific communications information (including emergency numbers) for this division /group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205-CG). Note: Phone numbers should include area code.
10.	Prepared By	Enter the name of the person completing the form, normally the Resources Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
11.	Reviewed by (PSC)	
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
12.	Reviewed by (OSC)	Enter the name of the operations person reviewing the form, normally the Operations Section Chief.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	**COMMUNICATIONS LIST** **ICS 205A-CG**

3. Basic Local Communications Information

Assignment	Name	Method(s) of contact (radio frequency, phone, pager, cell #(s), etc.)

4. Prepared by: (Communications Unit) **Date / Time**

COMMUNICATIONS LIST (ICS 205a-CG)

Special Note. This optional form is used in conjunction with the Incident Radio Communications Plan, ICS 205-CG. Whereas the ICS 205-CG is used to provide information on all radio frequencies down to the Division/Group level, the Communications List, ICS 205a-CG, lists methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Purpose. The Communications List records methods of contact for personnel on scene.

Preparation. The Communications List can be filled out during check-in and is maintained and distributed by Communications Unit personnel.

Distribution. The Communications List is distributed within the ICS and posted, as necessary. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Basic Local Comms Information	Enter the communications methods assigned and used for each assignment.
	Assignment	Enter the ICS Organizational assignment.
	Name	Enter the name of the contact person for the assignment.
	Method(s) of contact	Enter the radio frequency, telephone number(s), etc. for each assignment.
4.	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period Date/Time From: To:	**INCIDENT RADIO COMMUNICATIONS PLAN** **ICS 205-CG**

3. Basic Radio Channel Use

Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
1									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

4. Prepared By (Communications Unit) 5. Date/Time

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205-CG)

Special Note. This form, ICS 205-CG, is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period; whereas, the Communications List, ICS 205a-CG is used to list methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.).

Purpose. The Incident Radio Communications Plan is a summary of information obtained from the Radio Requirements Worksheet (ICS 216) and the Radio Frequency Assignment Worksheet (ICS 217). Information from the Radio Communications Plan on frequency assignments is normally noted on the appropriate Assignment List (ICS 204-CG).

Preparation. The Incident Radio Communications Plan is prepared by the Communications Unit Leader and given to the Planning Section Chief.

Distribution. The Incident Radio Communications Plan is included in the Incident Action Plan and duplicated and given to others requiring incident communications information including the Incident Communications Center. All completed original forms MUST be given to the Documentation Unit.

Block #	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the time interval for which the form applies.
3	Basic Radio Channel Use	Enter the following information about radio channel use:
	Channel #	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Function each channel is assigned (e.g., command, support, division tactical, and ground-to-air).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG)
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned (e.g., Branch I, Division A, Hazmat group).
	Rx Freq N or W	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	Rx Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.
	Tx Freq N or W	Enter Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band.
	Tx Tone/NAC	Enter Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.
	Mode A, D or M	Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc. and narrative information regarding special situations.
4	Prepared By	Enter the name of the Communications Unit Leader preparing the form.
5	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	**MEDICAL PLAN** **ICS 206-CG**

3. Medical Aid Stations

Name	Location	Contact #	Paramedics On site (Y/N)

4. Transportation

Ambulance Service	Address	Contact #	Paramedics On board (Y/N)

5. Hospitals

Hospital Name	Address	Contact #	Travel Time		Burn Ctr?	Heli-Pad?
			Air	Ground		

6. Special Medical Emergency Procedures

7. Prepared by: (Medical Unit Leader) **Date/Time**	**8. Reviewed by: (Safety Officer)** **Date/Time**

MEDICAL PLAN (ICS 206-CG)

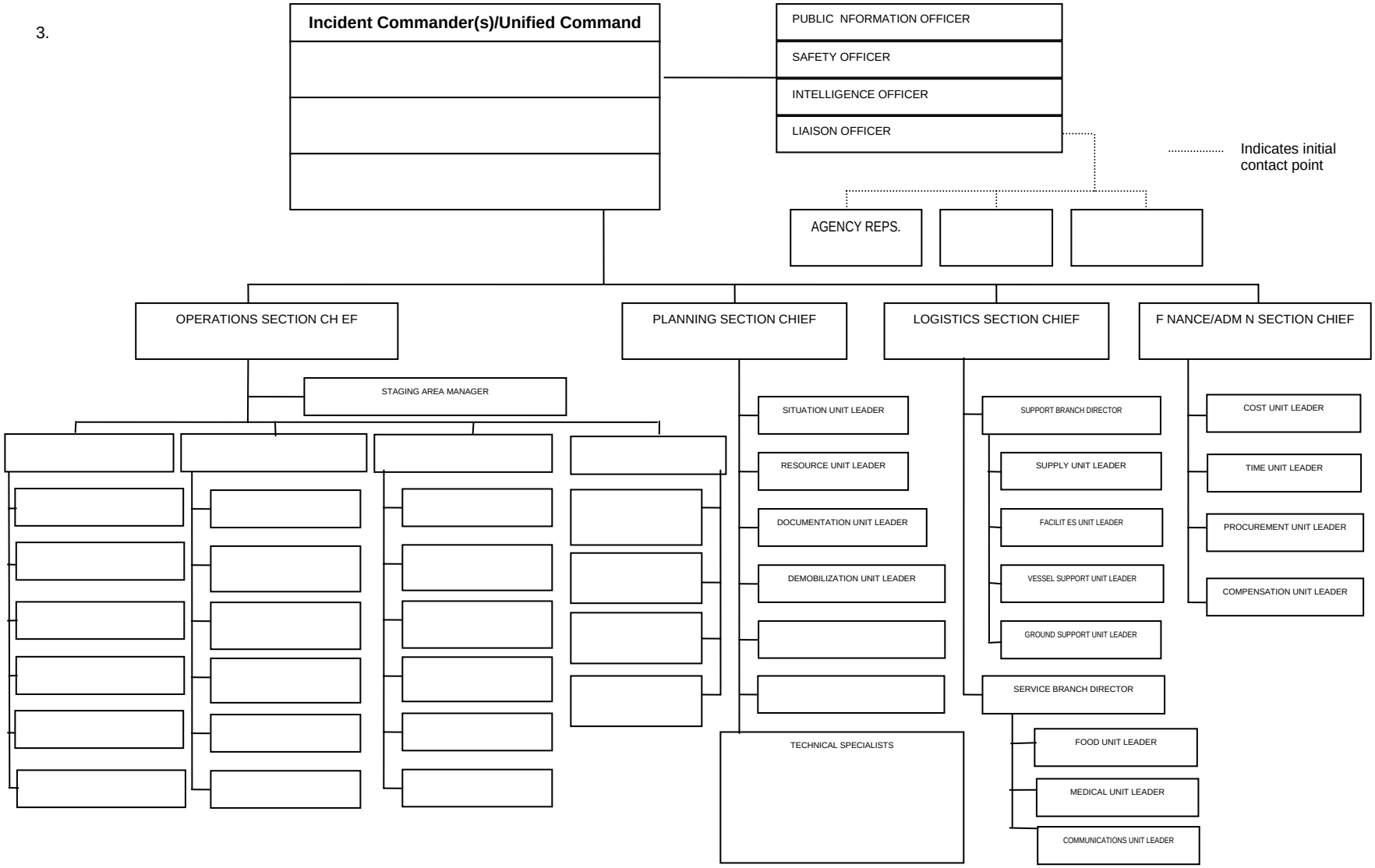
Purpose. The Medical Plan provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The Medical Plan is prepared by the Medical Unit Leader and reviewed by the Safety Officer.
Distribution. The Medical Plan may be attached to the Incident Objectives (ICS 202-CG), or information from the plan pertaining to incident medical aid stations and medical emergency procedures may be taken from the plan and noted on the Assignment List (ICS 204-CG) or on the Assignment List Attachment (ICS 204a-CG). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Medical Aid Stations	Enter name, location, and telephone number of the medical aid station(s) (e.g., Cajon Staging Area, Cajon Camp Ground) and indicate if paramedics are located at the site.
4.	Transportation	List name and address of ambulance services. Provide phone number and indicate if ambulance company has paramedics.
5.	Hospitals	List hospitals that could serve this incident. Enter hospital name, address, phone number, the travel time by air and ground from the incident to the hospital, and indicate if the hospital has a burn center and/or a helipad.
6.	Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel.
7.	Prepared By Date/Time	Enter the name of the Medical Unit Leader preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
8.	Reviewed By Date/Time	Enter the name of the Safety Officer who must review the plan. Enter date (month, day, year) and time reviewed (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	INCIDENT ORGANIZATION CHART ICS 207-CG

3.



4. Prepared By: (Resources Unit Leader)	5. Date/Time Prepared:

INCIDENT ORGANIZATION (ICS 207-CG) Revision 1/07

Purpose. The Incident Organization Chart provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. An actual organization will be event-specific. **Not all positions need to be filled.** The size of the organization is dependent on the magnitude of the incident and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this chart under the direction of the Planning Section Chief. The ICS-203 is used to help complete the Incident Organization Chart.

Note: Depending on the incident, the Intelligence and Information function may be organized in several ways: 1) within the Command Staff as the Intelligence Officer; 2) As an Intelligence Unit in Planning Section; 3) As an Intelligence Branch or Group in the Operations Section; 4) as a separate General Staff Intelligence Section; and 5) as an Intelligence Technical Specialist. The incident will drive the need for the Intelligence and Information function and where it is located in the ICS organization structure. The Intelligence and information function is described in significant detail in NIMS and in the Coast Guard Incident Management Handbook (IMH).

Distribution. The Incident Organization Chart is is posted on the Incident Command Post display and may be posted in other places as needed (e.g. the Joint Information Center). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident. Record the start and end date and time.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Positions	Enter the name of personnel staffing each of the listed positions. Use at least the first initial and last name. For Units, indicate Unit Leader and for Divisions/ Groups indicate Division/Group Supervisor. If there is a shift change during the specified operational period, list both names, separated by a slash.
4.	Prepared By	Enter the name and position of the person completing the form
5.	Date/Time Prepared	Enter date (month, day, year) and time prepared (24-hour clock).

Site Safety and Health Plan ICS-208-CG (rev 4/15)

Incident Name: _____ Date/Time Prepared: _____ Operational Period: _____

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations. Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Questions on the document should be addressed to the **Coast Guard Office of Contingency Preparedness and Exercise Policy (CG-CPE)**.

Table of Forms

FORM NAME	FORM #	USE	REQUIRED	OPTIONAL	ATTACHED
Emergency Safety and Response Plan	A	Emergency response phase (uncontrolled)	X		
Emergency Site Non-Hazardous Assessment Form	A2	Emergency response phase without Hazardous Materials present. Overall site assessment	X		
Site Safety Plan	B	Post-emergency phase (stabilized, cleanup)	X		
Site Map	C	Post-emergency phase map of site and hazards	X		
Emergency Response Plan	D	Part of Form B, to address emergencies	X		
Exposure Monitoring Plan	E	Exposure monitoring Plan to monitor exposure	X		
Air Monitoring Log	E-1	To log air monitoring data	X*		
Personal Protective Equipment	F	To document PPE equipment and procedures	X*		
Decontamination	G	To document decon equipment and procedures	X*		
Site Safety Enforcement Log	H	To use in enforcing safety on site		X	
Worker Acknowledgement Form	I	To document workers receiving briefings		X	
Form A Compliance Checklist	J	To assist in ensuring HAZWOPER compliance		X	
Form B Compliance Checklist	K	To assist in ensuring HAZWOPER compliance		X	
Drum Compliance Checklist	L	To assist in ensuring HAZWOPER compliance		X	
Other:					

** Required only if function or equipment is used during a response*

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EMERGENCY SAFETY and RESPONSE PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: **Attach MSDS for each Chemical:**

5. Organization IC/UC:	Safety: Div/Group Supv:	Entry Team:	Backup Team:	Decon Team:

6.a. Physical Hazards and Protection	6.b. Confined Space ☐ Noise ☐ Heat Stress ☐ Cold Stress ☐ Electrical ☐ Animal/Plant/Insect ☐ Ergonomic ☐ Ionizing Rad ☐ Slips/Trips/Falls ☐ Struck by ☐ Water ☐ Violence ☐ Excavation ☐ Biomedical waste and/or needles ☐ Fatigue ☐ Other (specify)

6.c. Tasks & Controls	6d Entry Permit	6.e. Ventilate	6f. Hearing Protection	6g. Shoes (type)	6.h. Hard Hats	6i. Clothing (cold wx)	6j. Life Jacket	6l. Work/ Rest (hrs)	6.m. Fluids (amt/time)	6.n. Signs & Barricade	6.p. Fall Protect	6.q. Post Guards	6.r. Flash Protect	6.s. Work Gloves	6.t. Other

7.a. Agent	7.b. Hazards		7.c. Target Organs	7.d. Exposure Routes	7.f. PPE	7.g. Type of PPE
	Explosive ☐ Flammable ☐ Reactive ☐ Biomedical ☐ Toxic ☐	Radioactive ☐ Carcinogen ☐ Oxidizer ☐ Corrosive ☐ Specify Other: ☐	Eyes ☐ Nose ☐ Skin ☐ Ears ☐ Central Nervous System ☐ Respiratory ☐ Throat ☐ Lungs ☐ Heart ☐ Liver ☐ Kidney ☐ Blood ☐ Lungs ☐ Circulatory ☐ Gastrointestinal ☐ Bone ☐ Other Specify: ☐	Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	Face Shield ☐ Eyes ☐ Gloves ☐ Inner Suit ☐ Splash Suit ☐ Level A Suit ☐ SCBA☐ APR☐ SAR ☐ Cartridges ☐ Fire Resistance☐	

8. Instruments:	8.a. Action Levels	8.b. Chemical Name(s):	8.c. LEL/UEL %	8.d. Odor Thresh Ppm	8.e. Ceiling/ IDLH	8.f. STEL/TLV	8.g. Flash Pt/ Ignition Pt (F or C)	8.h. Vapor Pressure (mm)	8.i. Vapor Density	8.j. Specific Gravity	8.l. Boiling Pt F or C
O2 ☐ CGI ☐ Radiation ☐											
Total HCs ☐ Colorimetric ☐ Thermal ☐ Other ☐											

EMERGENCY SAFETY and RESPONSE PLAN (Cont)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: **Attach SDS for each Chemical**

9. Decontamination:				
Instrument Drop Off ☐	Suit Wash ☐	Bottle Exchange ☐	SCBA/Mask Rinse ☐	Intervening Steps ☐ Specify:
Outer Boots/Glove Removal ☐	Decon Agent: Water ☐	Outer Suit Removal ☐	Inner Glove Removal ☐	
Suit/Gloves/Boot Disposal ☐	Other ☐	Inner Suit Removal ☐	Work Clothes Removal ☐	
	Specify:	SCBA/Mask Removal ☐	Body Shower ☐	

10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North
☐ Attached, ☐ Drawn Below:

11.a. Potential Emergencies:	11.b. Evacuation Alarms:	11.c Emergency Prevention and Evacuation Procedures:
Fire ☐	Horn ☐ # Blasts ☐	Safe Distance:
Explosion ☐	Bells ☐ #Rings ☐	
_____ Other ☐	Radio Code ☐	
	Other:	

12. a. Communications:	12.b. Command #:	12.c. Tactical #:	12.d. Entry #:
Radio ☐ Phone ☐ Other ☐			

13.a. Site Security: Personnel Assigned	13.b. Procedures:	13.c. Equipment:
14.a. Emergency Medical: Personnel Assigned	14.b. Procedures:	14.c Equipment:
15. Prepared by:	16. Date/Time Briefed:	**ICS-208-CG SSP-A Page 2 (rev 4/15):** Page _____ of _____

EMERGENCY SAFETY AND RESPONSE PLAN (ICS-208-CG SSP-A)

Purpose: The Emergency Safety and Response Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response. *It is only used during the emergency phase of the response, which is defined as a situation involving an uncontrolled release.* It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Emergency Site Safety and Response Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). Form ICS-208-CG SSP-G need not be completed if this form is used. When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Safety and Response Plan complements the Incident Action Plan. For smaller incidents, the Emergency Site Safety and Response Plan complements ICS-201.

Distribution: The Emergency Safety and Response Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the ICS 204 Assignment List(s). The Operations Section Chief, Directors, Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Safety and Response Plan properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
5	Organization	List the personnel responsible for these positions. IC and Safety Officer are mandatory.
6	Physical Hazards & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, overpacking, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Chemical/Agent	List the chemicals involved in the response. Chemicals may be listed numerically. Check off the hazards, potential health effects, pathway of dispersion, and exposure route of the chemical. Numbers corresponding to the chemical may be entered into the check blocks to differentiate. Check off the PPE to be used. Identify the type of PPE selected (for example: gloves: butyl rubber).
8	Instruments	Indicate the instruments being used for monitoring. List the action levels adjacent to the instruments being used. Identify the chemicals being monitored (2). List the physical parameters of the chemicals. Use a separate form for additional chemicals monitored.

EMERGENCY SAFETY AND RESPONSE PLAN (FORM ICS-208-CG SSP-A) (Instructions Continued)

9	Decontamination	Check off the decontamination steps to be used. Numbers may be entered to indicate the preferred sequence. Identify any intervening steps necessary on the form or in a separate attachment.
10	Site Map	Draw a rough site map. Ensure all the information listed is identified on the map.
11	Potential Emergencies	Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
12	Communications	Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions.
13	Site Security	Identify the personnel assigned. Identify security procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
14.	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
15.	Prepared by:	Enter the name and position of the person completing the worksheet.
16.	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments**:** **Y** on **N**

5. *SCENE CONTACTS*:	Name of Group/Branch or Division:	Safety Officer:	Staging Manager:	OSC:

6.a. Physical Hazards Onsite	6.b. Confined Space ☐ Noise ☐ Heat Stress ☐ Cold Stress ☐ Electrical ☐ Animal/Plant/Insect ☐ Ergonomic ☐ Ionizing Rad ☐ Slips/Trips/Falls ☐ Struck by ☐ Water ☐ Violence ☐ Excavation ☐ Biomedical waste and/or needles ☐ Fatigue ☐ Other (specify)

6.c. Work Assignments/ Job Tasks	6d Electrical Hazard	6.e. Eye /Face Hazards	6f. Ear Protection	6g. Foot Protection (type)	6.h. Hard Hats	6i. Clothing (cold/hot wx)	6j. Life Vest	6l. Work /Rest (hrs)	6.m. Fluids (amt/time	6.n. Signs & Barricade	6.p. Fall Hazard	6.q. Security Issues	6.r. Hand Protection (Gloves)	6.s. Other

7. Comments:

EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM (CONT'D)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Attachments: **Y** or **N**

8. Any Reported Illnesses or Injuries: **Y** or **N**
If so, what type of Injury: Location of Injury:

Was this recorded on CG-209 ? **Y** or **N** Was the persons Agency informed of injury: **Y** or **N**

9. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North ☐ Attached, ☐ Drawn Below:

10.a. Potential Emergencies:	10.b. Evacuation Alarms:	10.c Emergency Prevention and Evacuation Procedures:
Fire ☐ Explosion ☐ _____ Other ☐	Horn ☐ # Blasts ☐ Bells ☐ #Rings ☐ Radio Code ☐ Other:	Safe Distance:

11. a. Communications:	11.b. Command #:	11.c. Tactical #:	11 d. Staging Area #:
Radio ☐ Phone ☐ Other ☐			

12.a. Emergency Medical:	12.b. Procedures:	12.c Equipment:
Personnel Assigned		

13. Prepared by:	14. Date/Time Briefed:	**ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15):**
		Page _____ of _____

EMERGENCY SITE NON-HAZARD ASSESSMENT FORM(ICS-208-CG SSP-A2)

Purpose: The Emergency Site Non-Hazard Assessment Form provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the initial emergency phase of the response when an *uncontrolled release is **NOT present***. It is also intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her Assistant Safety Officer will start the Emergency Site Non-Hazard Assessment Form. They initially address the possibility for employee/worker exposure to safety and health hazards in all operations involved in the response (initial site characterization). Outside support organizations must be contacted to ensure the plan is consistent with other plans (local, state, other federal plans). When the operation proceeds into the post-emergency phase (site stabilized and cleanup operations begun) forms ICS-208-CG SSP-B and ICS-208-CG SSP-G should be used. For large incidents, the Emergency Site Non-Hazard Assessment Form will complement the Incident Action Plan. For smaller incidents, the Emergency Site Non-Hazard Assessment Form will complement ICS-201 form.

Distribution: The Emergency Site Non-Hazard Assessment Form completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, DIVS (Division/Group Supervisor), Supervisors or Leaders get a copy of the plan. They must ensure it is available on site for all personnel to review. The Safety Officer is responsible for ensuring that the Emergency Site Non-Hazard Assessment Form properly addresses the hazards of the operation. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Attachments	Enter attachments. Injury Logs or reports, Any required supplies or PPE (CG213RR), and any Safe Practices initiated.
5	Scene Contacts	Area Assessed. List the personnel responsible for these positions. IC and Safety Officer are mandatory.
6	Physical Hazards Onsite & Protection	Check off the physical hazards at the site. Identify the major tasks involved in the response (skimming, lightering, over packing, etc.). Check off the controls that would be used to safeguard workers from the physical hazards for each major task.
7	Comments	Other Physical Hazards seen. Suggested Control Measures. CG213RR order number assigned to a Control Measure to safeguard workers
8	Any Reported Illnesses or Injuries	Any Illnesses or Injuries in Assessed Area? If so, what was the Illness or Injury? Was an ICS CG209 (Incident Status Summary) filled out or updated? Was the persons Agency informed?
9	Site Map	Draw a rough site map. Ensure all the information listed is identified on the map.

