

Field Report Form (1 of 4)






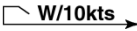









Field Report Form (ICS 201)

Date/Time of This Update:

Prepared by:

Map Sketch

Map Key

- | | | | |
|---|-----------------------------|---|------------------------|
|  | = Source |  | = First Aid Station |
|  | = Boundary of Impacted Area |  | = Staging Area |
|  | = ORT Command Post |  | = Wind Speed/Direction |
|  | = Muster Area |  | = Branch |
|  | = Shelter Area |  | = Division |
|  | = Isolation Perimeter |  | = Group |
|  | = Hot Line |  | = Task |
|  | = Warm Zone | | |

Other Information:

Field Report Form (Continued)

(3 or 4)

Field Report Form (ICS 201)

Date/Time of This Update:

Installation EMT and ORT Organizations

On-Scene Commander:

Site Safety Officer:

Staging Area Manager:

Muster Area Manager(s):

Shelter Area Manager(s):

Branch Directors:

Division/Group Supervisors:

OIM:

Operations Aide:

Planning Aide:

Logistics Aide:

Communications Plan Form

Communications Plan Form (ICS 205)	
Incident Name:	
Operational Period Covered by Plan:	
Start Date/Time: /	End Date/Time: /
Command Network	
Tactical Network	
Supply Network	
Other Networks (Muster/Shelter, Crisis, etc.)	

Asset EMT Situation Status Report (ICS 209) (page 1 of 2)

Date/Time of This Update:	Date/Time of Incident:		
Name of Incident:	Location of Incident:		
Source of Incident:	<input type="checkbox"/> Controlled	<input type="checkbox"/> Uncontrolled	
Materials Released:	<input type="checkbox"/> Contained	<input type="checkbox"/> Uncontained	
Description of Incident:			
Impacts on Personnel: <input type="checkbox"/> None <input type="checkbox"/> Unknown			
<input type="checkbox"/> Mustered: Number	<input type="checkbox"/> Sheltered: Number	<input type="checkbox"/> Evacuated: Number	
<input type="checkbox"/> Unaccounted for: Number:	SBU Asset:	Contractor:	Other:
<input type="checkbox"/> Injured: Number:	SBU Asset:	Contractor:	Other:
<input type="checkbox"/> Dead: Number:	SBU Asset:	Contractor:	Other:
Impacts on Environment: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major			
Describe:			
Impacts on Community: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major			
Describe:			
Impacts on Operations: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major			
Describe:			
Contacts with/from Government Agencies: <input type="checkbox"/> None <input type="checkbox"/> Yes			
Describe:			
Contacts with/from Media: <input type="checkbox"/> None <input type="checkbox"/> Yes			
Describe:			
Contacts with/from Next-of-Kin: <input type="checkbox"/> None <input type="checkbox"/> Yes			
Describe:			
Needs:			
Other Information:			

Asset EMT Situation Status Report

Asset EMT Situation Status Report (ICS 209)

(page 2 of 2)

Problem:

Status of Problem / Response:

Problem:

Status of Problem / Response:

Problem:

Status of Problem / Response:

Problem:

Status of Problem / Response:

Problem:

Status of Problem / Response:

Problem:

Status of Problem / Response:

Asset EMT Worksheet for Determining Incident Potential

Date/Time: _____

Completed by: _____

Please define the potential geographic area subject to potential impacts:

(Checkmarks placed next to answers in **BOLD ITALIC CAPITAL** letters should trigger a crisis potential review by the SBU CMT)

Source of Discharge	
Source of discharge?	<input type="checkbox"/> Known <input type="checkbox"/> UNKNOWN
Source control status?	<input type="checkbox"/> Controlled <input type="checkbox"/> UNCONTROLLED
If the source is controlled, what is the potential for loss of control?	<input type="checkbox"/> Low <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
Nature of uncontrolled source?	<input type="checkbox"/> Stabilized <input type="checkbox"/> GROWING
Is special expertise needed to bring the source under control?	<input type="checkbox"/> YES <input type="checkbox"/> No
Magnitude and Duration of Emergency Response Operations	
Can the incident be managed solely by Asset-owned resources?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Will emergency response operations continue around the clock?	<input type="checkbox"/> YES <input type="checkbox"/> No
Will emergency response operations go on for an extended period of time?	<input type="checkbox"/> YES <input type="checkbox"/> No HOW LONG?
Material Spilled/Emitted	
Nature/hazards of material known?	Nature known: <input type="checkbox"/> Yes <input type="checkbox"/> NO Hazards known: <input type="checkbox"/> Yes <input type="checkbox"/> NO
Nature of release?	<input type="checkbox"/> Batch <input type="checkbox"/> CONTINUOUS
Material contained or uncontained?	<input type="checkbox"/> Contained <input type="checkbox"/> UNCONTAINED
If materials are contained, what is the potential for loss of containment?	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
Is there a vapor or gas cloud moving downwind from site of incident?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, does the cloud threaten employees or the public?	Employees: <input type="checkbox"/> YES <input type="checkbox"/> No Public: <input type="checkbox"/> YES <input type="checkbox"/> No
What is the maximum probable quantity of discharge/emission of materials?	_____ bbls/mcf

