Pinellas County Hazardous Materials Response Team

Haz Mat Group Leader Worksheet

- **This form must be completed for EVERY Hazardous Atmosphere operation.**

Haz Mat Group Leader _____ Date _____

Incident Location and/or Incident Number_____

Safety Officer _____ Decon Leader _____

Entry Leader _____ Medical Leader _____

Liaison _____ Research Leader _____

Has the chemical been identified?	Yes	No
Have references been consulted to determine chemical's properties?	Yes	No
Have Facility/Chemical Co. representatives been contacted for assistance?	Yes	No
Has CHEMTREC been contacted for assistance? (I -800-424-9300)	Yes	No
Has reaction potential been checked, are multiple chemicals are involved?	Yes	No
Have decon procedures been researched and implemented?	Yes	No
Has the proper level of protective clothing been selected?	Yes	No
Has a buffer zone been established around decon?	Yes	No
Have all control zones been clearly marked?	Yes	No
Has evacuation been considered and determined to be needed?	Yes	No
Has evacuation been started, if necessary?	Yes	No
Is adequate monitoring being performed for the product release?	Yes	No
Are adequate supplies on hand for the duration of the incident?	Yes	No
Have ignition sources been isolated?	Yes	No
Have personnel been advised of their assignments and emergency procedures?	Yes	No
Are EM$ personnel standing by on the scene?	Yes	No
Has need for haz mat relief personnel been considered?	Yes	No
Is the job being done **NECESSARY** and can it be done **SAFELY**?	Yes	No