10	Potential Emergencies	Identify any potential emergencies that may occur. If none, so state. Check off the appropriate alarms that may be used. Identify emergency prevention and evacuation procedures in the space provided or on a separate attached sheet.
11	Communications	Indicate type of site communications (phone, radio). Indicate phone numbers or frequencies for the command, tactical and entry functions.
12.	Emergency Medical	Identify the personnel assigned. Identify emergency medical procedures in the space provided or on a separate attached sheet. Identify the equipment needed to support security operations.
13.	Prepared by:	Enter the name and position of the person completing the worksheet.
14.	Date/time briefed:	Enter the date/time the document was briefed to the appropriate workers/IMT members and by whom.

CG ICS SITE SAFETY PLAN (SSP) HAZARD IDENTIFICATION/ EVAL/CONTROL	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):

5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land☐ Water☐ Air ☐ Comments:	8. For Emergencies Contact:	9. Attachments: **Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e.**

10.a. Job Task/Activity	10.b. Hazards* ⇨	10.c. Potential Injury & Health Effects	10.d. Exposure Routes	10.e. Controls: Engineering, Administrative, PPE
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	
			Inhalation ☐ Absorption ☐ Ingestion ☐ Injection ☐ Membrane ☐ ☐	

11. Prepared By:	12. Date/Time Briefed:	***HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving	**ICS-208-CG SSP-B (rev 4/15):** Page _____ of _____

SITE SAFETY PLAN (FORM ICS-208-CG SSP-B)

Purpose: The Site Safety Plan provides the Safety Officer and ICS personnel a plan for safeguarding personnel during the post-emergency phase of an incident. The post-emergency phase is when the situation is stabilized and cleanup operations have begun. ICS-208-CG SSP-B is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response (HAZWOPER) regulation, Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer or his/her designated staff starts the Site Safety Plan. They initially address the hazards common to all operations involved in the response (initial site characterization). The plan is then reproduced and as a minimum sent to ICS Group/Division Supervisors. They amend it according to unique job or on-scene hazards with support from the Safety Officer and/or his/her staff (detailed site characterization). The plan is continuously updated to address changing conditions. During the first hours of the response, where most response functions are in the emergency phase, the Safety Officer may chose to use the Emergency Safety and Response Plan (ICS-208-CG SSP-A) in place of the Site Safety Plan. For large incidents, ICS-208-CG SSP-B compliments the Incident Action Plan (IAP). For smaller incidents, ICS-208-CG SSP-B compliments ICS Form 201. The Safety Officer is encouraged to use the HAZWOPER Compliance Checklist (Form ICS-208-CG SSP-K) to ensure the IAP and the 201 address the requirements and all other pertinent ICS forms (203, 205, 206, etc.) are completed.

Distribution: The initial Site Safety Plan completed by the Safety Officer is forwarded to the Planning Section Chief. Copies are made and attached to the Assignment List(s) (ICS Form 204). The Operations Section Chief, Directors, Supervisors or Leaders get a copy and make on site amendments specific to their operation. They must also ensure it is available on site for all personnel to review. The Safety Officer provides personnel from his/her staff to assist in the detailed site characterization. The Safety Officer is responsible for ensuring that the Site Safety Plan for each assignment properly addresses the hazards of the assignment. The Safety Officer must ensure that the safety plans on site are consistent. The Safety Officer accomplishes this through on site enforcement and feedback to the operational units.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Group/Division Supv Strike Team/TF Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Attachments	Enter attachments. Material Safety Data Sheets are mandatory under 1910.120. Safe Work Practices may also be attached.
10	Job/Task Activity	Enter Job/Task & Activities, list hazards, list potential injury and health effects, check exposure routes and identify controls. If more detail is needed for controls, provided attachments.
11	Prepared by	Enter the name and position of the person completing the worksheet.
12	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: SITE MAP	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact) :

5. Supervisor/Leader	6. Location and Size of Site	7. Site Accessibility Land☐ Water☐ Air ☐ Comments:	8. For Emergencies Contact:	9. Include: - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes

10. Sketch of Site:
☐ Attached. ☐ Drawn Here

11. Prepared By:	12. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving	**ICS-208-CG SSP-C (rev 4/15):** Page _____ of _____

SITE MAP FOR SITE SAFETY PLAN (ICS-208-CG SSP-C)

Purpose: The Site Map for the Site Safety Plan is required by Title 29 Code of Federal Regulations Part 1910.120. It provides in 1 place a visual description of the site which can help ICS personnel locate hazards, identify evacuation routes and places of refuge.

Preparation: The Site Map for the Site Safety Plan can be completed by the Safety Officer, his/her staff or by ICS field personnel (Group Supervisors, Task Force/Strike Team Leaders) working at a site with unique and specific hazards. One or several maps may be developed, depending on the size of the incident and the uniqueness of the hazards. The key is to ensure that the workers using the map(s) can clearly identify the work zones, locations of hazards, evacuation routes and places of refuge.

Distribution: This form must be located with the Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Site Accessibility	Check the block(s) if the site is accessible by land, water, air, etc.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Include	Ensure the map includes the listed items provided in this block.
10	Sketch of Site	Sketch of site for work. May attach map or chart.
10	Prepared by	Enter the name and position of the person completing the worksheet.
11	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: EMERGENCY RESPONSE PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):

5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:	8. Attachments: **INCLUDE ICS FORM 206 and EMT Medical Response Procedures**

9. Emergency Alarm (sound and location)	10. Backup Alarm (sound and location)	11. Emergency Hand Signals	12. Emergency Personal Protective Equipment Required:

13. Emergency Notification Procedures	14. Places of Refuge (also see site map form 208B)	15. Emergency Decon and Evacuation Steps	16. Site Security Measures

17. Prepared By:	18. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving	**ICS-208-CG SSP-D (rev 4/15)** Page _____ of _____

EMERGENCY RESPONSE PLAN (ICS-208-CG SSP-D)

Purpose: The Emergency Response Plan provides information on measures to be taken in the event of an emergency. It is used in conjunction with the Site Safety Plan (Form ICS-208-CG SSP-B). It is also required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Emergency Response Plan. A copy of the Medical Plan (ICS Form 206) must always be attached to this form.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Attachments	Enter attachments. ICS Form 206 must be included.
9	Emergency Alarm	Enter a description of the sound of the emergency alarm and it's location.
10	Backup Alarm	Enter a description of the sound of the emergency alarm and it's location.
11	Emergency Hand Signals	Enter the emergency hand signals to be used.
12	Emergency Personal Protective Equipment Required	Enter the emergency personal protective equipment that may be needed in the event of an emergency.
13	Emergency Notification Procedures	Enter the procedures for notifying the appropriate personnel and organizations in the event of an emergency.
14	Places of Refuge	Enter by name the place of refuge personnel can go to in the event of an emergency.
15	Emergency Decon & Evacuation Steps	Enter emergency decontamination steps and evacuation procedures.
16	Site Security Measures	Enter site security measures needed for emergencies.
17	Prepared by	Enter the name and position of the person completing the worksheet.
18	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: Exposure Monitoring Plan	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):

5. Specific Task/Operation	6. Survey Location	7. Survey Date/Time	8. Monitoring Methodology	9. Direct-Reading Instrument	10. Air Sampling/ Analysis Method	11. Hazard(s) to Monitor	12. Monitoring Duration	13. Reasons to Monitor	14. Laboratory Support for Analysis
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure ☐ Biological: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other: _____	Model: Manufacturer: Last Mfr Calibration Date:	Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_____	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure ☐ Biological: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other: _____	Model: Manufacturer: Last Mfr Calibration Date:	Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:_____			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_____	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure ☐ Biological: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other: _____	Model: Manufacturer: Last Mfr Calibration Date:	Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_____	
			☐ Personal Breathing Zone ☐ Area Air Monitoring ☐ Dermal Exposure ☐ Biological: ☐ Blood ☐ Urine ☐ Other ☐ Obtain bulk samples ☐ Other: _____	Model: Manufacturer: Last Mfr Calibration Date:	Method: Collecting Media: ☐ Charcoal Tube ☐ Silica Gel ☐ 37 mm MCE Filter ☐ 37 mm PVC Filter ☐ Other:_____			☐ Regulatory Compliance ☐ Assess current PPE adequacy ☐ Validate engineering controls ☐ Monitor IDLH Conditions ☐ Other_____	

15. Prepared By:	16. Date/Time Briefed:	**HAZARD LIST**: Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning

18. Safety Officer Review:	Reporting: Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction.	**ICS-208-CG SSP-E (rev 4/15)** Page _____ of _____

EXPOSURE MONITORING PLAN (FORM ICS-208-CG SSP-E)

Purpose: The Exposure Monitoring Plan provides plan of monitoring conducted during an incident. The plan is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing monitoring operations.

Preparation: The Safety Officer, his/her staff member or the Site Supervisor/Leader prepares the Exposure Monitoring Plan. If there is a decision not to monitor during a response, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Specific Task / Operation	Enter specific task or operation.
6	Survey Location	Enter the location to be monitored.
7	Survey Date/Time	Enter the date/time for the monitoring teams to survey.
8	Monitoring Methodology	Enter/Check the monitoring method to be used.
9	Direct-Reading Instrument	Enter the instrument model, manufacturer, last calibration date.
10	Air Sampling	Enter Air Sampling analysis method
11	Hazards to Monitor	Enter the hazards to monitor
12	Monitoring Duration	Enter duration of monitoring
13	Reasons to Monitor	Enter Reasons to Monitor
14	Laboratory Support for Analysis	Enter Laboratory Support needed for analysis of samples
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed	Enter the date/time the document was briefed to the appropriate workers and by whom.
17	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: AIR MONITORING LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Site Location	6. Hazards of Concern	7. Action Levels (include references):		8. Weather: Air Temperature: Water Temp: Precipitation: Wind: Relative Humidity: Cloud Cover:	
9.a. Instrument, ID Number Calibrated? Indicate below.	9.b. Monitoring Person Name(s)	9.c. Results (units)	9.d. Location	9 f. Time	9.g. Interferences and Comments
10. Safety Officer Review:		Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning			**ICS-208-CG SSP-E-1 (rev 4/15):** Page _____ of _____

DAILY AIR MONITORING LOG (FORM ICS-208-CG SSP-E-1)

Purpose: The Exposure Monitoring Log provides documentation of air monitoring conducted during a spill. The log is a supplement to the Site Safety Plan (ICS-208-CG SSP-B). It is only required when performing air monitoring operations. The information used from the log can help update the Site Safety Plan.

Preparation: Persons conducting monitoring complete the Daily Air Monitoring Log. Normally these are air monitoring units under the Site Safety Officer. If there is a decision not to monitor during a spill, the reasons must be stated clearly in the Site Safety Plan (ICS-208-CG SSP-B).

Distribution: The Daily Air Monitoring Log when completed is copied and forwarded to the Site Safety Officer who must review and sign the form. The original form must be available on site, readily available and briefed to all impacted ICS personnel.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Location & size of site	Enter the geographical location of the site and the approximate square area.
6	Hazards of Concern	Enter the hazards being monitored.
7	Action Levels	Enter the action levels/readings for the monitoring teams.
8	Weather	Enter weather information. Ensure units of measure are listed.
9	Air Monitoring Data	Enter the instrument type and number, persons monitoring, results with appropriate units, location of reading, time of reading and interferences and comments.
10	Safety Officer Review	The Safety Officer must review and sign the form.

CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Location and Size of Site	7. Hazards Addressed:	8. For Emergencies Contact:	

9. Equipment:				10. References Consulted:

11. Inspection Procedures:	12. Donning Procedures:	13. Doffing Procedures:	14. Limitations and Precautions (include maximum stay time in PPE):

15. Prepared By:	16. Date/Time Briefed:	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning	**ICS-208-CG SSP-F: (Rev 4/15)** Page _____ of _____

PERSONAL PROTECTIVE EQUIPMENT (ICS-208-CG SSP-F)

Purpose: The Personal Protective Equipment form is a list of personal protective equipment to be used in operations. The listing of personal protective equipment is required by Title 29 Code of Federal Regulations Part 1910.120.

Preparation: The Personal Protective Equipment form is completed by the Site Safety Officer, or his/her staff. Personal protective equipment common to all ICS Operations personnel is addressed first. Jobs with unique personal protective equipment requirements (fall protection) are addressed next. When the form is delivered on site, the ICS Director, Supervisor, or Leader may amend the list to ensure personnel are adequately protected from job hazards. It must be completed prior to the onset of any operations, unless addressed elsewhere by Standard Operating Procedures.

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
8	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
9	Equipment	List the equipment needed to address the hazards. If pre-designed Safe Work Practices are used, indicate here and attach to form.
10	References consulted	List the references used in making the selection for PPE.
11	Inspection Procedures	Enter the procedures for inspecting the Personal Protective Equipment prior to donning. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Donning Procedures	Enter the procedures for putting on the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Doffing Procedures	Enter the information for removing the PPE. If pre-designed Safe Work Practices are used, indicate here and attach to form.
14	Limitations and Precautions	List the limitations and precautions when using PPE. Include the maximum time to be inside the PPE, Heat Stress concerns, psychomotor skill detraction and other factors.
15	Prepared by	Enter the name and position of the person completing the worksheet.
16	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: DECONTAMINATION	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:	8. Hazard(s) Addressed:	

9. Equipment:				10. References Consulted:

11. Contamination Avoidance Practices:	12. Decon Diagram: ☐ Attached, ☐ Drawn below	13. Decon Steps

14. Prepared By:	15. Date/Time Briefed:	Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning	**ICS-208-CG SSP-G (rev 4/15):** Page _____ of _____

DECONTAMINATION (ICS-208-CG SSP-G)

Purpose: The Decontamination form provides information on how workers can avoid contamination and how to get decontaminated. It is a supplemental form to the Site Safety Plan.

Preparation: The Decontamination Form can be completed by the Site Safety Officer, a member of his/her staff or by the Group/Division Supervisor, Task Force/Strike Team Leader on the site

Distribution: This form must be located with Site Safety Plan (ICS-208-CG SSP-B). It therefore follows the same distribution route.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Hazard(s) Addressed:	Enter the hazards that need to be safeguarded.
9	Equipment	Enter the decontamination equipment needed for the site. If pre-designed Safe Work Practices are used, indicate here and attach to this form.
10	References consulted	List the references used in making the selection for PPE.
11	Contamination Avoidance Practices	Enter procedures for personnel to avoid contamination. If pre-designed Safe Work Practices are used, indicate here and attach to form.
12	Decon Diagram	Draw a diagram for the decontamination operation. If pre-designed Safe Work Practices are used, indicate here and attach to form.
13	Decon Steps	List the decontamination steps.
14	Prepared by	Enter the name and position of the person completing the worksheet.
15	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP: ENFORCEMENT LOG	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact)	
5. Supervisor/Leader	6. For Emergencies Contact:			7. Attachments:	
8.a. Job Task/Activity	8.b. Hazards	8.c. Deficiency	8.d. Action Taken	8.e. Safety Plan Amended?	8.f. Signature of Supervisor/Leader
9. Prepared By:	10. Date/Time Briefed:	**HAZARD LIST**: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving			**ICS-208-CG SSP-H (rev 4/15):** Page _____ of _____

SITE SAFETY ENFORCEMENT LOG (ICS-208-CG SSP-H)

Purpose: The Site Safety Plan Enforcement Log is used to help enforce safety during an incident.

Preparation: The Safety Officer and/or his/her staff complete the Site Safety Plan Enforcement Log. The log is completed as Safety personnel are on scene reviewing the site. It should be completed at a minimum once per day. The number of enforcement logs to be completed depends on the size of the incident. Enough should be completed to ensure that site safety is being adequately enforced.

Distribution: The Site Safety Plan enforcement log when completed is delivered to the Safety Officer. The Safety Officer can use the form to amend the Site Safety Plan (ICS-208-CG SSP-A or B).

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
7	Attachments	List any attached supporting documentation.
8 a	Job/Task Activity	Enter only those Job Task/activities for which a deficiency is noted.
8 b	Hazards	Enter the hazard not being sufficiently addressed.
8 c	Deficiency	Enter the deficiency.
8 d	Action Taken	Enter the corrective action taken to address the deficiency.
8 e	Safety Plan Amended?	Enter whether the on site safety plan was amended.
8 f	Signature of Supervisor/Leader	Ensure the Supervisor/Leader signs the form to acknowledge the deficiency.
9	Prepared by	Enter the name and position of the person completing the worksheet.
10	Date/Time Briefed:	Enter the date/time the document was briefed to the appropriate workers and by whom.

CG ICS SSP WORKER ACKNOWLEDGEMENT FORM	1. Incident Name	2. Site Location:	3. Attachments:	
4. Type of Briefing	5. Presented By:		6. Date Presented	7. Time Presented
Safety Plan/Emergency Response Plan ☐ Start Shift ☐ Pre-Entry ☐ Exit ☐ End of Shift ☐ Specify Other:				
8.a. Worker Name (Print)	8.b. Signature*****		8.c. Date	8.d. Time

***** *By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.*

WORKER ACKNOWLEDGEMENT FORM (ICS-208-CG SSP-I)

Purpose: The Worker Acknowledgement form is used to document workers who have received safety briefings.

Preparation: Those personnel responsible for conducting safety briefings complete this form initially. Once the briefings are completed, workers who were briefed print their name, sign, date and indicate the time of the briefing.

Distribution: This form is returned to the Safety Officer or designated representative at the end of each operational period.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Site Location	Indicate the location where the briefings are held.
3	Attachments	Indicate any attachments used as part of the briefings.
4	Type of briefing	Check the block next to the type of briefing.
5	Presented by	Enter the name of the person conducting the briefing.
6	Date Presented	Enter the date of the briefing.
7	Time Presented	Enter the time of the briefing.
8	Worker Name, Signature, Date and Time	Workers receiving the briefing print their name, sign, date and enter the time they acknowledge the briefing.

CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site

6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
(**q**)(1)	Is the plan in writing?	SSP-A	☐	
(1)	Is the plan available for inspection by employees?	N/A	☐	Performance based
(**q**)(2)(i)	Does the plan address pre-emergency planning and coordination?	SSP-A	☐	
(ii)	Does it address personnel roles?	SSP-A	☐	
(ii)	Does it address lines of authority?	SSP-A	☐	
(ii)	Does it address communications?	SSP-A	☐	
(iii)	Does it address emergency recognition?	SSP-A	☐	
(iii)	Does it address emergency prevention?	SSP-A	☐	
(iv)	Does it identify safe distances?	SSP-A	☐	
(iv)	Does it address places of refuge?	SSP-A	☐	
(v)	Does it address site security and control?	SSP-A	☐	
(vi)	Does it identify evacuation routes?	SSP-A	☐	
(vi)	Does it identify evacuation procedures?	SSP-A	☐	
(vii)	Does it address decontamination?	SSP-A	☐	
(viii)	Does it address medical treatment and first aid?	SSP-A	☐	
(ix)	Does it address emergency alerting procedures?	SSP-A	☐	
(ix)	Does it address emergency response procedures	SSP-A	☐	
(x)	Was the response critiqued?	N/A	☐	Performance based
(xi)	Does it identify Personal Protection Equipment?	SSP-A	☐	
(xi)	Does it identify emergency equipment?	SSP-A	☐	
(**q**)(3)(ii)	All the hazardous substances identified to the extent possible?	N/A	☐	Performance based
(ii)	All the hazardous conditions identified to the extent possible?	N/A	☐	Performance based
(ii)	Was site analysis addressed?	N/A	☐	Performance based
(ii)	Were engineering controls addressed?	N/A	☐	Performance based
(ii)	Were exposure limits addressed?	N/A	☐	Performance based
(ii)	Were hazardous substance handling procedures addressed?	N/A	☐	Performance based
(iii)	Is the PPE appropriate for the hazards identified?	N/A	☐	Performance based
(iv)	Is respiratory protection worn when inhalation hazards present?	N/A	☐	Performance based
(v)	Is the buddy system used in the hazard zone?	N/A	☐	Performance based
(vi)	Are backup personnel on standby?	N/A	☐	Performance based
(vi)	Are advanced first aid support personnel standing by?	N/A	☐	Performance based
(vii)	Has the ICS designated safety official been identified?	SSP-A	☐	
(vii)	Has the Safety Official evaluated the hazards?	N/A	☐	Performance based
(viii)	Can the Safety Official communicate with IC immediately?	N/A	☐	Performance based
(ix)	Are appropriate decontamination procedures implemented?	N/A	☐	Performance based

Emergency Safety & Response Plan Compliance Checklist Form A (ICS-208-CG SSP-J)

Purpose: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how form ICS-208-CG SSP-J can be used to satisfy the HAZWOPER requirements. This checklist is an optional form.

