Pinellas County Hazardous Materials Response Team

Decon Group Worksheet

- **This form must be completed for ALL Hazardous Material(s) Entry(s).**

Decon Officer: _____ Date/Time: _____

Incident #: _____

Decon Team: _____ _____

_____ _____

_____ _____

Has Chemical(s) been identified?	YES	NO
Have references been consulted to determine correct decon method?	YES	NO
Has proper level of PPE been selected/utilized?	YES	NO
Is the Decon Line in an area that minimizes any impact to environment?	YES	NO
Is the Decon Line away from ditches/sewers/water sources/etc…?	YES	NO
Is viscuine barrier being used as bottom of Decon Line?	YES	NO
Are there methods in place to retain decon run-off?	YES	NO
Is Decon Area **CLEARLY MARKED** and **RESTRICTED**?	YES	NO
Have team assignments been completed and reviewed?	YES	NO
Have Emergency Procedures been reviewed with all personnel?	YES	NO
Are equipment/tool/glove drops lined with bags?	YES	NO
Are there sufficient equipment/tool/glove drops provided?	YES	NO
Are all over-packed decon material clearly marked with drum labels?	YES	NO
Have all personnel/equipment been properly deconed prior to exit?	YES	NO
Is Decon being conducted **CORRECTLY** and **SAFELY**?	YES	NO