Pinellas County Hazardous Materials Response Team

Entry Team Worksheet

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

Entry #: _____ Entry Team Leader: _____ ☐ HM160

Entry Team: _____ ☐ HM160

_____ ☐ HM160

_____ ☐ HM160

_____ ☐ HM160

Safety Team: _____ ☐ HM160

_____ ☐ HM160

Entry Plan: _____

_____

_____

Action Plan Review	YES	NO	Decon Review	YES	NO
Medical Check	YES	NO	Compatibly Check	YES	NO
Radio Check	YES	NO	Remove Jewelry	YES	NO
SCBA Seal Check	YES	NO	SCBA Air Check	YES	NO

Suit Check(s)

Belts Hooked	YES	NO	Zippers Sealed	YES	NO
Vapor Seal Check	YES	NO	Suit Inflated	YES	NO
Suit Damage	YES	NO	Triple Gloved	YES	NO
Inner/Outer Suit On	YES	NO	On Air Time: _____		
Comm Check	YES	NO	Off Air Time: _____		
Final Status Check	YES	NO			