Preparation: The Emergency Safety and Response Plan 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). Many of the requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The Safety Officer should maintain The Emergency Safety and Response Plan (ERP) 1910.120 Compliance Checklist.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6 a	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6 b	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6 c	ICS Form	Lists those requirements covered by ICS-208-CG SSP-A.
6 d	Check Block	Enter the check if the site satisfies the requirement.
6 f	Comments	This provides additional information on the requirement. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Site Supervisor/Leader	5. Location of Site

6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (**b**)(1)(ii)(A)	Organizational structure?	203	☐	
(B)	Comprehensive workplan?	IAP	☐	Incident Action Plan
(C)	Site Safety Plan?	SSP-B	☐	
(D)	Safety and health training program?	N/A	☐	Responsibility of each employer
(E)	Medical surveillance program?	N/A	☐	Responsibility of each employer
(F)	Employer SOPs?	N/A	☐	Responsibility of each employer
(G)	Written program related to site activities?	N/A	☐	
(**b**)(1)(iii)	Site excavation meets shored or slope requirements in 1926?	N/A	☐	
(**b**)(2)(i)(D)	Lines of communication?	201 203 205	☐	
(**b**)3(iv)	Training addressed?	N/A	☐	Responsibility of each employer
(v)-(vi)	Information and medical monitoring addressed?	N/A	☐	Responsibility of each employer
(**b**)4(i)	Site Safety Plan kept on site?	N/A	☐	
(ii)(A)	Safety and health hazard analysis conducted?	N/A	☐	
(B)	Properly trained employees assigned to right jobs?	N/A	☐	
(C)	Personnel Protective Equipment issues addressed?	SSP-F	☐	
(E)	Frequency and types of air monitoring addressed?	SSP-E	☐	
(F)	Site control measures in place?	SSP-B	☐	
(G)	Decontamination procedures in place?	SSP-G	☐	
(H)	Emergency Response Plan in place?	SSP-D	☐	
(I)	Confined space entry procedures?	SSP-B	☐	
(J)	Spill containment program	SSP-B	☐	
(iii)	Pre-entry briefings conducted?	SSP-I	☐	
(iv)	Site Safety Plan effectiveness evaluated?	SSP-H	☐	
(**c**)(1)	Site characterization done?	N/A	☐	
(**c**)(2)	Preliminary evaluation done by qualified person?	N/A	☐	
(**c**)(3)	Hazard identification performed?	SSP-B	☐	
(**c**)(4)(i)	Location and size of site identified?	SSP-B	☐	
(ii)	Response activities, job tasks identified?	SSP-B	☐	
(iii)	Duration of tasks identified?	SSP-B	☐	Operational period
(iv)	Site topography and accessibility addressed?	SSP-C	☐	
(v)	Health and safety hazards addressed?	SSP-B	☐	
(vi)	Dispersion pathways addressed?	SSP-B	☐	
(vii)	Status and capabilities of medical emergency response teams?	206	☐	
(**c**)(5)(i)(iv)	Chemical protective clothing addressed and properly selected?	SSP-F	☐	
(ii)	Respiratory protection addressed?	SSP-B and F	☐	
(iii)	Level B used for unknowns?	N/A	☐	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)	1. Incident Name	2. Date/Time Prepared	3. Operational Period	
6.a. Cite: 1910.120	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (**c**)(6)(i)	Monitoring for ionization conducted?	SSP-E	☐	
(ii)	Monitoring conducted for IDLH conditions?	SSP-E	☐	
(iii)	Personnel looking out for dangers of IDLH environments?	N/A	☐	
(iv)	Ongoing air monitoring program in place?	SSP-E	☐	
(**c**)(7)	Employees informed of potential hazard occurrence?	SSP-B	☐	
(**c**)(8)	Properties of each chemical made aware to employees?	SSP-B	☐	
(**d**)(1)	Appropriate site control procedures in place?	IAP, SSP-B	☐	
(**d**)(2)	Site control program developed during planning stages?	IAP, SSP-B	☐	
(**d**)(3)	Site map, work zones, alarms, communications addressed?	IAP, SSP-B	☐	
(**g**)(1)(i)	Engineering, admin controls considered?	SSP-B	☐	
(iii)	Personnel not rotated to reduce exposures?	N/A	☐	
(**g**)(5)(i)	PPE selection criteria part of employer's program?	N/A	☐	Responsibility of employer
(ii)	PPE use and limitations identified?	SSP-F	☐	
(iii)	Work mission duration identified?	SSP-F	☐	
(iv)	PPE properly maintained and stored?	N/A	☐	Responsibility of employer
(vi)	Are employees properly trained and fitted with PPE?	N/A	☐	Responsibility of employer
(vii)	Are donning and doffing procedures identified?	SSP-F	☐	
(viii)	Are inspection procedures properly identified?	SSP-F	☐	
(ix)	Is a PPE evaluation program in place?	SSP-F	☐	
(**h**) (3)	Periodic monitoring conducted?	SSP-E	☐	
(**k**)(2)(i)	Have decontamination procedures been established?	SSP-G	☐	
(ii)	Are procedures in place for contamination avoidance?	SSP-G	☐	
(iii)	Is personal clothing properly deconned prior to leaving the site?	SSP-G	☐	
(iv)	Are decontamination deficiencies identified and corrected?	SSP-H	☐	
(**k**)(3)	Are decontamination lines in the proper location?	SSP-C	☐	
(**k**)(4)	Are solutions/equipment used in decon properly disposed of?	N/A	☐	
(**k**)(6)	Is protective clothing and equipment properly secured?	N/A	☐	
(**k**)(7)	If cleaning facilities are used, are they aware of the hazards?	N/A	☐	
(**k**)(8)	Have showers and change rooms provided, if necessary?	N/A	☐	
(**l**)(1)(iii)	Are provisions for reporting emergencies identified?	SSP-D	☐	
(iv)	Are safe distances and places of refuge identified?	SSP-B and C	☐	
(v)	Site security and control addressed in emergencies?	SSP-D	☐	
(vi)	Evacuation routes and procedures identified?	SSP-D	☐	
(vii)	Emergency decontamination procedures developed?	SSP-D	☐	
(ix)	Emergency alerting and response procedures identified?	SSP-D	☐	
(x)	Response teams critiqued and followup performed?	SSP-H	☐	
(xi)	Emergency PPE and equipment available?	SSP-D	☐	

CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B)	1. Incident Name	2. Date/Time Prepared	3. Operational Period

6.a. Cite:	6.b. Requirement(sections that duplicate or explain are omitted)	6.c. ICS Form	6.d. Check	6.e. Comments
1910.120 (**l**)(3)(i)	Emergency notification procedures identified?	SSP-D	☐	
(ii)	Emergency response plan separate from Site Safety Plan?	SSP-D	☐	
(iii)	Emergency response plan compatible with other plans?	SSP-D	☐	
(iv)	Emergency response plan rehearsed regularly?	SSP-D	☐	
(v)	Emergency response plan maintained and kept current?	SSP-H	☐	
1910.165 (**b**)(2)	Can alarms be seen/heard above ambient light and noise levels?	N/A	☐	
(**b**)(3)	Are alarms distinct and recognizable?	N/A	☐	
(**b**)(4)	Are employees aware of the alarms and are they accessible?	SSP-D	☐	
(**b**)(5)	Are emergency phone numbers, radio frequencies clearly posted?	206	☐	
(**b**)(6)	Signaling devices in place where there are 10 or more workers?	IAP	☐	
(**c**)(1)	Are alarms like steam whistles, air horns being used?	IAP	☐	
(**d**)(3)	Are backup alarms available?	IAP	☐	
(m)	Are areas adequately illuminated?	IAP	☐	
(**n**)(1)(i)	Is an adequate supply of potable water available?	IAP	☐	
(ii)	Are drinking water containers equipped with a tap?	IAP	☐	
(iii)	Are drinking water containers clearly marked?	IAP	☐	
(iv)	Is a drinking cup receptacle available and clearly marked?	IAP	☐	
(**n**)(2)(i)	Are non-potable water containers clearly marked?	IAP	☐	
(**n**)(3)(i)	Are their sufficient toilets available?	IAP	☐	
(**n**)(4)	Have food handling issues been addressed?	IAP	☐	
(**n**)(6)	Have adequate wash facilities been provided outside hazard zone?	IAP	☐	
(**n**)(7)	If response is greater than 6 months, have showers been provided?	IAP	☐	

7. Prepared By:	**ICS-208-CG SSP-K (rev 4/15): Page 3.** Page _____ of _____

HAZWOPER 1910.120 COMPLIANCE CHECKLIST FORM B (ICS-208-CG SSP-K)

Purpose: The HAZWOPER 1910.120 Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response. It also identifies how other ICS forms can be used to satisfy the HAZWOPER requirements. This is an optional form.

Preparation: The HAZWOPER 1910.120 Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. The Incident Action Plan is suited to address other requirements, and the Safety Officer should ensure the IAP addresses them. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
5	Location of Site	Enter the site location.
6.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
6.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
6.c.	ICS Form	Lists those ICS Forms that cover the requirement. **IAP designations means it should be covered in IAP, it does not guarantee it is covered. The Safety Officer must ensure this.**
6.d.	Check Block	Enter the check if the site satisfies the requirement.
6.e.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
7	Prepared by	Enter the name and position of the person completing the worksheet.

CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET	1. Incident Name	2. Date/Time Prepared	3. Operational Period	4. Safety Officer (include method of contact):
5. Supervisor/Leader	6. Location and Size of Site	7. For Emergencies Contact:	8. Note: tanks and vaults should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards.	

9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted)	9.b. Requirement	9.c. Check	9.d. Comments
(**j**)(1)(ii)	Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment?	☐	
(iii)	Drums inspected and integrity ensured prior to movement?	☐	
(iii)	Or drums moved to an accessible location (staging area) prior to movement?	☐	
(iv)	Unlabelled drums treated as unknown until properly identified and labeled?	☐	
(v)	Site activities organized to minimize drum handling?	☐	
(vi)	Employers properly warned about the hazards of moving and handling drums?	☐	
(vii)	Suitable overpack drums are available for addressing leaking and ruptured drums?	☐	
(viii)	Leaking materials from drums properly contained?	☐	
(ix)	Are drums that cannot be moved, emptied of contents with transfer equipment?	☐	
(x)	Are suspect buried drums surveyed with underground detection system?	☐	
(xi)	Are soil and covering material above buried drums removed with caution?	☐	
(xii)	Is the proper extinguishing equipment on scene to control incipient fires?	☐	
(**j**)(2)(i)	Are airlines on supplied air systems protected from leaking drums?	☐	
(ii)	Are employees at a safe distance, using remote equipment, when handling explosive drums?	☐	
(iii)	Are explosive shields in plane to protect workers opening explosive drums?	☐	
(iv)	Is response equipment positioned behind shields when shields are used?	☐	
(v)	Are non-sparking tools used in flammable or potentially flammable atmospheres?	☐	
(vi)	Are drums under extreme pressure opened slowly & workers protected by shields/distance?	☐	
(vii)	Are workers prohibited from standing and working on drums?	☐	
(**j**)(3)	Is the drum handling equipment positioned and operated to minimize sources of ignition?	☐	
(**j**)(5)(i)	For shock sensitive drums, have all non-essential employees been evacuated?	☐	
(ii)	For shock sensitive drums: is handling equipment provided with shields to protect workers?	☐	
(iii)	Are alarms that announce start/finish of explosive drum handling actions in place?	☐	
(iv)	Are continuous communications in place between the drum handling site & command post?	☐	
(v)	Are drums under pressure properly controlled for prior to handling?	☐	
(vi)	Are drums containing packaged laboratory wastes treated as shock sensitive?	☐	
(**j**)(6)(i)	Are lab packs opened by trained and experienced personnel?	☐	
(ii)	Are lab packs showing crystallization treated as shock sensitive?	☐	
(**j**)(8)(ii-iii)	Are drum staging areas manageable with marked access and egress?	☐	
(iv)	Is bulking of drums conducted only after drum contents have been properly identified?	☐	

10. Prepared By:	**Form SSP-L (rev 4/15)** Page _____ of _____

HAZWOPER 1910.120 DRUM COMPLIANCE CHECKLIST (ICS-208-CG SSP-L)

Purpose: The HAZWOPER 1910.120 Drum Compliance Checklist is to ensure that incident response operations are in compliance with Title 29, Code of Federal Regulations Part 1910.120, Hazardous Waste Operations and Emergency Response whenever drums are encountered during an incident. This is an optional form.

Preparation: The HAZWOPER 1910.120 Drum Compliance Checklist is completed by the Safety Officer or his/her staff as frequently as necessary whenever the Safety Officer wants to ensure regulatory compliance. It is best used in conjunction with the Site Safety Plan Enforcement Log (ICS-208-CG SSP-H). The Site Safety Plan Forms (A-G) best meet some of the requirements. Other requirements are performance based and are best evaluated on scene by the Safety Officer or his/her staff.

Distribution: The HAZWOPER 1910.120 Drum Compliance Checklist should be maintained by the Safety Officer.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) prepared.
3	Operational Period	Enter the time interval for which the assignment applies.
4	Safety Officer	Enter the name of the Safety Officer and means of contact.
5	Supervisor/Leader	The Supervisor/Leader who receives this form will enter their name here.
6	Location & size of site	Enter the geographical location of the site and the approximate square area.
7	For Emergencies Contact	Enter the name and way to contact the individual who handles emergencies.
8	Note	Tanks and vaults should also be treated in the same manner as described in the checklist (1910.120((j)(9)).
9.a.	Cites	These are the regulatory cites within 1910.120. The major headings are highlighted in bold. Informational cites or cites that are duplicative are not included.
9.b.	Requirement	This lists the requirement in a question format. Some require documentation or some form of action.
9.c.	Check Block	Enter the check if the site satisfies the requirement.
9.d.	Comments	This provides information on where else the requirement may be met. The user may also enter comments.
10	Prepared by	Enter the name and position of the person completing the worksheet.

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	INCIDENT STATUS SUMMARY ICS 209-CG

3. Type of Incident

☐	Oil Spill	☐	HAZMAT	☐	AMIO
☐	SAR/Major SART	☐	SI/Terrorism	☐	Natural Disaster
☐	Marine Disaster	☐	Civil Disturbance	☐	Military Outload
☐	Planned Event	☐	Maritime HLS/Prevention	☐	

4. Situation Summary as of Time of Report:

5. Future Outlook/Goals/Needs/Issues:

6. Safety Status/Personnel Casualty Summary

	Since Last Report	Adjustments To Previous Op Period	Total
Responder Injury			
Responder Death			
Public Missing (Active Search)			
Public Missing (Presumed Lost)			
Public Uninjured			
Public Injured			
Public Dead			
Total Public Involved			

7. Property Damage Summary

Vessel	$
Cargo	$
Facility	$
Other	$

8. Attachments with clarifying information

☐	Oil/HAZMAT	☐	SAR/LE	☐	
☐		☐		☐	
☐	Marine Disaster	☐	Civil Disturbance	☐	Military Outload

9. Equipment Resources					
Kind	Notes	# Ordered	# Available	# Assigned	# Out of Service
USCG Assets					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – USCG Cutter					
Vessels – Boat					
Vehicles – Car					
Vehicles – Truck					
Pollution Equip – VOSS/SORS					
Pollution Equip – Portable Storage					
Pollution Equip – Boom					
Non-CG/Other Assets					
Aircraft – Helo					
Aircraft – Fixed Wing					
Vessels – SAR/LE Boat					
Vessels – Work/Crew Boat					
Vessels – Tug/Tow Boat					
Vessels – Pilot Boat					
Vessels – Deck Barge					
Vessels –					
Vehicles – Car					
Vehicles – Ambulance					
Vehicles – Truck					
Vehicles – Fire/Rescue/HAZMAT					
Vehicles – Vac/Tank Truck					
Vehicles –					
Pollution Equip – Skimmers					
Pollution Equip – Tank Vsl/ Barge					
Pollution Equip – Portable Storage					
Pollution Equip – OSRV					
Pollution Equip – Boom					
Pollution Equip –					

10. Personnel Resources	
Agency	**Total # of People**
USCG	
DHS (other than USCG)	
NOAA	
FBI	
DOD (USN Supsalv, CST, etc.)	
DOI (US Fish & Wildlife, Nat Parks, BLM, etc.)	
RP	
State	
Local	
Total Personnel Resources Used From all Organizations:	

11. Prepared by:	Date/Time Prepared:

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	ICS 209-CG OIL/HAZMAT ATTACHMENT

3. HAZMAT/Oil Spill Status (Estimated, in gallons)

Common Name(s):

UN Number:	☐ Secured ☐ Unsecured
CAS Number:	Remaining Potential (bbl):
	Rate of Spillage (bbl/hr):

	Adjustments To Previous Operational Period	Since Last Report	Total
Volume Spilled/Released			
Mass Balance - HAZMAT/Oil Budget			
Recovered HAZMAT/Oil			
Evaporation/Airborne			
Natural Dispersion			
Chemical Dispersion			
Burned			
Floating, Contained			
Floating, Uncontained			
Onshore			
Total HAZMAT/Oil accounted for:	N/A	N/A	

Comments:

4. HAZMAT/Oil Waste Management (Estimated, Since Last Report)

	Recovered	Disposed	Stored
HAZMAT/Oil (bbl)			
Oily Liquids (bbl)			
Liquids (bbl)			
Oily Solids (tons)			
Solids (tons)			

Comments:

5. HAZMAT/Oil Shoreline Impacts (Estimated in miles)

Degree of Impact	Affected	Cleaned	To Be Cleaned
Light			
Medium			
Heavy			
Total			

Comments:

6. HAZMAT/Oil Wildlife Impacts (Since Last Report)

					Died in Facility	
Type of Wildlife	Captured	Cleaned	Released	DOA	Euthanized	Other
Birds						
Mammals						
Reptiles						
Fish						
Total						

Comments:

7. Prepared by:	Date/Time Prepared:

1. Incident Name	2. Operational Period (Date / Time) From: To: Time of Report	ICS 209-CG SAR/LE ATTACHMENT

3. Evacuation Status

	Since Last Report	Adjustments To Previous Operational Period	Total
Total to be Evacuated			
Number Evacuated			

4. Migrant Interdiction Status

	Since Last Report	Adjustments To Previous Op Period	Total
Vessels Interdicted			
Migrants Interdicted at Sea			
Migrants Interdicted Ashore			
Injured			
MEDEVAC'd			
Deaths			
Migrants Repatriated			

5. Sorties/Patrols Summary (List of Sorties Since Last Report)

Air	Since Last Report	Total
Number of Sorties/Patrols		
Area Covered (square miles)		
Total Time On-Scene (In Hours)		
Surface	Since Last Report	Total
Number of Sorties/Patrols		
Area Covered (square miles)		
Total Time On-Scene (In Hours)		

6. Use of Force Summary

Category	Since Last Report	Total
III - Soft Empty Hand Control		
IV - Hard Empty Hand Control		
V - Intermediate Weapons		
VI - Deadly Force		
VSL - Force to Stop Vessel from Cutter/Boat		
A/C - Force to Stop Vessel From Aircraft		
Arrests		
Seizures		
Deaths		

7. Operational Controls Summary

Currently In Force

Type	Initiating Unit	Initiated Date	Activity #

Removed Since Last Report

Type	Initiating Unit	Initiated Date	Date Removed	Activity #

18. Prepared by:	Date/Time Prepared:

INCIDENT STATUS SUMMARY (ICS FORM 209-CG)

Purpose. The Status Summary:
1. Is used by Situation Unit personnel for posting information on Status Boards or attaching as a file to the MISLE Case.
2. Is duplicated and provided to Command Staff members, giving them basic information for planning for the next operational period.
3. Provides information to the Information Officer for preparing news media releases.
4. Summarizes incident information for local and off-site coordination/operations centers.

Preparation. The Situation Unit prepares the Status Summary. Resources information should be obtained from the Resources Unit. It may be scheduled for presentation to the Planning Section Chief and other General Staff members prior to each Planning Meeting and may be required at more frequent intervals by the Unified Command or Planning Section Chief. Suggested sources of information are noted in brackets.
Note: The values on the ICS form 209-CG are the **best available estimates at the Time of Report** (Item # 2 on form). This form is usually in high demand and should be filled out early and often. A suggested source within the ICS organization is noted in brackets [ ] at the top right of each section of the form. **All fields need not be completed in order to distribute the form**.

Distribution. When completed, the form is duplicated and copies are distributed to the Unified Command and staff, and all Section Chiefs, Planning Section Unit Leaders, and the Joint Information Center. It is also posted on a status board located at the ICP. All completed original forms MUST be given to the Documentation Unit.

How to Save and Use the Word Template Form:
The 209 template (.dot file) can be edited to match most incident situations and can be saved into the Word template directory. Open the blank 209 (ICS 209 CG.dot) – do not add any content. Save the blank in the Templates directory. Create a new 209 from File>new picking the 209 template. Type in the file to add any desired content and use “save as” to save the work using a new file name. The file will automatically become a .doc file.

Comments: Please send comments/corrections about this form to the ICS Program Manager, Ms. Kristy Plourde, email: kplourde@tcyorktown.uscg.mil

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Period Covered by Report	Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
	Time of Report	Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3.	Type of Incident	Indicate (check box) and/or fill-in the type of incident(s).
4.	Situation Summary	Summary of current situation at time of report.
5.	Future Outlook	This section is for the IC/UC to discuss/project their future outlook, goals, requirements, needs and issues.
6.	Safety Status/Personnel Casualty	This information pertains to responders and assisted public personnel. Indicate the number of serious injuries, death, and missing. Values entered in the column labeled since Last Report are from the start of the

		Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
7.	Property Damage	Enter estimated dollar values for each item, if known.
8.	Attachments	Indicate (check box) and/or fill-in the attachment(s) the help further clarify the incident status.
9.	Equipment Resources	Indicate the number of each type of resource in each status category. There are blank lines below each general type of resource for additional equipment.
	Ordered	Ordered but not yet arrived/available.
	Available	Arrived on scene, stored in staging, not assigned to any task, available for use.
	Assigned	Assigned to a specific task.
	Out of Service	Not working and not assigned to any task (e.g., skimmer being repaired, boom broken, personnel off-duty for rest).
10.	Personnel Resources	Indicate, by agency, the numbers of personnel assigned. There are blank lines for additional personnel, as needed.
11.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.