Material Spilled/Emitted (continued)	
What is the worst case discharge/emission of materials?	_____ <i>bbls/mcf</i>
Is there a threat of an explosion?	<input type="checkbox"/> YES <input type="checkbox"/> No
If there is an explosion, how large an area could be impacted?	_____
Is there a threat of a BLEVE?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a threat of a Boil Over?	<input type="checkbox"/> YES <input type="checkbox"/> No
Materials in a moving waterway?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is special expertise needed to contain and recover the material?	<input type="checkbox"/> YES <input type="checkbox"/> No
Health and Safety	
Are IDLH (Immediately Dangerous to Life and Health) conditions present at the incident scene?	<input type="checkbox"/> YES <input type="checkbox"/> No
Will there be a need to enter an IDLH area?	<input type="checkbox"/> YES <input type="checkbox"/> No
Are there significant, ongoing short-term or long-term threats to personnel or public safety?	Personnel <input type="checkbox"/> YES <input type="checkbox"/> No <i>If yes, term:</i> <input type="checkbox"/> Short <input type="checkbox"/> Long Public <input type="checkbox"/> YES <input type="checkbox"/> No <i>If yes, term:</i> <input type="checkbox"/> Short <input type="checkbox"/> Long
Has the facility been evacuated?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Full
Are personnel in Muster or Shelter Areas?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a threat to mustered or sheltered personnel?	<input type="checkbox"/> YES <input type="checkbox"/> No
Are there people missing? How many? Affiliation? Likelihood of rescue/survival?	<input type="checkbox"/> YES <input type="checkbox"/> No _____ <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> High <input type="checkbox"/> LOW <input type="checkbox"/> UNKNOWN
Are any people injured? How many?	<input type="checkbox"/> YES <input type="checkbox"/> No _____
Have the victims been identified? Affiliation? Nature and severity of injuries? Have next-of-kin notifications been made?	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Not Life Threatening <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> Yes <input type="checkbox"/> NO

Health and Safety (continued)	
Are there any fatalities?	<input type="checkbox"/> YES <input type="checkbox"/> No
How many?	_____
Have the victims been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Affiliation?	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER _____
Have the bodies been removed from incident scene?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Have next-of-kin been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Security	
Is there a security threat?	<input type="checkbox"/> YES <input type="checkbox"/> No
Can Asset Security personnel handle situation?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
What is the source of the threat?	
Public outrage?	<input type="checkbox"/> YES <input type="checkbox"/> No
Civil unrest?	<input type="checkbox"/> YES <input type="checkbox"/> No
Rebels?	<input type="checkbox"/> YES <input type="checkbox"/> No
Terrorists?	<input type="checkbox"/> YES <input type="checkbox"/> No
Military?	<input type="checkbox"/> YES <input type="checkbox"/> No
Disgruntled Employee?	<input type="checkbox"/> YES <input type="checkbox"/> No
Other? (<i>describe</i>)	<input type="checkbox"/> YES <input type="checkbox"/> No
Who or what is threatened?	
National Employees?	<input type="checkbox"/> YES <input type="checkbox"/> No
Expat Employees?	<input type="checkbox"/> YES <input type="checkbox"/> No
Families?	<input type="checkbox"/> YES <input type="checkbox"/> No
Contractors?	<input type="checkbox"/> YES <input type="checkbox"/> No
Shareholders?	<input type="checkbox"/> YES <input type="checkbox"/> No
Facilities?	<input type="checkbox"/> YES <input type="checkbox"/> No
Operations?	<input type="checkbox"/> YES <input type="checkbox"/> No
Other? (<i>describe</i>)	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a potential need for:	
Sheltering-in-place?	<input type="checkbox"/> YES <input type="checkbox"/> No
Mustering?	<input type="checkbox"/> YES <input type="checkbox"/> No
Evacuation?	<input type="checkbox"/> YES <input type="checkbox"/> No
Human Resources Concerns	
Do the responders need psychological support?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do employees need psychological support?	<input type="checkbox"/> YES <input type="checkbox"/> No
Are there issues relating to compensation with response personnel?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is there a need for family assistance for response personnel?	<input type="checkbox"/> YES <input type="checkbox"/> No