OIL/HAZMAT ATTACHMENT

1.	Incident Name	Enter the name assigned to the incident.
2.	Period Covered by Report	Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
	Time of Report	Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3.	Spill Status	This information is only tracked if there is spilled HAZMAT or Oil. Enter Common Name(s) of the released substance or spilled oil (i.e. Ethyl Alcohol/Ethanol or No. 2 Fuel Oil/Light Fuel Oil). Enter UN number and CAS Registry number, if known. Indicate whether the spill source is secured or unsecured (check box) and estimate the remaining potential and the rate of spillage discharge or release. Enter the estimated amounts in barrels for each category. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
	Mass Balance	This information is only tracked if there is spilled HAZMAT or Oil whether recovered, evaporated, dispersed, burned, floating, or on shore. The total of these estimates should approximate the total volume spilled, discharged, or released. Values for evaporation, dispersion, etc. can be obtained from the Environmental Unit and/or the Scientific Support Coordinator (SSC).
4.	Waste Management	This information is only tracked if there is spilled HAZMAT or Oil. Enter the estimated amounts in barrels or tons for each category. Total HAZMAT/ Oil (bbl) is the sum of the estimate of HAZMAT/oil in oily

		liquids and HAZAMT/oil in oily solids, and is the value to be entered under "Recovered HAZMAT/Oil" in Item 4.
5.	Shoreline Impacts	This information is only tracked if there is spilled HAZMAT or Oil. Enter the total miles in each category for each degree of oiling. Definitions for Light, Medium, and Heavy oiling can be obtained from the EUL/SSC and should be consistent throughout the incident.
6.	Wildlife Impacts	This information is only tracked after an animal is captured. Indicate the actual number of oiled wildlife in each category. Use numbers in parentheses to indicate the subtotal of threatened / endangered species included in the numbers given.
7.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.

SAR/LE ATTACHMENT

1.	Incident Name	Enter the name assigned to the incident.
2.	Period Covered by Report	Enter the date and time interval for which the report applies. Use 24-hour clock for all times.
	Time of Report	Enter time for which this information applies. Enter the Time (24-hour clock) the form was prepared.
3.	Evacuation Status	This information is only tracked if the incident involves evacuation of personnel. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
4.	Migrant Interdiction Status	This information is only tracked if the incident involves Migrant Interdiction. Values entered in the column labeled Since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
5.	Sorties/Patrols	This information is only tracked if the incident involves sorties tracked in MISLE Incident Management Activity. List Sorties since last report both Air and Surface. Values entered in the column labeled since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
6.	Use of Force	This information is only tracked if the incident involves Use of Force activities. Values entered in the column labeled since Last Report are from the start of the Period Covered by Report (Item 2) to the time entered in the Time of Report (Item 2).
7.	Operational Controls	This information is only tracked if the incident involves Operational Control activities initiated, in force and removed.
8.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.

ICS-211a-CG DAILY SIGN-IN SHEET	1. INCIDENT NAME:	2. DATE:

3. SIGN-IN LOCATION:
☐ ICP ☐ JIC ☐ BASE ☐ CAMP _____ ☐ DIVS _____ ☐ STAGING _____ ☐ OTHER _____

4. AGENCY/ ORG	5. NAME	6. PAY GRADE	7. A R C	8. ORDER # or EMPLID (if known)	9. INCIDENT ASSIGNMENT	10. DATE/ TIME SIGN-IN	11. DATE / TIME SIGN OUT	12. HOURS WORKED (completed by TIME)

13. PAGE _____ of _____	14. PREPARED BY (Name and Position) USE BACK FOR REMARKS OR COMMENTS	15. DATE/TIME TO RESTAT

DAILY SIGN-IN SHEET (ICS 211a-CG)

Purpose. This is an optional form to use as a daily sign-in sheet to track personnel hours worked on the incident for personnel already checked-in at the incident. Personnel who have not checked in on the incident must first check-in on the ICS-211 Check-In List.

Preparation. The Daily Sign-In Sheet is initiated daily (up to 24-hour period) at a number of incident locations including ICP, JIC, base, camps, helibase and in the field. Leaders and Managers at these locations record the personnel sign-in information. The same form is used when personnel sign-out. When all personnel are signed out for the day, the completed form is turned in to the Resources Unit. This form is not used for tactical equipment which are noted on the ICS-204 Assignment List because these resource hours are tracked by the operations section personnel on an ICS-214 Unit Log.

Distribution. Daily Sign-In Sheets are provided to both the Resources Unit and the Finance Section (Time Unit) to track time of incident personnel. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident and uses the Daily Sign-In Sheet to track hours for these personnel. Time Unit tracks the hours personnel have worked for pay purposes. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date	Enter date (day, month, year) prepared.
3.	Sign-In Location	Enter the name of the Sign-in location. For Camp, DIVS, Staging and Other; note specific location.
4.	Agency	Enter agency name or agency designator (USCG for U.S. Coast Guard)
5.	Name	Enter Name
6.	Paygrade	Enter military or government paygrade. If other organization or company, leave blank.
7.	A / R / C	Enter A for Active Duty, R for Reserve, C for Civilian
8.	Order # / EMPLID	Enter Order Number if known. Order number will be assigned by Agency dispatching the resources or personnel to the incident. If unknown, or not available, use EMPLID.
9.	Incident Assignment	Enter location at which the resource / individual is normally assigned.
10.	Date/Time Sign-In	Enter date (month, day, year) and time (24-hour clock) at time of Sign-in.
11.	Date/Time Sign-Out	Enter date (month, day, year) and time (24-hour clock) at time of Sign-out.
12.	Hours Worked	Time Unit (TIME) enters total hours worked.
13.	Page	Indicate page no. and no. of pages being used for Sign-In at this location.
14.	Prepared By	Enter the name of the person completing the form and position held.
15.	Date/Time	Enter the time this form was completed and sent to Resources Unit.

ICS-211-CG CHECK-IN LIST	1. INCIDENT NAME:	2. CHECK-IN LOCATION: ☐ BASE ☐ CAMP _____ ☐ STAGING AREA _____ ☐ ICP ☐ OTHER _____	3. DATE/T ME:

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY NAME –
OR LIST EQU PEMENT BY THE FOLLOW NG FORMAT:
S=Supplies H=Helicopter O=Overhead VL=Vessels
E=Equipment C=Crew A=Aircraft VH=Vehicle

AGENCY	SINGLE ST/ TF	KIND	TYPE	**ID NO. /NAME – RESOURCE ID**	5. ORDER/ NUMBER	6. DATE/TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. INCIDENT CONTACT INFORMATION	10. INCIDENT LODGING INFO/CONTACT INFO	11. HOME UNIT	12. METHOD OF TRAVEL	13. INCIDENT ASSIGNMENT	14. OTHER QUALIFICATION	15. SENT TO RESTAT TIME/INT

16.	17. PREPARED BY (Name and Position) USE BACK FOR REMARKS OR COMMENTS
ICS 211-CG PAGE _____ of _____	

CHECK-IN LIST (ICS 211-CG)

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the form.

Preparation. The Check-In List is initiated at a number of incident locations including staging areas, base camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

Distribution. Check-In Lists are provided to both the Resources Unit and the Finance Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Check-In Location	Enter the name of the check-in location.
3.	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
4.	Agency	Enter agency name or agency designator (USCG for U.S. Coast Guard)
	Single/ST/TF	Enter whether resource is Single, part of Task Force (TF) or Strike Team(ST).
	Kind	Enter kind of resource using format listed for followed by sub-kind (e.g. workboat would be VL-WB).
	Type	Enter type of resource (1-4).
	Resource Identifier	Enter individual names for all overhead personnel. When listing equipment, use name or designator, indicate if resource is a single resource, task force or strike team;
5.	Order Number	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Date/Time Check-In	Enter date (month, day, year) and time (24-hour clock) of check-in.
7.	Leader's Name	Self-explanatory.
8.	Total # Personnel	Enter total number of personnel in strike teams, task forces or manning single resources. Include leaders.
9.	Contact Information	Enter contact information while at the incident (e.g. cell phone, pager, radio, etc.)
10.	Lodging/Contact Info	Enter lodging location and phone number/contact info while at the incident.
11.	Home Unit	Location from which resource / individual departed for this incident.
12.	Method of Travel	Means of travel to incident (bus, truck, engine, personal vehicle, etc.)
13.	Incident Assignment	Enter location at which the resource / individual is normally assigned.
14.	Other Qual	Enter Other Qualifications held.
15.	Sent to Restat	Enter initials and time that the info. Pertaining to that entry was sent to the Resources Unit.
16.	Page	Indicate page no. and no. of pages being used for Check-In at this location.
17.	Prepared By	Enter the name of the person completing the form and position held.

Note: Use back for remarks or comments, including Other Qualifications or any other ICS position the individual has been trained to fill.

Resource Request Message

Purpose: The 213RR CG is used by all incident personnel to request tactical and non-tactical resources.

ICS-213 RR CG (2/07)

Requestor

1. Incident Name:

2. Date/Time:

3. Resource Request Number:

4. ORDER Note: Use additional forms when requesting different resource sources of supply

a. Qty	b. Kind	c. Type	d. Priority U or R	e. Detailed item description (vital characteristics, brand, specs, experience, etc.) and, if applicable, purpose/use, diagrams, and other info.	f. Requested Reporting Location:	f. Requested Reporting Date/Time:	g. Order # (LSC)	h. ETA (LSC)	i. Cost

5. Suggested source(s) of supply - POC phone number if known and suitable subtitutes:

6. Requestor Position and Signature: **Date/Time:**

7. Section Chief/Command Staff Approval: **Date/Time:**

Plans

8. RESL - check box (a) if request is for tactical or personnel resources. Then note availability in box 8.b or 8.c.

a. ☐

b. ☐ **Resources available as noted in block 12**

c. ☐ **Resources not available**

9. RESL Review/Signature: **Date/Time:**

Logistics

10. Requisition/Purchase Order #:

11. Supplier Name/Phone/Fax/Email:

12. Notes:

13. Logistics Section Signature: **Data/Time:**

14. Order placed by (check box): ☐ **SPUL** ☐ **PROC** ☐ **OTHER** _____

Finance

15. Reply/Comments from Finance:

16. Finance Section Signature: **Date/Time:**

Full instructions on back page. Requestor fills in blocks 1-5, except # 3 & # 4.g-i (shaded area), signs block 6 (do not forget position), gets appropriate Section Chief or Command Staff approval in block 7, and keeps yellow copy (bottom). If applicable, RESL reviews if resource available, signs block 9 and keeps blue copy. Logistics fills in block 4.g and h, and blocks 10-13, and keeps orange copy. Orderer (LSC or FSC) fills in block 4.i. Finance fills in blocks 15 - 16 and keeps green copy. Pink copy is returned to RESL for tactical/personnel or requestor for non-tactical. White copy goes to DOCL.

1. Incident Name	2. Period (Date/Time) From: To:	Chronology of Events Log ICS 214A-CG

3. Activity Log

TIME	Briefing	Display	209/ SITREP	EVENTS
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
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	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	
	☐ U / R	☐	☐	

4. Prepared by: **Date/Time**

CHRONOLOGY OF EVENTS LOG (ICS FORM 214A-CG)

Purpose The Chronology of Events Log records details of unit activity, including strike team activity or individual activity that has been deemed relevant to the incident. Ensure all events are logged including when the data is received **and** when it is distributed, displayed, or briefed.

Preparation A Chronology of Events Log is initiated and maintained by the Situation Unit Leader but may also be used by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are submitted to supervisors who forward them to the Documentation Unit. Use additional ICS 214A forms as necessary during an operational period.

Distribution The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Activity Log	**Time**. Enter the time the event is logged. **Briefing U / R** – Check block if the information needs to be briefed? Circle whether it is Urgent or Routine. Urgent means immediate briefing (e.g. meets the Critical Information Reporting Criteria) and Routine means at the next briefing in the Operational Cycle or informally passed along to appropriate unit leader. **Display** – Check block if the information needs to be displayed visually. **209/SITREP** – Check block if the information needs to be distributed in a written format. **Events** –Enter the event that you are logging. If the data is relevant to the incident then it needs to be logged on the form. In addition enter any methods for confirming the validity of the data and when/how the data is confirmed. Log the actions taken with the information as well.
4.	Prepared By	Print Name and enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	**UNIT LOG** **ICS 214-CG**
3. Unit Name/Designators	**4. Unit Leader (Name and ICS Position)**	

5. Personnel Assigned

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared by: **Date/Time**

1. Incident Name	2. Operational Period (Date/Time) From: To:	UNIT LOG (CONT.) ICS 214-CG

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared by: **Date/Time:**

UNIT LOG (ICS FORM 214-CG)

Purpose. The Unit Log records details of unit activity, including strike team activity or individual activity. These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation. A Unit Log is initiated and maintained by Command Staff members, Division/Group Supervisors, Air Operations Groups, Strike Team/Task Force Leaders, and Unit Leaders. Completed logs are submitted to supervisors who forward them to the Documentation Unit.

Distribution. The Documentation Unit maintains a file of all Unit Logs. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Check-In Location	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Unit Name/Designators	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4.	Unit Leader	Enter the name and ICS Position of the individual in charge of the Unit.
5.	Personnel Assigned	List the name, position, and home base of each member assigned to the unit during the operational period.
6.	Activity Log	Enter the time and briefly describe each significant occurrence or event (e.g., task assignments, task completions, injuries, difficulties encountered, etc.)
7.	Prepared By	Enter name and title of the person completing the log. Provide log to immediate supervisor, at the end of each operational period.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

ICS 215A-CG
INCIDENT ACTION PLAN SAFETY ANALYSIS

1. Incident Name	2. Operating Period

3. DIVISION/ GROUP/ OTHER LOCATION	4. Work Assignments	5. Gain	6. HAZARDS	7. CONTROLS	8. ORM SEVERITY	PROBABILITY	EXPOSURE	Total (S x P x E)
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				
		Human Health Security Environment Economy	Check	Check				

Operational Risk Management Key

Scale	1	2	3	4	5
Severity	Slight	Minimal	Signif-icant	Major	Catas-trophic
Probability	Remote	Un-likely	50/50	>50	Very Likely
Exposure	Below Avg	Avg	Above Avg	Great	N/A

ORM Scale

#	1-19	20-39	40-59	60-79	80-100
Risk	Slight	Possible	Substantial	High	Very High
Color	Green	Amber	Red	Red	Red
Action	Possibly Acceptable	Attention Needed	Correction Required	Immediate Correction	Discontinue/ Stop

9. Prepared by (Name and Position)

ICS 215A-CG
(rev 2/15)

ICS 215A-CG INCIDENT ACTION PLAN SAFETY ANALYSIS (rev 2/15)
Instructions for filling out the form

Purpose: The purpose of this worksheet is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards and develop appropriate controls. The 2015 change removed the GAR terminology from the form – this is the only change from the 2006 version.

Preparation: During the Incident Action Planning cycle where the Operations Section Chief (OSC) is preparing for the tactics meeting, the Safety Officer works alongside the OSC and completes the Incident Action Plan Safety Analysis. This sheet mirrors the ICS 215 form. Work assignments are listed along with associated hazards. A calculation is made that determines what level of risk each work assignment poses. For those assignments having significant risk, controls are developed for safeguarding responders. The net risk is evaluated against the gain. The Incident Commander should be alerted to all safety hazards that receive high risk rating (e.g. red) after controls have been established.

Distribution: The Operational Hazard Worksheet is attached to the Incident Site Safety Plan and is distributed according to the instruction for Site Safety Plans.

Instructions:

Item #	Item Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Date/Time Prepared	Enter date (month, day, year) and time prepared.
3	Division/Group	Enter the Branch, Division or Group title in abbreviated form.
4	Work Assignment	List the work assignment for each Branch, Division or Group.
5	Gain	Check the gain that is achieved when the work assignment is accomplished. There MUST be a gain if personnel will be put at risk.
6	Hazards	Using the IAP Safety Analysis Aid (page 2), list the type of hazards likely to be encountered for the work assignment. Place a check mark in the box below the hazard.
7	Controls	Using the IAP Safety Analysis Aid (page 2), list the type of controls likely to be used for addressing the hazards listed. Place a check mark in the box below the control.
8	ORM	Using the "Key", assign a number from 1 to 5 based on the level of severity, probability and exposure. **Multiply** all numbers together to get a total. Enter this number into the total column. Using the scale on the bottom of the sheet, assign a color, risk level or action phrase in this block.
9	Prepared by	Enter the name of the person who completed this worksheet.

ICS-215A-CG INCIDENT ACTION PLAN SAFETY ANALYSIS AID

HAZARDS:

Physical	Chemical/Biological	Human
• Slipping	• Explosion	• Violence
• Tripping	• Flammable	• Poor Lifting
• Fall	• Air Reactive	• Repetition
• Overhead	• Water Reactive	• Excessive Force
• Heat Stress	• Chem Reactive	• Poor posture
• Cold Stress	• Alpha Rad	• Awkward motion
• Electrical	• Beta Rad	• Fatigue
• Blunt Objects	• Gamma Rad	• Poor hygiene
• Sharp Objects	• X Rad	• Illness
• Noise	• Bio-weapon	• Alcohol/Drugs
• Vehicle	• Chem-weapon	• Over crowding
• Fire	• Irritant	• Poor comms
• Sun/UV Glare	• Asphyxiant	• Noise interference
• Sun Burn	• Oxidizer	• Smoking
• Moving Pinch Points	• Carcinogen	• Driving
• Unguarded Machinery	• Corrosive	**Animal/Plant**
• Lightning	• Cryogenic	• Bites/Stings
• Drowning	• Toxic	• Poison
• Engulfment	• Biomed/pathogen	• Thorns/burrs
• Limited Egress/Access	• Particulates	• Swarms
	• Fumes (weld etc.)	• Disease
	• O2 Deficiency	• Feces/Coliforms

CONTROLS:

Types of Engineering Controls:

• Barriers	• Shields	• Dams
• Capping	• Covering	• Fencing
• Terminating	• Shutting	• Blocking
• Chocks	• Enclosures	• Diverters
• Flanging	• Guarding	• Substitution
• Scaffolding	• Grounding	• Substitution
• Bonding	• Insulation	• Lighting
• Locks, Tags	• Kill-switches	• Shut-off valves
• Taglines	• Circuit Breakers	• Process change
• Plugging, patching	• Sealing	• Absorbers

Types of Administrative Controls:

• Reduced work duration	• Worker rotation	• Safety plans
• Training	• Safety briefs	• Relief personnel
• Maintenance	• Drinking fluids	• Work/rest periods
• Good housekeeping	• Roving security	• Signs
• Warning lights	• Alarms	• Break areas
• Pre-inspections	• Field checks	• Buddy system
• Line of sight comms	• Comms schedule	• Equipt staging
• Load shifting	• Hazard marking	• Placarding
• Labeling	• Hand signals	• Safety observers
• Fendering	• Work plans	• Replenish fluids
• Handcarts/trolleys	• Fire extinguishers	• Drum bulking
• Eye Wash Station	• Hand washers	• Showers

Types of Personal Protective Equipment Controls:

• Hard hats	• Steel-toed shoes	• Safety glasses
• Safety goggles	• Face shields	• Hearing Protection
• Life jacket	• Fall arrests	• SCBA
• APRs	• Chemical suits	• Flash suits
• Fire resistant suits	• Work gloves	• Chemical gloves
• Sun glasses	• Sun-block	• Life rings
• Eye wash stations	• Night vision	• Thermal protection
• Dry/wet suits	• Hand warmers	• Wind breaker coat
• Knee pads	• Over garments	• Coveralls
• Booties	• Cooling vests	• Chap lip protection
• Hats for warming	• Gloves (warmth)	• Clothing (warmth)

OPERATIONAL PLANNING WORKSHEET

1. INCIDENT NAME	2. DATE & TIME PREPARED	3. OPERATIONAL PERIOD (DATE & TIME)

4. DIVISION/ GROUP/ OTHER LOCATION	5. WORK ASSIGNMENTS	6. KINDS OF RESOURCES																				7. OVERHEAD	8. SPECIAL EQUIPMENT & SUPPLIES	9. REPORTING LOCATION	10. REQUESTED ARRIVAL TIME
		REQ																							
		HAVE																							
		NEED																							
		REQ																							
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		NEED																							
ICS 215 USCG 12-02		11. TOTAL RESOURCES REQUIRED																				14. PREPARED BY (NAME & POSITION)			
		12. TOTAL RESOURCES ON HAND																							
		13. TOTAL RESOURCES NEEDED																							

COMMUNICATIONS RESOURCE AVAILABILITY WORKSHEET

1. Freqency Band	2. Description

	3. Channel Configuration	4. Channel Name/Trunked Radio System Talkgroup	5. Eligible Users	6. Rx Freq	N or W	7. Rx Tone/NAC	8. Tx Freq	N or W	9. Tx Tone/NAC	10. Mode A, D or M	11. Remarks
1											
2											
3											
4											
5											
6											
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12. Prepared By:		*13. Date Prepared:*	

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or "W" depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e g. project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile, or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

1. Incident Name	2. Operational Period (Date / Time) From: To:	AIR OPERATIONS SUMMARY ICS 220-CG

3. Distribution

☐ Fixed-Wing Bases _____ ☐ Helibase _____

4. Personnel and Communications

	Air Operations Director	Air / Air Frequency	Air / Ground Frequency
Air Operations Director			
Air Tactical Supervisor			
Air Support Supervisor			
Helicopter Coordinator			
Fixed-Wing Coordinator			
____ ____		____	____

5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)

6. Location / Function	7. Assignment	8. Fixed-Wing		9. Helicopter		10. Time		11. Aircraft Assigned	12. Operating Base
		NO.	TYPE	NO.	TYPE	Available	Commence		
	13. TOTALS								

14. Air Operation Support Equipment

15. Prepared by **Date / Time**

AIR OPERATIONS SUMMARY (ICS 220-CG)

Purpose. The Air Operations Summary provides the Air Operations Branch with the number, type, location, and specific assignments of aircraft.

Preparation. The Operations Section Chief or the Air Operations Branch Director completes the summary during each Planning Meeting. General air resource assignment information is obtained from the Operational Planning Worksheet (ICS 215-CG). The Air and Fixed-Wing Support Groups provide specific designators of the air resources assigned to the incident.

Distribution. After the summary is completed by Air Operations personnel (except item 11), the form is given to the Air Support Group Supervisor, who completes the form by indicating the designators of the helicopters and fixed-wing aircraft assigned missions during the specified operational period. This information is provided to Air Operations personnel who, in turn, give the information to the Resources Unit. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Distribution	Check the block and enter the time and date when ICS 220-CG and attachments were sent to all fixed-wing bases and helibases supporting the incident.
4.	Personnel and Communications	List the names of those assigned to each position, and the air-air and air-ground frequencies to be used.
5.	Remarks	Enter the special instructions or information, including safety notes, hazards, and priorities for Air Operations personnel.
6.	Location/Function	Enter the assigned location and function of the aircraft.
7.	Assignment	Enter the scope of work the aircraft is assigned to complete.
8.	Fixed Wing	Indicate the number and type of fixed-wing aircraft available for this Location / Function.
9.	Helicopters	Indicate the number and type of helicopters available for this Location / Function.
10.	Time	Indicate when aircraft will be available for use and when operations commence (use 24 hour clock).
11.	Aircraft Assigned	Enter the designators of the aircraft assigned. Gather information from Resources Unit, helibases, and fixed-wing bases.
12.	Operating Base	Enter the base (helibase, helispot, fixed-wing base) from which each air resource is expected to initiate operations.
13.	Totals	Enter the total number of fixed-wing and helicopter aircraft assigned to the incident in the Number columns. Enter the total number of each type of aircraft assigned in the Type columns.
14.	Air Operations Support Equipment	List the designators and location of other support resources assigned to Air Operations.
15.	Prepared By Date/Time	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date / Time) From: To:	DEMOB. CHECK-OUT ICS 221-CG
3. Unit / Personnel Released	4. Release Date / Time	

5. Unit / Personnel

You and your resources have been released, subject to signoff from the following:
(Demob. Unit Leader "X" appropriate box(es))

Logistics Section

☐ Supply Unit _____

☐ Communications Unit _____

☐ Facilities Unit _____

☐ Ground Unit _____

Planning Section

☐ Documentation Unit _____

Finance / Admin. Section

☐ Time Unit _____

Other

☐ _____ _____

☐ _____ _____

☐ _____ _____

6. Remarks

_____

_____

_____

_____

7. Prepared by: **Date / Time**

DEMOB. CHECK-OUT (ICS 221-CG)

Purpose. This form provides the Planning Section information on resource releases from the incident.

Preparation. The Demobilization Unit Leader or the Planning Section initiates this form. The Demobilization Unit Leader completes the top portion of the form after the resource supervisor has given written notification that the resource is no longer needed.

Distribution. The individual resource will have the unit leader initial the appropriate box(es) in item 5 prior to release from the incident. After completion, the form is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Strike Team / Unit / Personnel Released	Enter name of Strike Team, Unit or personnel being released.
4.	Release Date/Time	Enter date (month, day, year) and time (24-hour clock) of anticipated release.
5.	Strike Team / Unit / Personnel	Demobilization Unit Leader will enter an "X" in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. NOTE: Blank boxes are provided for any additional unit requirements as needed, (e.g., Safety Officer, Agency Rep., etc.)
6.	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.).
7.	Prepared By	Enter name and title of the person preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	DAILY MEETING SCHEDULE ICS 230-CG

3. Meeting Schedule (Commonly-held meetings are included)

Date/ Time	Meeting Name	Purpose	Attendees	Location
	Unified Command Objectives Meeting	Review/ identify objectives for the next operational period.	Unified Command members	
	Command & General Staff Meeting	IC/UC gives direction to Command & General staff including incident objectives and priorities	IC/UC, Command & General Staff	
	Tactics Meeting	Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period.	PSC, OSC, LSC, RESL & SITL	
	Planning Meeting	Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period.	Determined by the IC/UC	
	Operations Briefing	Present IAP and assignments to the Supervisors / Leaders for the next Operational Period.	IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders	

4. Prepared by: (Situation Unit Leader) **Date/Time**

DAILY MEETING SCHEDULE (ICS 230-CG)

Purpose. The Daily Meeting Schedule records information about the daily scheduled meeting activities.

Preparation. This form is prepared by the Situation Unit Leader and coordinated through the Unified Command for each operational period or as needed. Commonly-held meetings are already included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of these standard meetings are not scheduled, they should be crossed out on the form.

Distribution. After coordination with the Unified Command, the Situation Unit Leader will duplicate the schedule and post a copy at the Situation Status Board and distribute to the Command Staff, Section Chiefs, and appropriate Unit Leaders. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Meeting Schedule	For each scheduled meeting, enter the date/time, meeting name, purpose, attendees, and location. Note: Commonly-held meetings are included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of the standard meetings are not scheduled, they should be deleted from the form (normally the Situation Unit Leader).
4.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	ACP Site Index ICS 232a-CG

3. Index to ACP/GRP sites shown on Situation Map

Site #	Priority	Site Name and/or Physical Location	Action	Status

Note: This form is designed to be posted next to the situation map. Use additional sheets, as needed.

4. Prepared by: **Date/Time**

ACP SITE INDEX (ICS 232a-CG)

Special Note. This optional form is designed to be a key to the site numbers or site names shown on the Situation Map. The information on priorities for environmentally-sensitive areas and archaeo-cultural and socio-economic issues from the ICS 232-CG may be transferred to ICS 232a-CG, which provides more information on the Area Contingency Plan (ACP) or Geographic Response Plan (GRP) site numbers or names shown on the Situation Map.

Purpose. If used, this form is posted next to the Situation Map, providing a key to the ACP/GRP sites shown on the map.

Preparation. The Situation Unit personnel responsible for the Situation Map prepare this form, using ICS 232-CG prepared by the Environmental Unit.

Distribution. This form is posted next to the Situation Map and copies of this form should accompany any distributed copies of the Situation Map. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Index to ACP/GRP sites	Enter site information from the Area Contingency Plan (ACP) or Geographic Response Plan (GRP) or other sources specific to this incident.
	Site Number	Can come from an Area Contingency Plan (ACP) or Geographic Response Plan (GRP) or can be created during an incident.
	Priority	Priority specific to this incident.
	Site Name and/or Physical Location	Name of the site (e.g., Marsh Pt., Glacier Creek, etc.) and/or physical location (e.g., address, lat/long, landmarks, etc.).
	Action	Actions to be taken for designated protection and collection strategies or for other sites identified specifically for this incident.
	Status	Status of site action implementation (e.g., scheduled, in progress, completed).
4.	Prepared By	Enter name and title of the person preparing the form.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name	2. Operational Period (Date/Time) From: To:	**RESOURCES AT RISK SUMMARY** **ICS 232-CG**

3. Environmentally-Sensitive Areas and Wildlife Issues

Site #	Priority	Site Name and/or Physical Location	Site Issues

Narrative

4. Archaeo-cultural and Socio-economic Issues

Site #	Priority	Site Name and/or Physical Location	Site Issues

Narrative

5. Prepared by: (Environmental Unit Leader) **Date/Time**

RESOURCES AT RISK SUMMARY (ICS 232-CG)

Purpose. The Resources at Risk Summary provides information about sites in the incident area which are sensitive due to environmental, archaeo-cultural, or socio-economic resources at risk, and identifies incident-specific priorities and issues. The information recorded here may be transferred to ICS 232a-CG, which acts as a key to the Area Contingency Plan (ACP) or Geographic Response Plan (GRP) site numbers shown on the Situation Map.

Preparation. The Environmental Unit Leader, with input from resource trustees, will complete this form for each operational period. It should be updated prior to the Planning Meeting.

Distribution. This form must be forwarded to the Planning Section Chief for possible inclusion in the IAP. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Env- Sensitive Area & Wildlife Issues	
	Site Number	Enter site number. Can come from Area Contingency Plan (ACP) or Geographic Response Plan (GRP) or can be created during an incident.
	Priority	Priority specific to this incident. Can come from an ACP/GRP or can be created during an incident.
	Site Name and/or Physical Location	Name of the site (e.g., Marsh Pt., Glacier Creek, etc.) and/or physical location (e.g., address, lat/long, landmarks, etc.).
	Site Issues	Environmental concerns associated with this site and season.
	Narrative	Use the Narrative section to clarify any issues.
4.	Archaeo-cultural and Socio-economic Issues	
	Site Number	Enter site number. Can come from an ACP/GRP or can be created during an incident.
	Priority	Priority specific to this incident. Can come from an ACP/GRP or can be created during an incident.
	Site Name and/or Physical Location	Name of the site (e.g., Marsh Pt., Glacier Creek, etc.) and/or physical location (e.g., address, lat/long, landmarks, etc.).
	Site Issues	Archaeo-cultural or socio-economic concerns associated with this site and season.
	Narrative	Use the Narrative section to clarify any issues.
5.	Prepared By	Enter name and title of the person preparing the form (normally the Environmental Unit Leader).
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

1. Incident Name					**INCIDENT OPEN ACTION TRACKER ICS 233-CG**		
2. No.	3. Item	4. For/POC	5. POC Briefed	6. Start Date	7. Status	8. Target Date	9. Actual Date
1							
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Open Actions Tracker (ICS 233-CG - revision 07-12)

Purpose. Open Actions Tracker
1. Is used by the Incident Commander/Unified Command (IC/UC) to assign and track tasks/actions to IMT personnel that do not rise to the level of being an Incident Objective.
2. Is duplicated and provided to Command and General Staff members, giving them the open tasks/actions needing to be completed and a means to track the open tasks/actions they have been assigned.
Note: This form may also be used by Command and General Staff for tracking tasks/actions within a Section/Staff element.

Preparation. The Planning Section Chief (PSC) is responsible for maintaining the Open Actions Tracker for the IC/UC and typically utilizes the Documentation Unit Leader (DOCL) to assist in this forms development and updating. The PSC should ensure all Command and General Staff are prepared to discuss their assigned tasks/actions during the Command and General Staff and Planning Meetings.

Distribution. When completed, the form is duplicated and copies are distributed to the Unified Command and Command and General Staff. It is also posted on a status board located at the ICP. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	No.	Enter number of task in sequential order (1, 2, 3, …).
3.	Item	Enter short descriptive of the task/action to be completed. Tasks/Actions are important to be completed but are not an Incident Objective which are documented on the ICS-202 form.
4.	For/POC	Enter the Point of Contact (POC), the responsible person/section.
5.	Briefed to POC	Enter “X”, when the task/action has been briefed to the POC/responsible person. This is to ensure that tasks/actions identified outside of the POC’s presence (during Unified Command Meeting for example) are briefed to and acknowledged by the identified POC.
6.	Start Date	Enter the date the task/action was initially assigned under “Start Date.”
7.	Status	Enter status of item. For example; “Awaiting LE Gear”, “Update needed”, “Awaiting Feedback”. When the item is completed, the word “completed” is entered and if working in MS Excel, the task is cut and pasted into the worksheet labeled “COMPLETED.”
8.	Target Date	Enter deadline task/action should be completed. In the Excel Worksheet, there is a hidden formula that shows green, yellow and red blocks. When the target date is one day away, the block turns yellow. When it is overdue it turns red. When the block is yellow, it serves as a reminder to the UC/POC that the target date is nearing and the POC needs to complete the task or the target date needs to be updated.
9.	Actual Date	Enter actual date task/action completed.

NOTE: In order to ensure the red and yellow reminders work for new tasks, the user simply copies a task line, inserts it into the worksheet and overtypes the new task information.

	WORK ANALYSIS MATRIX ICS 234-CG
1. Incident Name	2. Operational Period From: To:

3. Operation's Objectives DESIRED OUTCOME	4. Strategies HOW	5. Tactics/Work Assignments WHO, WHAT, WHERE, WHEN

6. Prepared by: (Operations Section Chief)	7. Date/Time:

WORK ANALYSIS MATRIX FORM INSTRUCTIONS (ICS FORM 234-CG) Rev. 8/05

Purpose. The Work Analysis Matrix is designed to help select the best strategies and tactics to achieve the operational objectives. This optional form assists staff in carrying out incident objectives by outlining the who, what, where, when, and how of the response. The tactics from this form carry forward to the "Work Assignment" on the ICS-215. Another purpose of the ICS-234 is that it presents alternative (or what-if) strategies and tactics to respond to bad weather, sudden changes in operational conditions, etc. This form is simply a formalized version of how most OSCs tend to think in order to turn objectives into tactical field work.

Preparation. The Work Analysis Matrix, if used, is usually completed by the Operations Section Chief and Planning Section Chief prior to the Tactics Meeting.

Distribution. All completed original forms must be submitted to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name of the incident
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Operational Objectives	Enter the relevant Operational Objectives from the ICS 202, with numbers
4.	Strategies	Enter all strategies that could be used to meet the objective ("how")
5.	Tactics/Work Assignments	Enter details, including as much as possible, who, what, where, and when, of work assignments to carry out Operational Strategies
6.	Prepared By	Enter the name and position of the person preparing the form
7.	Date/Time	Enter the date and time (24-hour format) the form was prepared

FACILITY NEEDS ASSESSMENT WORKSHEET
ICS-235-CG (Rev 12/11)

2. LOCATION	3. FACILITIES	4. Requirements	# Expected Personnel	Internal/Building Workspace Sq Ft (80 sq ft/pers)	Wall Space Linear Sq Ft	Multi-Purpose Mtg Rm Sq Ft (20 sq ft/pers + display space)	External/Outside Laydown Sq Ft	Parking Space Sq Ft (120 sq ft/vehicle x 1.4 circulation factor)	Climate Control (HVAC) needed - yes/no	Toilet Rooms	Work Tables	Conf Table	Chairs	Telephones	Speaker Phone	Fax Machines	Power Outlets	Comp Workstations	Printers	Chart Printer/ChartPro	Video Projectors	Copy Machines	Paper Shredders				
ICP	Unified Command	REQ																									
	Liaison Officer & Agency Reps	REQ																									
	Safety Officer	REQ																									
	Public Information Officer	REQ																									
	Planning Section	REQ																									
	Operations Section	REQ																									
	Logistics Section	REQ																									
	Finance/Admin Section	REQ																									
	Common Areas	REQ																									
Base	Base	REQ																									
		REQ																									
JIC	JIC	REQ																									
		REQ																									
Staging		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
		REQ																									
5. Prepared By:		6. Total																									
7. Date/Time Prepared:		8. Comments:																									

FACILITY NEEDS ASSESSMENT WORKSHEET (ICS-235-CG (rev 12/11))

Instructions for filling out the form

Purpose. The ICS-235 USCG Facility Needs Assessment Worksheet is a planning tool used to develop the Incident Command Post (ICP) Plan in a structured and disciplined manner.

Preparation. The Facility Needs Assessment Worksheet is completed by the Logistics Section Chief but may also be completed by Command and General Staff to help them determine their ICP or other space needs.

Distribution. The Facility Needs Assessment Worksheet is found as page-sized form.

Item # & Title	Instructions
1. Incident Name	Enter the name assigned to the incident.
2. Location	Location (ICP, JIC, etc).
3. Facilities	Enter the specific entity being supported (e.g. Unified Command). This is already filled in for the ICP. There is space to fill in for other facilities or entities that may need to be supported (e.g. Volunteer processing center). For Staging Area – note specific staging area supported (as there may be more than one).
4. Requirements	Fill in the information requested as best as possible. Use open space beyond Paper Shredders to add additional support requirements, if needed.
Expected Personnel	Expected Number of personnel in the location.
Internal/Building Workspace	Enter workspace square feet requirement. Multiply expected number of personnel by 50 to 80 to get this number.
Wall Space	Enter linear wall space requirement in square feet.
Multi-Purpose Meeting Rm	If needed, enter Multi-Purpose Meeting Rm square feet requirement.
External/Outside Lay down	If needed, enter External/Outside Lay down square feet requirement.
Parking Space	If needed, enter Parking Space square feet requirement. This would be multiplication of number of parking spaces needed times 120 sq ft per vehicle times 1.4 circulation factor.
Climate Control	Enter Yes or No if Climate Control is needed in the building.
Toilet Rooms	Enter number of Toilet Rooms/Water Closets required. This is based on the OSHA requirement for the number of personnel expected to be supported at that facility (see 29CFR1910.141) – 1 to 15 personnel = 1 fixture, 16 to 35 = 2, 36 to 55 = 3, 56 to 80 = 4, 81 to 110 = 5, 111 to 150 = 6, and over 140 personnel one fixture for each additional 40 personnel. See CFR for more specific information.
Work Tables	Enter the number of work tables required. Note dimensions in work table name block or note dimensions in comments.
Conf Table	Enter the number of conference tables, if needed. Note dimensions in work table name block or note dimensions in comments.
Chairs	Enter the number of chairs, if needed.
Telephones	Enter the number of telephones required.
Speaker Phone	Enter the number of speaker phones, if needed.
Fax Machines	Enter the number of fax machines, if needed.
Power Outlets	Enter the number of power outlets required.
Comp Workstations	Enter the number of computer workstations required.
Printers	Enter the number of printers required. Note color or black and white.
Chart Printer/ChartPro	Enter the number of Chart Printer/ChartPro, if needed.
Video Projectors	Enter the number of Video Projectors, if needed.
Copy Machines	Enter the number of copy machines, if needed.
5.. Prepared by	Enter the name of the person completing the form, normally the Logistics Section Chief.
6. Total	Enter totals for each support item (if desired).
7.. Date/Time Prepared	Enter the date/time prepared.
8. Comments	Enter comments as desired.

INCIDENT INFORMATION MANAGEMENT PLAN
ICS 240-CG

1. Incident Name:

2. Operational Period:
From (Date/Time)
To (Date/Time):

3. Critical Information Requirement (CIR)	4. Requested by	5. Collected By	6. Reporting Timeline: Immediate Reporting Threshold	C&GS Mtg	Plng Mtg	Other (specify)	7. Dissemination Method: Brief	209	Display

INFORMATION MANAGEMENT PLAN (ICS 240-CG)

Purpose. The Information Management Plan is an optional form used the Situation Unit Leader to track Critical Information Requirements (CIRs) during incident.

Preparation. The Information Management Plan is prepared by the Situation Unit Leader (or Deputy Planning Section Chief for Information Management or Deputy Incident Commander for Information Management). If this form is completed in Excel, the information can be sorted based on a particular column (e.g. requested by block) to help sort and utilize information.

Distribution. The Information Management Plan is prepared by and used by the Situation Unit Leader (or Deputy Planning Section Chief for Information Management or Deputy Incident Commander for Information Management) to track status of CIRs. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter date (month, day, year) and time prepared (24-hour clock).
3.	Critical Information Requirement	Enter the Critical Information Requirement (CIR).
4.	Requested By	Enter agency name or agency requesting the information.
5.	Collected By	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Reporting Timeline	Check boxes as to when reporting timeline is needed and note timeframe CIR is required if needed.
7.	Dissemination Method	Check boxes as to dissemination method of CIR information.