Community Impacts	
Are communities impacted or threatened?	<input type="checkbox"/> YES <input type="checkbox"/> No
What is the nature of the impact: Health and safety? Social? Cultural? Economic? Environmental?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> YES <input type="checkbox"/> No
May it be necessary to evacuate a community?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, how big an area may need to be evacuated?	_____
Are roads, waterways, air space closed?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, how long will they be closed?	_____
What is the potential exposure to requests for compensation?	<input type="checkbox"/> None <input type="checkbox"/> Minor (localized) <input type="checkbox"/> MAJOR (regional or beyond)
What is the tenor of contacts with/from impacted/threatened communities?	<input type="checkbox"/> Cooperative <input type="checkbox"/> STRAINED <input type="checkbox"/> ANTAGONISTIC
Impact on Normal Operations	
Is the affected facility shut down?	<input type="checkbox"/> YES <input type="checkbox"/> No
Are critical systems in the affected facility shut down?	<input type="checkbox"/> YES <input type="checkbox"/> No
Has the incident caused a shutdown or curtailment of normal operations?	<input type="checkbox"/> YES <input type="checkbox"/> No; <i>If yes:</i> <input type="checkbox"/> SHUTDOWN <input type="checkbox"/> CURTAILMENT
How long is the shutdown/curtailment likely to last?	_____
What impact will the shutdown/curtailment have on other operations?	<input type="checkbox"/> None <input type="checkbox"/> Minor (a few days) <input type="checkbox"/> MODERATE (approx. 1 week) <input type="checkbox"/> SEVERE
Environmental Impacts	
What is the potential magnitude of environmental impacts?	<input type="checkbox"/> Localized <input type="checkbox"/> WIDESPREAD
Is the incident likely to impact wildlife?	<input type="checkbox"/> YES <input type="checkbox"/> No <i>If yes:</i> <input type="checkbox"/> Minor <input type="checkbox"/> MAJOR
Are listed species/pre-identified sensitive areas impacted/threatened by the incident?	<input type="checkbox"/> YES <input type="checkbox"/> No
Is the incident likely to impact cultural or historical resources?	<input type="checkbox"/> YES <input type="checkbox"/> No

Environmental Impact (continued)

Are specialized resources needed to provide assistance in any of the following areas:

- | | |
|----------------------------------|---|
| Land access? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Wildlife capture/rehabilitation? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Waste management? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Air quality monitoring? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Water quality monitoring? | <input type="checkbox"/> YES <input type="checkbox"/> No |

External Affairs

Are there any required notifications yet to be made? **YES** No

What is the tenor of interactions with/from government agencies?
 Cooperative
 STRAINED
 ANTAGONISTIC

What level of media interest is the incident likely to generate? Low **HIGH**

Are representatives of the media present? **YES** No

What is the volume of media inquiries? Low **HIGH**

What is the tenor of media inquiries?
 Cooperative
 STRAINED
 ANTAGONISTIC

Legal Concerns

Is legal assistance needed in any of the following areas:

- | | |
|-------------------------|---|
| Incident investigation? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Accident investigation? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Documentation? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Contracts? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Claims? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Damage assessment? | <input type="checkbox"/> YES <input type="checkbox"/> No |

Financial Concerns

Is financial assistance needed in any of the following areas:

- | | |
|----------------|---|
| Accounting? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Cost tracking? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Contracts? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Audit? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Claims? | <input type="checkbox"/> YES <input type="checkbox"/> No |
| Insurance? | <input type="checkbox"/> YES <input type="checkbox"/> No |

Are spending authorities adequate? Yes **NO**

Summary of Findings

Magnitude and Duration of Incident Response Operations:

Source:

Material Spilled/Emitted:

Health and Safety:

Security:

Human Resources Concerns:

Community Impacts:

Impact on Normal Operations:

Environmental Impacts:

External Affairs:

Legal Concerns:

Financial Concerns:

The responses indicated on this worksheet reflect the preliminary views of the person filling out the worksheet based on the information available and known to that person as of the date and time shown and, as such, are subject to modification as additional information is obtained