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PORTLAND MONTREAL PIPE LINE SYSTEM
MEDIA CONTACT LOG
(Proactive Contact)

Publication: _____

Contact/Phone Number: _____

Story Angle: _____

_____

Discussion: _____

_____

_____

Date: _____ Time:_____ a.m./p.m

Contacted By: _____

Next Steps: _____

_____

_____

□ CONTACT COMPLETED/ LOG FILED

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Qualified Individual (QI) Notification Exercise

Internal Exercise Documentation

1. Date performed: _____
2. Exercise or actual response: _____
3. Person initiating exercise: _____
4. Name of person notified: _____
   Is this person identified in the response plan as the: ☐ QI ☐ AQI
5. Time initiated: _____
   Time QI or AQI responded: _____
6. Method used to contact:
   ☐ Telephone ☐ Pager ☐ Radio
   ☐ Other _____
7. Description of notification procedure:

   _____

   _____

   _____

   _____

   _____
8. Identify which components of your response plan were exercised during this particular exercise:

Organizational Design

- ☐ Notifications
- ☐ Staff mobilization
- ☐ Ability to operate within the response management system described in the plan

Operational Response

- ☐ Discharge control
- ☐ Assessment of discharge
- ☐ Containment of discharge
- ☐ Recovery of spilled material
- ☐ Protection of economically and environmentally sensitive areas
- ☐ Disposal of recovered product

Response Support

- ☐ Communications
- ☐ Transportation
- ☐ Personnel support
- ☐ Equipment maintenance and support
- ☐ Procurement
- ☐ Documentation

Certifying Signature: _____ Name (Printed): _____

Date: _____

Response Team Tabletop Exercise
Internal Exercise Documentation

1. Date(s) performed: _____
2. Exercise or actual response: _____
   Exercise type: ☐ Announced ☐ Unannounced
3. Location of exercise: _____
4. Time started: _____
   Time completed: _____
5. Response plan scenario used (check one):
   ☐ Small ☐ Medium ☐ Worst case discharge
   Size of (simulated) spill _____ Bbls
6. Describe how the following objectives were exercised:

   a) Response Team's knowledge of oil spill response plan:

   _____
   _____
   _____
   _____
   _____
   _____

   b) Proper notifications:

   _____
   _____
   _____
   _____
   _____
   _____

   c) Communications System:

   _____
   _____
   _____
   _____
   _____
   _____

Response Team Tabletop Exercise

Internal Exercise Documentation (Cont'd)

d) Response Team's ability to access contracted OSRO:

e) Response Team's ability to coordinate spill response with OSC, state and applicable agencies:

f) Response Team's ability to access sensitive site and resource information in Area Contingency Plan:

7. Identify which components of your response plan were exercised:

8. Attach description of lesson(s) learned and person(s) responsible for follow up of corrective measures.

Certifying Signature: _____ Name (Printed): _____

Date: _____

Equipment Deployment Exercise
(Semiannual)
Internal Exercise Documentation Form

1. Date(s) performed: _____

2. Exercise or actual response? _____
   If an exercise, announced or unannounced? _____

3. Deployment location(s):
   _____
   _____
   _____
   _____
   _____
   _____

4. Time started: _____
   Time completed: _____

5. Equipment deployed was:
   _____ Facility - owned
   _____ Oil spill removal organization - owned if so, which OSRO? _____
   _____ Both

6. List type and amount of all equipment (e.g., boom and skimmers) deployed and number of support personnel employed:
   _____
   _____
   _____
   _____
   _____
   _____

7. Describe goals of the equipment deployment and list any Area Contingency Plan strategies tested (Attach a sketch of equipment deployments and booming strategies):
   _____
   _____
   _____
   _____
   _____

8. For deployment of facility-owned equipment, was the amount of equipment deployed <u>at least</u> the amount necessary to respond to your facility's average most probable spill?
   _____
   _____

   Was the equipment deployed in its intended operating environment?
   _____
   _____

Equipment Deployment Exercise (cont'd)
(Semiannual)
Internal Exercise Documentation Form

9. For deployment of OSRO - owned equipment, was a representative sample (at least 1000 feet of each boom type and at least one of each skimmer type) deployed?

_____

_____

Was the equipment deployed in its intended operating environment?

_____

_____

10. Are all facility personnel that are responsible for response operations involved in a comprehensive training program, and all pollution response equipment involved in a comprehensive maintenance program? _____

_____

If so, describe the program: _____

_____

_____

_____

_____

_____

Date of last equipment inspection: _____

11. Was the equipment deployed by personnel responsible for its deployment in the event of an actual spill? _____

12. Was all deployed equipment operational? If not, why not?

_____

_____

_____

_____

_____

Response Equipment Inspection Log

Inspector	Date	Comments

REVISION RECORD

Note: It is the responsibility of the holder of this plan to ensure that all changes and updates are made. The holder shall:

- Remove and discard obsolete pages.
- Replace obsolete pages with the updated pages.
- Record each revision on this form.

Change Date	Affected Page Number(s)	Description of Change(s)	Name
EXAMPLE			
01/01/99	1-1 thru 1-4; 5-2	Head Office Update	B.A. Sample

The 12-2012 revision of the PHMSA Form 7000-1 (Accident Report Form) is available in the PHMSA Portal.

Online submission via PHMSA portal is required unless alternative reporting method is granted by PHMSA

PHMSA Portal: https://portal.phmsa.dot.gov/portal

See Online Submission Registration Requirements at http://opsweb.phmsa.dot.gov/portal_message/PHMSA_Portal_Registration.pdf:

If electronic reporting imposes an undue burden and hardship, an operator may submit a written request for an alternative reporting method to the Information Resources Manager, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, PHP-20, 1200 New Jersey Avenue, SE Washington DC 20590. The request must describe the undue burden and hardship. PHMSA will review the request and may authorize, in writing, an alternative reporting method. An authorization will state the period for which it is valid, which may be indefinite. An operator must contact PHMSA at 202-366-8075, or electronically to informationresourcesmanager@dot.gov or make arrangements for submitting a report that is due after a request for alternative reporting is submitted but before an authorization or denial is received. Operators should request and receive authorization from PHMSA prior to the use of alternative reporting methods.

RESPONDING TO OIL & HAZARDOUS MATERIALS SPILLS
DEP Initial Spill Information Report Form

Please fill in as much of the following as possible, using information provided by the caller/reporting official. Bold fields are of primary importance.

Name of caller Date of Report _____ and Time ___:___ AM ___ PM ___

Date of Spill/Event _____ and Time ___:___ AM ___ PM ___

Telephone number(s) of caller (include area code)

Company Name (if applicable)

Address

Town _____ State _____ Zip Code

Name of other informed party _____ Phone Number

Type of product alleged spilled

Estimated amount of spill

Is more spillage possible? _____ (Yes or No) Amount? _____

Is the situation **URGENT?** _____ (Yes or No) Is **HELP** needed? _____ (Yes or No)

Nature of call or complaint

Actions taken so far:

What resources are at risk? (check all that apply)

____ Public Safety
____ Public Water or Well
____ Private Water or Well
____ Atmosphere
____ Land or Ground
____ Open Water
____ Surface Drainage
____ Storm Sewer
____ Sanitary Sewer
____ Vapors in Building
____ None (complaint only)

Location of incident (Town name)

Specific directions to site

OIL DISCHARGE REPORT TO STATE OF MAINE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
(SAMPLE)

(a) Date, time, and place of discharge:

(b) Licensee:
Name of Vessel: N/A
Owner of Vessel: N/A

(c) Amount and type of oil discharged and recovered:

(d) Description of circumstances causing discharge:

(e) Control and recovery operations:

(f) Recommendations to the Department of Environmental Protection arising from incident pertaining to PPLC procedures, methods, precautions, or operations:

g) PPLC damages suffered:

(h) Other damages suffered:

Location: _____

Date: _____

SPCC SPILL REPORT
(SAMPLE)

§112.4 Submittal of Information to Regional Administrator for Qualified Discharge(s)

In the event of a reportable discharge or discharges, this page can be utilized to provide official notification to the Regional Administrator. If the Facility has had a discharge or discharges, which meet one of the following two criteria, then this report must be submitted to the Regional Administrator within 60 days. (Check as appropriate)

❑ This Facility has experienced a reportable spill as referenced in 40 CFR Part 112.1(b) of 1,000 gallons or more.

❑ This Facility has experienced two (2) reportable spills (as referenced in 40 CFR Part 112.1(b) of greater than 42 gallons each within a 12-month period.

Facility Name and Location: _____

Facility Contact Person (Name, address/phone number): _____

Facility maximum storage or handling capacity: _____

Facility normal daily throughput: _____

Describe the corrective action and countermeasures taken (include description of equipment repairs and replacements): _____

Describe the Facility (maps, flow diagrams and topographical maps attached as necessary):

Describe the cause of discharge (as referenced in 40 CFR Part 112.1(b)) including failure analysis of the system is: _____

Describe the preventative measures taken, or contemplated to be taken, to minimize the possibility of recurrence: _____

Other pertinent information: _____

- A copy of this report is also to be sent to the appropriate state agency in charge of oil pollution control activities.

DISCHARGE PREVENTION MEETING LOG
(SAMPLE LOG)

Date:	
Attendees:	

Subject/Issue	Required Action	Implementation

BRITTLE FRACTURE EVALUATION
(Sample Log)

Tank / Container ID: _____

❑ Field-constructed aboveground container.

❑ Repair: _____
or,

❑ Alteration: _____
or,

❑ Reconstruction: _____.

❑ Alterations, repairs or reconstruction meets API 653 (Tank Inspection, Repair, Alteration and Reconstruction).

❑ Continue Use: _____

❑ Change of service that might affect the risk of a discharge: _____

1. ❑ Tank (container) meets API 650 (Welded Steel Tanks for Oil Storage – 7th Edition or later) and the tank continues to operate in ❑ same service or ❑ equivalent or less severe service.

❑ Continue Use: _____

OR

2. ❑ Tank (container) does not meet API 650 or other equivalent standard:

❑ Prior hydro demonstrates fitness for continued service.

❑ Continue Use: _____

❑ No prior hydrostatic test. **(Go to Step 3.)**

❑ Further evaluation or appropriate action: _____

OR

3. ❑ Alteration, repairs or reconstruction does not meet API 653.

❑ Tank thickness ≤ 0.5 inch: _____

❑ Continue Use: _____

❑ Further evaluation or appropriate action: _____

OR IF NOT,

❑ Tank operates at metal temperature above 60°F: _____

❑ Continue Use: _____

❑ Further evaluation or appropriate action: _____

OR IF NOT,

❑ Membrane stress below 7 ksi: _____

❑ Continue Use: _____

❑ Further evaluation or appropriate action: _____

_____ _____
Inspector/Supervisor Date

PORTLAND PIPE LINE CORPORATION
Safety, Environment, Customer, Community

Informal Monthly Inspection (IMI) Summary

LOCATION	INSPECTION DATE	INSPECTED BY
TERMINAL		
Tank 1		-
Tank 2		-
Tank 27		-
Tank 28		-
T-2 MANIFOLD AREA		
Tank 3		-
Tank 4		-
Tank 5		-
Tank 6		-
Tank 18		-
Tank 19		-
Tank 20		-
Tank 21		-
Tank 22		-
Tank 26		-
T-1MANIFOLD AREA		
Tank 8		-
Tank 9		-
Tank 10		-
Tank 11		-
Tank 12		-
Tank 13		-
Tank 23		-
Tank 24		-
Tank 25		-
OTHER AREAS		
Oil-Water Separator		-
Fuel Oil Tank		-

PORTLAND PIPE LINE CORPORATION
Safety, Environment, Customer, Community

Informal Monthly Inspection (IMI) Checklist (API 653)

Tank: 1
Level:
Crude: #REF!

Inspected By: -
Inspection Date:
Req'd W/O Completion Date: 1/15/1900

DESCRIPTION	ITEM	OK	MONITOR	REPAIRED	WORK ORDER	COMMENTS
Access	Walkway					
	Stairs					
	Platform					
	Footings					
	Grading					
Foam Lines	Valves					
	Caps					
	Piping					
Lights	Switch					
	Fixtures					
	Bulbs					
Piping & Valves	Lateral Piping					
	Shell Valve					
	Transfer Piping & Valves					
	Sump Piping & Valves					
Transfer Pump	Packing					
	Casing					
	Petcock					
	Power					
	Ground Wire					
	Area					
Mixers (Two)	Pivot					
	Casing					
	Hatch					
	Power					
	Ground Wire					
	Area					
Manways	Condition					
Chine	Clearly Visable					
	Undermining					
	Condition					
Leak Detection	Piping					
	Valves					
	No Discharge					
Inspection Well	No Oil Sheen					
Paint	Stairs & Walkways					
	Foam Lines					
	Piping					
	Valves					
	Mixers					
	Transfer Pump					
	Hatches					
	Gauging Shack					
	Wind Girder					
	Shell					
	Roof					
Roof	Debris					
	Wax/Oil					
	Water					
	Ladder					
	Pontoon Covers					
	Vents					
	Shunt Straps					
	Legs					
	Air Pockets					
Hi-Hi Level Alarm	Microswitch					
Dike Area	Animal Burrows					
	Erosion					
	Water Ponding					
	Drainage/Culverts					
	Debris					
Hazards (Provide LPS Entry)	Trip/Falls					
	Other					

PORTLAND PIPE LINE CORPORATION
Safety, Environment, Customer, Community

Informal Monthly Inspection (IMI) Checklist (API 653)

Tank: 1
Level:
Crude: #REF!

Inspected By: -
Inspection Date:
Req'd W/O Completion Date: 1/15/1900

DESCRIPTION	ITEM	OK	MONITOR	REPAIRED	WORK ORDER	COMMENTS
SEAL INSPECTION						
Seal Condition	Clean					
	Wax/Oil/Water					
	Gaps (Provide Measurement)					
	Damage					
	Drains					
Gap Location (Pontoons)	Gap Length (feet)					Gap Measurement at Widest Point (inches)
1 - 2						
2 - 3						
3 - 4						
4 - 5						
5 - 6						
6 - 7						
7 - 8						
8 - 9						
9 - 10						
10 - 1						

PORTLAND PIPE LINE CORPORATION
Safety, Environment, Customer, Community

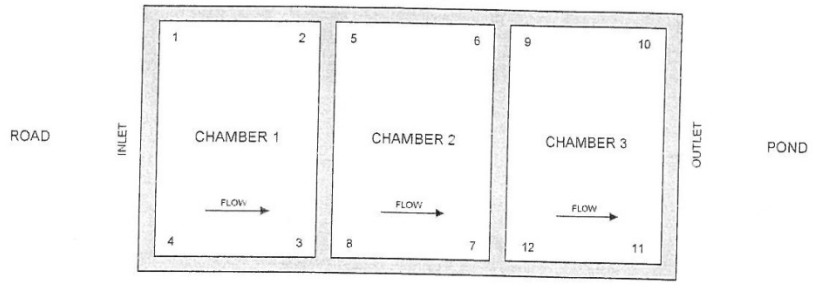
Informal Monthly Inspection (IMI) Checklist (API 653)

Item: OIL-WATER SEPARATOR

Inspected By: -
Inspection Date:
Req'd W/O Completion Date: 1/15/1900

DESCRIPTION	OK	MONITOR	REPAIRED	WORK ORDER	COMMENTS
Surface water clear of oil or sheen					
Concrete free of cracks and spalls					
Chambers free of plant growth and vegetation					
Inlet grating free of debris and in good condition					
Outlet grating free of debris and in good condition					
Inlet gate valve operable and in good condition					
Outlet gate valve operable and in good condition					
Chambers free of excessive sediment (record depth below)					

LOCATION	SEDIMENT DEPTH	OK	MONITOR	REPAIRED	WORK ORDER	COMMENTS
Chamber 1						
Point 1						
Point 2						
Point 3						
Point 4						
Chamber 2						
Point 5						
Point 6						
Point 7						
Point 8						
Chamber 3						
Point 9						
Point 10						
Point 11						
Point 12						



OIL-WATER SEPARATOR
PLAN VIEW

PORTLAND PIPE LINE CORPORATION
Safety, Environment, Customer, Community

Informal Monthly Inspection (IMI) Checklist (API 653)

Item: FUEL OIL TANK
AT HEATING PLANT

Inspected By: -
Inspection Date:
Req'd W/O Completion Date: 1/15/1900

DESCRIPTION	READING (inches)	OK	MONITOR	REPAIRED	WORK ORDER	COMMENTS
Gauge Reading						
Dip Pole						

PREP EXERCISE PROGRAM RECORDS
(SAMPLE)

SAMPLE CHART

20XX PREP EXERCISE PROGRAM RECORDS
OIL SPILL RESPONSE EXERCISES & EVENTS
ACCORDING TO INTEGRATED CONTINGENCY PLAN - SECTION 4.6

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.
QI Notification Drill (quarterly)												
Facility Notification Drill (semi-annual)												
Equipment Deployment Drill (semi-annual)												
Spill Management Team Table Top (annual)												
Internal Unannounced Exercise (annual)												

CANADA SPECIFIC FORMS

Reporting instructions

1. Incident Accident Report Forms (TSB / NEB)

The Quebec Area Manager will complete these reports, as necessary, and copies shall be submitted to:

- Appropriate Governmental Authorities;
- Quebec Area Manager ;

2. Hazardous Occurrence Investigation Report

This report will be sent within 14 days after the occurrence of the accident, occupational disease or other hazardous occurrence to the Ministry of
The report will be forwarded to:

- Quebec Area Manager ;
- President of MPL;
- Police Department, if necessary.

3. Spill Report Log

The Ministry of Natural Resources requires that the owner of petroleum product facilities, keeps a record of all events. The MPL Quebec Area Manager will maintain a register of all the spills. A spill identification number is to be issued for each occurrence. The information in the sample log is to be recorded in the log for each spill.

TSB Notification of an Accident/Incident Form

To be completed by the Quebec Area Manager (or delegate), within 30 days after the accident or incident.
1) Type of certificate issued under section 52 of the NEB Act: _____ Number of certificate issued under section 52: _____
2) Name of Operator _____
3) Date of the accident or incident: _____ Time of the accident or incident: _____
4) Location of the accident or incident: _____
5) Number of persons that were killed or sustained a serious injury: _____
6) A Description of the accident or incident and extent of any damage to the commodity pipeline, the environment and other property _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
7) A description of any dangerous goods contained in or released (volume released) from the commodity pipeline and a description of any action taken by the operator to protect the public: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
8) In the case of a reportable accident[1], the anticipated arrival time of repair equipment: _____ _____
9) Name of the person making the report:_____ Address: _____ Title: _____

* See definition of accident / incident on Page K-34.

How to make a report:

Pipeline occurrences shall be reported as soon as possible to the TSB Rail/Pipeline Occurrence Hot Line at 819-997-7887

This information shall be faxed to the Rail/Pipeline Branch as soon as possible after the initial call at 819-953-7876

1. A “Reportable Pipeline Accident” is an accident resulting directly from the operation of a pipeline, where:

   A. A Person sustains a serious injury or is killed as a result of being exposed to:

      a. A fire, ignition or explosion, or

      b. A commodity released from the pipeline, or

   B. The Pipeline

      a. Sustains damage affecting the safe operation of the pipeline as a result of being contacted by another object or as a result of a disturbance of its supporting environment,

      b. Causes or sustains an explosion, or a fire or ignition that is not associated with normal operating circumstances, or

      c. Sustains damage resulting in the release of any commodity.

2. A “Reportable Pipeline Incident” means an incident resulting directly from the operation of a pipeline where

   a) an uncontained and uncontrolled release of a commodity occurs,

   b) The pipeline is operated beyond design limits,

   c) The pipeline causes an obstruction to a ship or to a surface vehicle owing to a disturbance of its supporting environment,

   d) Any abnormality reduces the structural integrity of the pipeline below design limits,

   e) Any activity in the immediate vicinity of the pipeline poses a threat to the structural integrity of the pipeline, or

   a) The pipeline, or a portion thereof, sustains a precautionary or emergency shut-down for reasons that relate to or create a hazard to the safe transportation of a commodity

National Energy Board
Calgary, Alberta

Appendix 1
DETAILED INCIDENT REPORT

Type or print in black pen

Board Use Only

NEB Incident No. _____ Date Received _____ NEB Investigator _____

Investigator's Comments _____

Secretary
National Energy Board
444 Seventh Avenue S.W.
Calgary, Alberta T2P 0X8 • Fax: (403) 292-5503

PART A - OPERATOR INFORMATION

Name of Company _____

Address of Company _____

Pipeline Name _____

PART B - TIME, WEATHER AND LOCATION OF INCIDENT

Date *(month)* _____ *(day)* _____ *(year)* _____

Hour *(24 hour system & time zone)* _____

Weather *temperature:* _____ ^{0}C *precipitation:* _____ *windspeed & direction:* _____

CSA Class Location ☐1 ☐2 ☐3 ☐4

Location (provide specific location using a chainage description (MLV, kmP), land survey description or prominent landmarks)

_____

_____

_____

_____

PART C - ORIGIN OF SPILL/RELEASE

Facility Involved:

☐ Line Pipe ☐ Tank Farm ☐ Pump Station ☐ Compressor Station ☐ Regulator/Meter Station ☐ Gas Plant

☐ Other Related Facility *(specify)* _____

Equipment Involved:

☐ Pipe ☐ Valve ☐ Pressure relief device ☐ Fitting ☐ Compressor ☐ Pump ☐ Pressure vessel ☐ Tank

☐ Instrumentation

☐ Other *(specify)* _____

PART D - SPILLS AND RELEASES ***(Report LVP and HVP spills only if in excess of 1.5 m^3)***

☐ Gas ☐ LVP ☐ HVP ☐ Toxic Substance

Name of product/substance _____

Volume spilled/released _____ m^3 Volume recovered _____ m^3

Was there a fire? ☐ Yes ☐ No Was there an explosion? ☐ Yes ☐ No

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PART E - IMMEDIATE CAUSE FOR INCIDENTS ON OPERATING PIPELINES (*Immediate Cause: means unsafe acts or unsafe conditions*)

☐ Failed pipe ☐ Operator personnel error ☐ Other *(specify)* _____

☐ Failed weld ☐ External loading or natural forces Refer to Part H

☐ Corrosion Refer to Part G ☐ Equipment malfunction/failure Refer to Part I

PART F - LINE PIPE DATA

Type of Failure _____

Nominal Diameter (mm) _____ Wall Thickness (mm) _____ Date of Manufacture _____

Weld Process _____ SMYS (MPa) _____

Pipe Specification ☐ Z 245 ☐ Other *(specify)* _____ Pipe Location: ☐ Below Ground ☐ Above Ground

Maximum Operating Pressure (kPa) _____ Pressure at Time of Incident (kPa) _____

Latest Presure Test Date _____ Maximum Test Pressure (kPa) _____ Test Duration (hrs) _____

PART G - CORROSION FAILURES

Corrosion location: ☐ Internal ☐ External

Type of Corrosion *(specify)* _____

Type of Coating _____

Circumferential Position Looking Downstream (mark an X)

PART H - FAILURES DUE TO EXTERNAL LOAD OR NATURAL FORCES

☐ Damage by operator or its contractor ☐ Damage by other parties ☐ Earth movement ☐ Lightning/Fire

☐ Other (*specify*) _____

Name or Contractor/Other Party _____

Address _____

Telephone ( ) _____ Name of Representative _____

PART I - EQUIPMENT MALFUNCTION/FAILURE

Equipment _____ Manufacturer _____ Model# _____

Year Equipment Installed _____ Year Equipment Manufactured _____

PART J - ESTIMATE OF TOTAL INCIDENT COST *(Including repair, cleanup and restoration)*

$

PART K - REPAIR DESCRIPTION *(Description of all repairs to the pipeline made necessary by the incident and date of return to service of the pipeline)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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PART L - INJURY AND FATALITY DESCRIPTIONS

☐ Number of Fatalities ☐ Number of Serious Injuries

Serious Injury - includes an injury that results in: fracture of a major bone, amputation of a body part, loss of sight - one or both eyes, internal haemorrhage, third degree burns, unconsciousness, or loss of a body part or function of a body part

NAME	AFFILIATION	FATALITY OR INJURY DESCRIPTION AND CURRENT PATIENT CONDITION
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	
	☐ Company Employee ☐ Contractor ☐ Public	

PART M - IMMEDIATE INCIDENT CAUSE OF SERIOUS INJURY/FATALITY *(Immediate Cause - means unsafe acts and conditions)*

☐ Defective/inadequate safety devices, tools or equipment

☐ Improper loading or placement

☐ Congested work area/disorderly workplace

☐ Improper operation of safety devices, tools or equipment

☐ Hazardous environment (gases, dust, smoke, fumes or vapours)

☐ Other *(specify)*

PART N - NARRATIVE OF INCIDENT

Provide a complete description of the incident, including events leading up to, and following the incident. Also include additional information as specified in the guidelines to section 52 of the Onshore Pipeline Regulations. Attach any additional information that may supplement the narrative such as 1) drawing of the incident site 2) photographs 3) schematics 4) maps 5) reports (metallurgical, NDT, inspection, pressure test, etc.)

Attach additional sheets of narrative as required.

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PART O - WITNESS INFORMATION

NAME _____ TELEPHONE NO. ( )_____

_____ ( )_____

_____ ( )_____

_____ ( )_____

_____ ( )_____

PART P - BASIC CAUSES OF INCIDENT ***(Identify all basic causes contributing to the incident. Basic Cause - means the real or root causes of why the unsafe acts and unsafe conditions as described in the immediate cause occurred. Several Basic Causes may be assigned for one incident.)***

☐ Inadequate training ☐ Inadequate work standards or procedures ☐ Inadequate materials, tools or equipment

☐ Inadequate design/maintenance ☐ Non-compliance with work standards or procedures

☐ Other *(specify)* _____

Additional comments on selected basic cause: _____

_____

_____

_____

PART Q - CORRECTIVE ACTIONS TAKEN TO PREVENT SIMILAR INCIDENTS ***(If no corrective action taken, state reasons why)***

_____

_____

_____

_____

_____

_____

_____

_____

PART R - NAME OF PERSON CONDUCTING A COMPANY INCIDENT INVESTIGATION

Name _____

Title _____

Telephone ( )_____ Fax ( )_____

PART S - NAMES OF OTHER AGENCIES INVESTIGATING INCIDENT

Agency _____ Agency _____

Telephone _____ Telephone _____

Contact Name _____ Contact Name _____

Agency _____ Agency _____

Telephone _____ Telephone _____

Contact Name _____ Contact Name _____

PART T - NAME AND TITLE OF COMPANY REPRESENTATIVE FILING REPORT

Name _____ Signature _____

Title _____

Telephone ( )_____ Fax ( )_____ Date *(time)*_____ *(month)*_____ *(day)*_____ *(year)*_____

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Spill Report for Ministry of Natural Resources

Spill Report for Ministry of Natural Resources
ID Number:
Date of the Release:
Name and Title of Person in Charge of the Sector Where the Spill Has Arrived::
Date of the Follow-up Investigation:
Description of the Corrective Actions:
Date when the Corrective Action Was Completed: _____

APPENDIX L

GLOSSARY OF TERMS/ACRONYMS

GLOSSARY OF TERMS & ACRONYMS
GLOSSARY OF TERMS

This glossary contains definitions of terms that will be used frequently during the course of response operations.

Access/Staging Areas: Designated areas near the site accessible for gathering and deploying equipment and/or personnel.

Activate: The process of mobilizing personnel and/or equipment within the response organization to engage in response operations.

Activator: An individual in the response organization whose responsibilities include notifying other individuals or groups within the organization to mobilize personnel and/or equipment.

Adverse Weather: The weather conditions that will be considered when identifying response systems and equipment in a response plan for the applicable operating environment. Factors to consider include significant wave height, ice, temperature, weather - related visibility, and currents within the Captain of the Port (COTP) zone in which the systems or equipment are intended to function.

Agency Representative: Individual assigned to an incident from an agency who has been delegated full authority to make decisions on all matters affecting that agency's participation in response operations.

Area Committee: As defined by Sections 311(a)(18) and (j)(4) of CWA, as amended by OPA, means the entity appointed by the President consisting of members from Federal, State, and local agencies with responsibilities that include preparing an Area Contingency Plan for the area designated by the President. The Area Committee may include ex-officio (i.e., non-voting) members (e.g., industry and local interest groups).

Area Contingency Plan: As defined by Sections 311(a)(19) and (j)(4) of CWA, as amended by OPA, means the plan prepared by an Area Committee, that in conjunction with the NCP, shall address the removal of a discharge including a worst-case discharge and the mitigation or prevention of a substantial threat of such a discharge from a vessel, offshore facility, or onshore facility operating in or near an area designated by the President.

Average Most Probable Discharge: A discharge of the lesser of 50 barrels or 1% of the volume of the worst case discharge.

Barrel (bbl): Measure of space occupied by 42 U.S. gallons at 60 degrees Fahrenheit.

Bioremediation Agents: Means microbiological cultures, enzyme additives, or nutrient additives that are deliberately introduced into an oil discharge and that will significantly increase the rate of biodegradation to mitigate the effects of the discharge.

Boom: A piece of equipment or a strategy used to either contain free floating oil to a confined area or protect an uncontaminated area from intrusion by oil.

Booming Strategies: Strategic techniques which identify the location and quantity of boom required to protect certain areas. These techniques are generated by identifying a potential spill source and assuming certain conditions which would affect spill movement on water.

Bulk: Material that is stored or transported in a loose, unpackaged liquid, powder, or granular form capable of being conveyed by a pipe, bucket, chute, or belt system.

Captain of the Port Zone (COTP): A zone specified in 33 CFR Part 3 as the seaward extension of that zone to the outer boundary of the exclusion economic zone (EE2).

Chemical Agents: Means those elements, compounds, or mixtures that coagulate, disperse, dissolve, emulsify, foam, neutralize, precipitate, reduce, solubilize, oxidize, concentrate, congeal, entrap, fix, make the pollutant mass more rigid or viscous, or otherwise facilitate the mitigation of deleterious effects or the removal of the oil pollutant from the water. Chemical agents include biological additives, dispersants, sinking agents, miscellaneous oil spill control agents, and burning agents, but do not include solvents.

Clean-up Contractor: Persons contracted to undertake a response action to clean up a spill.

Cleanup: For the purposes of this document, cleanup refers to the removal and/or treatment of

oil, hazardous substances, and/or the waste or contaminated materials generated by the incident. Cleanup includes restoration of the site and its natural resources.

Coastal Waters: For the purpose of classifying the size of discharges, means the waters of the coastal zone except for the Great Lakes and specified ports and harbors on inland rivers.

Coastal Zone: As defined for the purpose of the NCP, means all United States waters subject to the tide, United States waters of the Great Lakes, specified ports and harbors on inland rivers, waters of the contiguous zone, other waters of the high seas subject to the NCP, and the land surface or land substrata, ground waters, and ambient air proximal to those waters. The term coastal zone delineates an area of federal responsibility for response action. Precise boundaries are determined by EPA/USCG agreements and identified in federal regional contingency plans.

Coast Guard District Response Ground (DRG): As provided for by CWA sections 311(a)(20) and (j)(3), means the entity established by the Secretary of the department in which the USCG is operating within each USCG district and shall consist of: the combined USCG personnel and equipment, including firefighting equipment, of each port within the district; additional prepositioned response equipment; and a district response advisory team.

Command: The act of controlling manpower and equipment resources by virtue of explicit or delegated authority.

Command Post: A site located at a safe distance from the spill site where response decisions are made, equipment and manpower deployed, and communications handled. The Incident Commander and the On-Scene Coordinators may direct the on-scene response from this location.

Communications Equipment: Equipment that will be utilized during response operations to maintain communication between the Company employees, contractors, Federal/State/Local agencies. (Radio/ telephone equipment and links)

Containment Boom: A flotation/freeboard device, made with a skirt/curtain, longitudinal strength member, and ballast unit/weight designed to entrap and contain the product for recovery.

Contingency Plan: A document used by (1) federal, state, and local agencies to guide their planning and response procedures regarding spills of oil, hazardous substances, or other emergencies; (2) a document used by industry as a response plan to spills of oil, hazardous substances, or other emergencies occurring upon their vessels or at their facilities.

Contract or Other Approved Means: For OPA 90, a written contract with a response contractor; certification by the facility owner or operator that personnel and equipment are owned, operated, or under the direct control of the facility, and available within the stipulated times; active membership in a local or regional oil spill removal organization; and/or the facility's own equipment.

Critical Areas to Monitor: Areas which if impacted by spilled oil may result in threats to public safety or health.

Cultural Resources: Current, historic, prehistoric and archaeological resources which include deposits, structures, ruins, sites, buildings, graves, artifacts, fossils, or other objects of antiquity which provide information pertaining to the historical or prehistorical culture of people in the state as well as to the natural history of the state.

Damage Assessment: The process of determining and measuring damages and injury to the human environment and natural resources, including cultural resources. Damages include differences between the conditions and use of natural resources and the human environment that would have occurred without the incident, and the conditions and use that ensued following the incident. Damage assessment includes planning for restoration and determining the costs of restoration.

Decontamination: The removal of hazardous substances from personnel and their equipment necessary to prevent adverse health effects.

Discharge: Any spilling, leaking, pumping, pouring, emitting, emptying, or dumping.

Dispersants: Means those chemical agents that emulsify, disperse, or solubilize oil into the water column or promote the surface spreading of oil slicks to facilitate dispersal of the oil into the water column.

Diversion Boom: A floatation/freeboard device, made with a skirt/curtain, longitudinal strength member, and ballast unit/weight designed to deflect or divert the product towards a pick up point, or away from certain areas.

Drinking Water Supply: As defined by Section 101(7) of CERCLA, means any raw or finished water source that is or may be used by a public water system (as defined in the Safe Drinking Water Act) or as drinking water by one or more individuals.

Economically Sensitive Areas: Those areas of explicit economic importance to the public that due to their proximity to potential spill sources may require special protection and include, but are not limited to: potable and industrial water intakes; locks and dams; and public and private marinas.

Emergency Operations Center/ Field Command Post: A site located at a safe distance from the spill site where response decisions are made, equipment and manpower deployed, and communications handled. The Incident Commander and the On-Scene Coordinators may direct the on-scene response from this location or may be located at a remote Incident Command Post. (See also – Incident Command Post)

Emergency Response Plan: A document used by (1) federal, state, provincial, and local agencies to guide their planning and response procedures regarding spills of oil, hazardous substances, or other emergencies; (2) a document used by industry as a response plan to spills of oil, hazardous substances, or other emergencies occurring upon their vessels or at their facilities.

Emergency Service: Those activities provided by state and local government to prepare for and carry out any activity to prevent, minimize, respond to, or recover from an emergency.

Environment Socio Economic Sensitivity: An especially delicate or sensitive natural resource, which requires protection in the event of a pollution incident. (See Economically Sensitive areas and Environmentally Sensitive areas.

Environmentally Sensitive Areas: Streams and water bodies, aquifer recharge zones, springs, wetlands, agricultural areas, bird rookeries, endangered or threatened species (flora and fauna) habitat, wildlife preserves or conservation areas, parks, beaches, dunes, or any other area protected or managed for its natural resource value.

Facility: Either an onshore facility or an offshore facility and includes, but is not limited to structures, equipment, and appurtenances thereto, used or capable of being used to transfer oil to or from a vessel or a public vessel. A facility includes federal, state, municipal, and private facilities.

Facility Operator: The person who owns, operates, or is responsible for the operation of the facility.

Federal Fund: The spill liability trust fund established under OPA.

Federal Regional Response Team: The federal response organization (consisting of representatives from selected federal and state agencies) which acts as a regional body responsible for planning and preparedness before an oil spill occurs and providing advice to the FOSC in the event of a major or substantial spill.

Federal Response Plan (FRP): Means the agreement signed by 25 federal departments and agencies in April 1987 and developed under the authorities of the Earthquake Hazards Reduction Act of 1977 and the Disaster Relief Act of 1974, as amended by the Stafford Disaster Relief Act of 1988.

Field Command Post – See Emergency Operations Center.

First Responders, First Response Agency: A public health or safety agency (e.g., fire service or police department) charged with responding to a spill during the emergency phase and alleviating immediate danger to human life, health, safety, or property.

Handle: To transfer, transport, pump, treat, process, store, dispose of, drill for, or produce.

Harmful Quantity Of Oil: The presence of oil from an unauthorized discharge in a quantity sufficient either to create a visible film or sheen upon or discoloration of the surface of the water or a shoreline, tidal flat, beach, or marsh, or to cause a sludge or emulsion to be deposited beneath the surface of the water or on a shoreline, tidal flat, beach, or marsh.

Hazardous Material: Any nonradioactive solid, liquid, or gaseous substance which, when uncontrolled, may be harmful to humans, animals, or the environment. Including but not limited to substances otherwise defined as hazardous wastes, dangerous wastes, extremely hazardous wastes, oil, or pollutants.

Hazardous Substance: Any substance designed as such by the Administrator of the EPA pursuant

to the Comprehensive Environmental Response, Compensation, and Liability Act; regulated pursuant to Section 311 of the Federal Water Pollution Control Act, or discharged by the SERC.

Hazardous Waste: Any solid waste identified or listed as a hazardous waste by the Administrator of the EPA pursuant to the federal Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (RCRA), 42 U.S.C., Section 6901, et seq as amended. The EPA Administrator has identified the characteristics of hazardous wastes and listed certain wastes as hazardous in Title 40 of the Code of Federal Regulations, Part 261, Subparts C and D respectively.

HAZMAT: Hazardous materials or hazardous substances, exposure to which may result in adverse effects on health or safety of employees.

HAZWOPER: Hazardous Waste Operations and Emergency Response Regulations published by OSHA to cover worker safety and health aspects of emergency response.

Heat Stress: Dangerous physical condition caused by over exposure to extremely high temperatures.

Hypothermia: Dangerous physical condition caused by over exposure to freezing temperatures.

Incident: Any event that results in a spill or release of oil or hazardous materials. Action by emergency service personnel may be required to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Action Plan: The incident action plan, which is initially prepared at the first meeting, contains general control objectives reflecting the overall incident strategy.

Incident Briefing Meeting: Held to develop a comprehensive, accurate, and up-to-date understanding of the incident, nature of status of control operations, and nature and status of response operations; ensure the adequacy of control and response operations; begin to organize control and response operations; and prepare for interactions with outside world.

Incident Command Post (ICP): That location at which all primary command functions are executed.

Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of assigned resources at an incident.

Incident Commander (IC): The one individual in charge at any given time of an incident. The Incident Commander will be responsible for establishing a unified command with all on-scene coordinators.

Indian Tribe: As defined in OPA section 1001, means any Indian tribe, band, nation, or other organized group or community, but not including any Alaska Native regional or village corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians and has governmental authority over lands belonging to or controlled by the Tribe.

Initial Cleanup: Remedial action at a site to eliminate acute hazards associated with a spill. An initial clean-up action is implemented at a site when a spill of material is an actual or potentially imminent threat to public health or the environment, or difficulty of cleanup increases significantly without timely remedial action. All sites must be evaluated to determine whether initial cleanup is total cleanup, however, this will not be possible in all cases due to site conditions (i.e., a site where overland transport or flooding may occur).

Initial Notification: The process of notifying necessary Company personnel and Federal/ State/Local agencies that a spill has occurred, including all pertinent available information surrounding the incident.

Initial Response Actions: The immediate actions that are to be taken by the spill observer after detection of a spill.

Inland Area means the area shoreward of the boundary lines defined in 46 CFR part 7, except that in the Gulf of Mexico, it means the area shoreward of the lines of demarcation (COLREG lines) as defined in §80.740 through 80.850 of this chapter. The inland area does not include the Great Lakes.

Inland Waters: State waters not considered coastal waters; lakes, rivers, ponds, streams, underground water, et. al.

Inland Zone: Means the environment inland of the coastal zone excluding the Great Lakes, and specified ports and harbors on inland rivers. The term inland zone delineates an area of federal responsibility for response action. Precise boundaries are determined by EPA/USCG agreements and identified in federal regional contingency plans.

Integrated Contingency Plan – A plan that consolidates emergency preparedness and response procedures into one document for 1) multiple locations within a company or 2) satisfies multiple regulatory agencies to bodies with a singular document.

Interim Storage Site: A site used to temporarily store recovered oil or oily waste until the recovered oil or oily waste is disposed of at a permanent disposal site. Interim storage sites include trucks, barges, and other vehicles, used to store waste until the transport begins.

Lead Agency: The government agency that assumes the lead for directing response activities.

Lead Federal Agency: The agency which coordinates the federal response to incident on navigable waters. The lead federal agencies are:

- **U.S. Coast Guard:** Oil and chemically hazardous materials incidents on navigable waters.
- **Environmental Protection Agency:** Oil and chemically hazardous materials incidents on inland waters.

Lead State Agency: The agency which coordinates state support to federal and/or local governments or assumes the lead in the absence of federal response.

Loading: Transfer from Facility to vehicle.

Local Emergency Planning Committee (LEPC): A group of local representatives appointed by the State Emergency Response Commission (SERC) to prepare a comprehensive emergency plan for the local emergency planning district, as required by the Emergency Planning and Community Right-to-know Act (EPCRA).

Local Government: Any metropolitan, municipal, city, town, village, or other political subdivision of the State or Province, and any Indian tribe or authorized tribal organization.

Local Response Team: Designated Facility individuals who will fulfill the roles determined in the oil spill response plan in the event of an oil or hazardous substance spill. They will supervise and control all response and clean-up operations.

Lower Explosive Limit: Air measurement utilized to determine the lowest concentration of vapors that support combustion. This measurement must be made prior to entry into a spill area.

Marinas: Small harbors with docks, services, etc. for pleasure craft.

Marine Transportation Related Facility (MTR Facility): An onshore facility, including piping and any structure used to transfer oil to or from a vessel, subject to regulation under 33 CFR Part 154 and any deepwater port subject to 33 CFR Part 150.

Medium Discharge: Means a discharge greater than 2,100 gallons (50 Bbls) and less than or equal to 36,000 gallons (85+ Bbls) or 10% of the capacity of the largest tank, whichever is less and not to exceed the WCD.

National Contingency Plan: The plan prepared under the Federal Water Pollution Control Act (33 United State Code §1321 et seq) and the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 United State Code § 9601 et seq), as revised from time to time.

National Pollution Funds Center (NPFC): Means the entity established by the Secretary of Transportation whose function is the administration of the Oil Spill Liability Trust Fund (OSLTF). Among the NPFC's duties are: providing appropriate access to the OSLTF for federal agencies and states for removal actions and for federal trustees to initiate the assessment of natural resource damages; providing appropriate access to the OSLTF for claims; and coordinating cost recovery efforts.

National Response System (NRS): Is the mechanism for coordinating response actions by all levels of government in support of the OSC. The NRS is composed of the NRT, RRTs, OSC, Area Committees, and Special Teams and related

support entities.

National Strike Force (NSF): Is a special team established by the USCG, including the three USCG Strike Teams, the Public Information Assist Team (PIAT), and the National Strike Force Coordination Center. The NSF is available to assist OSCs in their preparedness and response duties.

National Strike Force Coordination Center (NSFCC): Authorized as the National Response Unit by CWA section 311(a)(23) and (j)(2), means the entity established by the Secretary of the department in which the USCG is operating at Elizabeth City, North Carolina, with responsibilities that include administration of the USCG Strike Teams, maintenance of response equipment inventories and
logistic networks, and conducting a national exercise program.

Natural Resource: Land, fish, wildlife, biota, air, water, ground water, drinking water supplies, and other such resources belonging to, managed by, held in trust by, appertaining to or otherwise controlled by the state, federal government, private parties, or a municipality.

Navigable Waters: As defined by 40 CFR 110.1 means the waters of the United States, including the territorial seas. The term includes:

All waters that are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters that are subject to the ebb and flow of the tide;

Interstate waters, including interstate wetlands;

All other waters such as interstate lakes, rivers, streams (including intermittent streams), mudflats, sandflats, and wetlands, the use, degradation, or destruction of which would affect or could affect interstate or foreign commerce including any such waters;

That are or could be used by interstate or foreign travelers for recreational or other purposes;

From which fish or shellfish are or could be taken and sold in interstate or foreign commerce; and

That are used or could be used for industrial purposes by industries in interstate commerce.

All impoundments of waters otherwise defined as navigable waters under this section;
Tributaries of waters identified in paragraphs (a) through (d) of this definition, including adjacent wetlands; and

Wetlands adjacent to waters identified in paragraphs (a) through (e) of this definition: Provided, that waste treatment systems (other than cooling ponds meeting the criteria of this paragraph) are not waters of the United States.

Waters of the United States do not include prior converted cropland. Notwithstanding the determination of an area's status as prior converted cropland by any other federal agency,
for the purposes of the Clean Water Act jurisdiction remains with EPA.

Nearshore Area: For OPA 90, the area extending seaward 12 miles from the boundary lines defined in 46 CFR Part 7, except in the Gulf of Mexico. In the Gulf of Mexico, it means the area extending seaward 12 miles from the line of demarcation defined in §80.740 - 80.850 of title 33 of the CFR.

Non-persistent or Group I Oil: A petroleum-based oil that, at the time of shipment, consists of hydrocarbon fractions:

1. At lease 50% of which by volume, distill at a temperature of 340 degrees C (645 degrees F);
2. At least 95% of which volume, distill at a temperature of 370 degrees C (700 degrees F).

Ocean: The open ocean, offshore area, and nearshore area as defined in this subpart.

Offshore area: The area up to 38 nautical miles seaward of the outer boundary of the nearshore area.

Oil or Oils: Naturally occurring liquid hydrocarbons at atmospheric temperature and pressure coming from the earth, including condensate and natural gasoline, and any fractionation thereof, including, but not limited to, crude oil, petroleum gasoline, fuel oil, diesel oil, oil sludge, oil refuse, and oil mixed with wastes other than dredged spoil. Oil does not include any substance listed in Table 302.4 of 40 CFR Part 302 adopted August 14, 1989, under Section 101(14) of the federal comprehensive environmental response, compensation, and

liability act of 1980, as amended by P. L. 99-499.

Oil Spill Liability Trust Fund: Means the fund established under section 9509 of the Internal Revenue Code of 1986 (26 U.S.C. 9509).

Oily Waste: Product contaminated waste resulting from a spill or spill response operations.
On-Scene Coordinator (OSC): Means the federal official predesignated by the EPA or the USCG to coordinate and direct response under subpart D.

On-site: Means the areal extent of contamination and all suitable areas in very close proximity to the contamination necessary for implementation of a response action.

Open Ocean: means the area from 38 nautical miles seaward of the outer boundary of the nearshore area, to the seaward boundary of the exclusive economic zone.

Owner or Operator: Any person, individual, partnership, corporation, association, governmental unit, or public or private organization of any character.

Persistent Oil: A petroleum-based oil that does not meet the distillation criteria for a non-persistent oil. For the purposes of this Appendix, persistent oils are further classified based on specific gravity as follows:

1. Group II specific gravity less than .85
2. Group III specific gravity between .85 and less than .95
3. Group IV specific gravity .95 and including 1.0
4. Group V specific gravity greater than 1.0

Plan Holder: The plan holder is the industry transportation related facility for which a response plan is required by federal regulation to be submitted by a vessel or facility's owner or operator.

Post Emergency Response: The portion of a response performed after the immediate threat of a release has been stabilized or eliminated and cleanup of the sites has begun.

Post Emergency: The phase of response operations conducted after the immediate threat of the release has been stabilized, and cleanup operations have begun.

Primary Response Contractors or Contractors: An individual, company, or cooperative that has contracted directly with the plan holder to provide equipment and/or personnel for the containment or cleanup of spilled oil.

Qualified Individual (QI): That person or entity who has authority to activate a spill cleanup contractors, act as liaison with the "On-Scene Coordinator" and obligate funds required to effectuate response activities.

Recreation Areas: Publicly accessible locations where social/sporting events take place.

Regional Response Team (RRT): The Federal response organization (consisting of representatives from selected Federal and State agencies) which acts as a regional body responsible for overall planning and preparedness for oil and hazardous materials releases and for providing advice to the OSC in the event of a major or substantial spill.

Remove or Removal: As defined by section 311(a)(8) of the CWA, refers to containment and removal of oil or hazardous substances from the water and shorelines or the taking of such other actions as may be necessary to minimize or mitigate damage to the public health or welfare (including, but not limited to, fish, shellfish, wildlife, public and private property, and shorelines and beaches) or to the environment. For the purpose of the NCP, the term also includes monitoring of action to remove discharge.

Response Activities: The containment and removal of oil from the water and shorelines, the temporary storage and disposal of recovered oil, or the taking of other actions as necessary to minimize or mitigate damage to public health or welfare, or the environment.

Response Contractors: Persons/companies contracted to undertake a response action to contain and/or clean up a spill.

Response Guidelines: Guidelines for initial response that are based on the type of product involved in the spill, these guidelines are utilized to determine clean-up methods and equipment.

Response Plan: A practical manual used by industry for responding to a spill. Its features include: (1) identifying the notifications sequence, responsibilities, response techniques, etc. in a easy to use format; (2) using decision trees, flowcharts, and checklists to ensure the proper response for spills with varying characteristics; and (3) segregating information needed during the

response from data required by regulatory agencies to prevent confusion during a spill incident.

Response Resources: All personnel and major items of equipment available, or potentially available, for assignment to incident tasks on which status is maintained.

Responsible Party: Any person, owner/operator, or facility that has control over an oil or hazardous substance immediately before entry of the oil or hazardous substance into the atmosphere or in or upon the water, surface, or subsurface land of the state.

Response Priorities: Mechanism used to maximize the effective use of manpower and equipment resources based upon their availability during an operational period.

Response Resources: All personnel and major items of equipment available, or potentially available, for assignment to incident tasks on which status is maintained.

Restoration: The actions involved in returning a site to its former condition.

Rivers and Canals: A body of water confined within the inland area that has a project depth of 12 feet or less, including the Intracoastal Waterway and other waterways artificially created for navigation.

Securing the Source: Steps that must be taken to stop discharge of oil at the source of the spill.

Sinking Agents: Means those additives applied to oil discharges to sink floating pollutants below the water surface.

Site Characterization: An evaluation of a cleanup site to determine the appropriate safety and health procedures needed to protect employees from identified hazards.

Site Conditions: Details of the area surrounding the facility, including shoreline descriptions, typical weather conditions, socioeconomic breakdowns, etc.

Site Safety and Health Plan: A site specific plan developed at the time of an incident that addresses:

- Safety and health hazard analysis for each operation.
- Personal protective equipment to be used.
- Training requirements for site workers.
- Medical surveillance requirements.
- Air monitoring requirements.
- Site control measures.
- Decontamination procedures.
- Emergency response procedures.
- Confined space entry procedures.

Site Security and Control: Steps that must be taken to provide safeguards needed to protect personnel and property, as well as the general public, to ensure an efficient clean-up operation.

Skimmers: Mechanical devices used to skim the surface of the water and recover floating oil. Skimmers fall into four basic categories (suction heads, floating weirs, oleophilic surface units, and hydrodynamic devices) which vary in efficiency depending on the type of oil and size of spill.

Snare Boom: Oil will adhere to the material of which this boom is made of and thus collect it.

Sorbents: Materials ranging from natural products to synthetic polymeric foams placed in confined areas to soak up small quantities of oil. Sorbents are very effective in protecting walkways, boat decks, working areas, and previously uncontaminated or cleaned areas.

Spill: An unauthorized discharge of oil or hazardous substance into the waters of the state.

Spill Management Team (SMT): The personnel assigned within the organizational structure to manage response plan implementation.

Spill Observer: The first Facility individual who discovers a spill. This individual must function as the first responder and person-in-charge until relieved by an authorized supervisor.

Spill of National Significance (SONS): Means a spill which due to its severity, size, location, actual or potential impact on the public health and welfare or the environment, or the necessary response effort, is so complex that it requires extraordinary coordination of federal, state, local, and responsible party resources to contain and cleanup the discharge.

Spill Management Team (SMT): The personnel assigned within the organizational structure to manage response plan implementation.

Spill Response: All actions taken in responding to spills of oil and hazardous materials, e.g.: receiving and making notifications; information gathering and technical advisory phone calls; preparation for and travel to and from spill sites; direction of clean-up activities; damage assessments; report writing, enforcement investigations and actions; cost recovery; and program development.

Spill Response Personnel: Federal, state, local agency, and industry personnel responsible for participating in or otherwise involved in spill response. All spill response personnel will be pre-approved on a list maintained in each region.

Staging Areas: Designated areas near the spill site accessible for gathering and deploying equipment and/or personnel.

State Emergency Response Commission (SERC): A group of officials appointed by the Governor to implement the provisions of Title III of the Federal Superfund Amendments and Re-authorization Act of 1986 (SARA). The SERC approves the State Oil and Hazardous Substance Discharge Prevention and Contingency Plan and Local Emergency Response Plans.

Surface Collecting Agents: Means those chemical agents that form a surface film to control the layer thickness of oil.

Surface Washing Agent: Is any product that removes oil from solid surfaces, such as beaches and rocks, through a detergency mechanism and does not involve dispersing or solubilizing the oil into the water column.

Tanker: A self-propelled tank vessel constructed or adapted primarily to carry or hazardous material in bulk in the cargo spaces.

Tidal Current Tables: Tables which contain the predicted times and heights of the high and low waters for each day of the year for designated areas.

Trajectory Analysis: Estimates made concerning spill size, location, and movement through aerial surveillance or computer models.

Transfer: Any movement of oil to, from, or within a vessel by means of pumping, gravitation, or displacement.

Trustee: Means an official of a federal natural resources management agency designated in subpart G of the NCP or a designated state official or Indian tribe or, in the case of discharges covered by the OPA, a foreign government official, who may pursue claims for damages under section 1006 of the OPA.

Underwriter: An insurer, a surety company, a guarantor, or any other person, other than an owner or operator of a vessel or facility, that undertakes to pay all or part of the liability of an owner or operator.

Unified Command: The method by which local, state, and federal agencies and the responsible party will work with the Incident Commander to:

- Determine their roles and responsibilities for a given incident.
- Determine their overall objectives for management of an incident.
- Select a strategy to achieve agreed-upon objectives.
- Deploy resources to achieve agreed-upon objectives.

Unified or Coordinated Command Meeting: Held to obtain agreement on strategic objectives and response priorities; review tactical strategies; engage in joint planning, integrate response operations; maximize use of resources; and minimize resolve conflicts.

USCG Sector: is a shore-based operational unit of the United States Coast Guard. Each Sector is responsible for the execution of all Coast Guard missions within its Area of Responsibility (AOR) with operational support from Coast Guard Cutters and Air Stations. Sub-units of a Sector include Stations and Aids to Navigation Teams. Some Sectors also have sub-units such as Sector Field Offices and Marine Safety Units that are responsible for mission execution in part of the Sector's AOR. There are 35 sectors in nine districts and two areas.

Volunteers: An individual who donates their services or time without receiving monetary compensation.

Waste: Oil or contaminated soil, debris, and other substances removed from coastal waters and adjacent waters, shorelines, estuaries, tidal flats, beaches, or marshes in response to an unauthorized discharge. Waste means any solid,

liquid, or other material intended to be disposed of or discarded and generated as a result of an unauthorized discharge of oil. Waste does not include substances intended to be recycled if they are in fact recycled within 90 days of their generation or if they are brought to a recycling facility within that time.

Waters of the U.S. - See Navigable Waters.

Wetlands: Those areas that are inundated or saturated by surface or groundwater at a frequency or duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include playa lakes, swamps, marshes, bogs, and similar areas such as sloughs, prairie potholes, wet meadows, prairie river overflows, mudflats, and natural ponds (40 CFR 112.2(y)).

Wildlife Rescue: Efforts made in conjunction with Federal and State agencies to retrieve, clean, and rehabilitate birds and wildlife affected by an oil spill.

Worst Case Discharge: The largest foreseeable discharge under adverse weather conditions. For facilities located above the high water line of coastal waters, a worst case discharge includes those weather conditions most likely to cause oil discharged from the facility to enter coastal waters.

GLOSSARY OF TERMS & ACRONYMS
ACRONYMS

AC - Area Committee
ACP - Area Contingency Plan
AOR - Area of Review
AQI - Alternate Qualified Individual
BBLS - Barrels
BIA - Bureau of Indian Affairs
BLM - Bureau of Land Management
BPD - Barrels Per Day
BOD - Biological Oxygen Demand
BOM - Bureau of Mines
CAER - Community Awareness and Emergency Response
CEPA - Canadian Environment Protection Act
CERCLA - Comprehensive Environmental Response, Compensation and Liability Act
CFR - Code of Federal Regulations
CHEMTREC - Chemical Transportation Emergency Center
COE - U. S. Army Corps of Engineers
COSEWIC - Commission on the Status of Endangered Wildlife in Canada
CPI - Corrugated Plate Interceptor
CRZ - Contamination Reduction Zone
CSST - Commission of Health and Safety at Work (Commission de la Santé et Sécurité au Travail)
CWA - Clean Water Act (Federal - Public Law 100-4)
CWS - Community Water System
CZM - Coastal Zone Management
DECON - Decontamination
DOC - Department of Commerce
DOD - Department of Defense
DOE - Department of Energy
DOI - Department of Interior
DOJ - Department of Justice
DOL - Department of Labor
DOS - Department of State
DOT - Department of Transportation
DRAT - District Response Advisory Team
DRG - District Response Group
DWT - Dead Weight Tonnage
EBS - Emergency Broadcast System
EHS - Extremely Hazardous Substance
EMA - Emergency Management Agency
EMS - Emergency Medical Service
EOC - Emergency Operations Center
EPA - U. S. Environmental Protection agency
EPCRA - The Emergency Planning and Right-to-Know Act of 1986 (Title III of SARA)
EQ - Environmental Quality
ERT - Environmental Response Team
ESA - Endangered Species Act
ESD - Emergency Shutdown Device
ETA - Estimated Time of Arrival
FAA - Federal Aviation Administration
FACT - First Assessment Crisis Team
FAX - Facsimile Machine
FCC - Federal Communications Commission
FEMA - Federal Emergency Management Agency
FOSC - Federal On-Scene Coordinator
FR - Federal Register
FRDA - Freshwater Resource Damage Assessment
FRF - Federal Revolving Fund
GIS - Geographic Information System
GSA - General Services Administration
HAZWOPER - Hazardous Waste Operations and Emergency Response
HHS - Department of Health and Human Services
HOPD - Head Office Products Distribution
IBRRC - International Bird Rescue Research Center
IC - Incident Commander
IOCC - Interstate Oil Compact Commission
LEL - Lower Explosive Limit
LEPC - Local Emergency Planning Committee
LFL - Lower Flammable Limit

LOSC - Local On-Scene Coordinator
LRT - Local Response Team
MAPAQ - Quebec Department of Agriculture, Fisheries and Food
m^3/sec - Cubic Meters per Second
MDDELCC - Ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques
MENV - **Quebec Ministry of Environment**
MSRC - Marine Spill Response Corporation
MMS - Minerals Management Service
MMT - Marine Management Team
MOU - Memorandum of Understanding
MSDS - Material Safety Data Sheet
MBL - Mobile
MER - Marine Emergency Response
NCP - National Contingency Plan
NCWS - Non-Community Water System
NEB - **National Energy Board**
NEPA - National Environmental Policy Act
NIOSH - National Institute for Occupational Safety and Health
NMFS - National Marine Fisheries Service
NOAA - National Oceanic and Atmospheric Administration (Department of Commerce)
NPDES - National Pollution Discharge Elimination System
NPFC - National Pollution Funds Center
NPS - National Park Service
NRC - National Response Center
NRDA - Natural Resource Damage Assessment
NRS - National Response System
NRT - National Response Team
NSF - National Strike Force
NSFCC - National Strike Force Coordination Center
NTNCWS - Non -Transient Non-Community Water System
OPA - Oil Pollution Act
OPS - Office of Pipeline Safety (DOT)
OSC - On-Scene Coordinator
OSHA - Occupational Safety and Health Administration (USDL)
OSLTF - Oil Spill Liability Trust Fund
OSPRA - Oil Spill Prevention and Response Act
OSRO - Oil Spill Response Organization
PCB - Polychlorinated Biphenyls
PFD - Personal Flotation Device
PGR - Pager
PIAT - Public Information Assist Team
PMPL - Portland Pipe Line Corporation
PNGTS - Portland Natural Gas Transmission System
POLREP - Pollution Report
PPE - Personal Protective Equipment
PPM - Parts Per Million
PSD - Prevention of Significant Deterioration
QI - Qualified Individual
RACT - Reasonably Achievable Control Technology
RCP - Regional Contingency Plan
RCRA - Resource Conservation and Recovery Act
RECON - Reconnaissance
REET - **Regional Environmental Emergency Team**
REP - Radiological Emergency Preparedness
RERT - Radiological Emergency Response Team
RQ - Reportable Quantity
RRT - Regional Response Team
RSPA - Research and Special Programs Administration (DOT - OPS)
SARA - Superfund Amendments and Reauthorization Act
SCBA - Self Contained Breathing Apparatus
SDWA - Safe Drinking Water Act
SERC - State Emergency Response Commission
SIC - State Implementation Plan
SMT - Spill Management Team
SONS - Spill of National Significance
SOP - Standard Operating Procedure
SPCC - Spill Prevention Control and Countermeasures
SSC - Scientific Support Coordinator (NOAA)

STEL - Short Term Exposure Limits

SUPSALV - United States Navy Supervisor of Salvage

SWD - Salt Water Disposal

TSB - Transportation Safety Board

TSCA - Toxic Substances Control Act

TSDF - Treatment, Storage or Disposal Facility

UCS - Unified Command System

USACOE - U.S. Army Corps of Engineers

USCG - U.S. Coast Guard

USDA - U.S. Department of Agriculture

USDL - U.S. Department of Labor

USDOD - U.S. Department of Defense

USDOE - U.S. Department of Energy

USDW - Underground Source of Drinking 'Water

USFWS - U. S. Fish and Wildlife Services

USGS - U. S. Geological Survey

WCD - Worst Case Discharge

WHMIS - Workplace Hazardous Materials Information System

APPENDIX M

RESPONSE PLAN COVER SHEET

US ONLY

Response Plan Cover Sheet

General Information	
Owner/Operator of Facility	Portland Pipe Line Corporation
Facility Name:	South Portland Marine Terminal and Tank Farm
Facility's Physical Address:	30 Hill Street South Portland, ME 04106-2590
Date of Initial Oil Storage	November 4, 1941
Facility Acreage:	Tank Farm: 101.60 Acres Marine Terminal: 26.85 Acres
Facility Phone Number:	(207) 767-3231 or 1-866-253-7351 (207) 767-0411 FAX
[redacted]	(b) (7) [redacted]
[redacted]	(F) [redacted]
Dun & Bradstreet Number:	006949416
Standard Industrial Classification (SIC) Code:	4612
Number of Aboveground Oil Storage Tanks: (23 crude tanks; 1 fuel oil tank)	24
(b) (7)(F) [redacted]	[redacted]
(b) (7)(F) [redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
Facility Distance to Navigable Water:	☒ 0 – ¼ mile ☐ ½ - 1 mile ☐ ¼ - ½ mile ☐ >1 mile
Protected Waterways or Environmentally Sensitive Areas:	Fore River, Portland Harbor, and Casco Bay (Pathway is Anthoine Creek)

CERTIFICATION OF THE APPLICABILITY OF THE SUBSTANTIAL HARM CRITERIA

FACILITY NAME: South Portland Marine Terminal and Tank Farm
FACILITY ADDRESS: 30 Hill Street
South Portland, ME 04106-2590

1. Does the facility transfer oil over water to or from vessels ***and*** does the facility have a total oil storage capacity greater than or equal to 42,000 gallons?

   YES ✓ NO

2. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons ***and*** does the facility lack secondary containment that is sufficiently large to contain the capacity of the largest aboveground oil storage tank plus sufficient freeboard to allow for precipitation within any aboveground oil storage tank area?

   YES NO ✓

3. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons ***and*** is the facility located at a distance (as calculated using the appropriate formula in Attachment C-III to this appendix or a comparable formula[1]) such that a discharge from the facility could cause injury to fish and wildlife and sensitive environments? For further description of fish and wildlife and sensitive environments, see Appendices I, II, and III to DOC/NOAA's "Guidance for Facility and Vessel Response Plans: Fish and Wildlife and Sensitive Environments" (59 FR 14713, March 29, 1994) and the applicable Area Contingency Plan.

   YES ✓ NO

4. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons ***and*** is the facility located at a distance (as calculated using the appropriate formula in Attachment C-III to this appendix or a comparable formula [1]) such that a discharge from the facility would shut down a public drinking water intake[2]?

   YES NO ✓

5. Does the facility have a total oil storage capacity greater than or equal to 1 million gallons ***and*** has the facility experienced a reportable oil spill in an amount greater than or equal to 10,000 gallons within the last 5 years?

   YES NO ✓

CERTIFICATION
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete.

	President
Signature	Title
T.A. Hardison	November 4, 2019
Name (please type or print)	Date

1 If a comparable formula is used, documentation of the reliability and analytical soundness of the comparable formula must be attached to this form.

2 For the purposes of 40 CFR part 112, public drinking water intakes are analogous to public water systems as described at 40 CFR 143.2(c).