Pinellas County Hazardous Materials Response Team

Safety Officer Worksheet

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

Safety Officer: _____ Date/Time: _____

Incident #: _____

Does Safety Officer have best view of work area possible?	YES	NO
Has Chemical(s) been identified?	YES	NO
Has proper level of PPE been selected/utilized?	YES	NO
Prior to Entry, have decon procedures been implemented/reviewed?	YES	NO
Has SCBA Air Pressure and on air time been checked/documented?	YES	NO
Have Vital Signs on Entry/Backup Personnel been completed?	YES	NO
Have suits been checked for deficiencies?	YES	NO
Have radio and headset checks been completed?	YES	NO
Have team assignments been completed and reviewed?	YES	NO
Have Emergency Procedures been reviewed with all personnel?	YES	NO
Have appropriate tools/monitors/equipment been selected and ready?	YES	NO
Have Decon Procedures been reviewed with Entry/Backup Team(s)?	YES	NO
Are Decon Personnel in proper level of PPE?	YES	NO
Have signs/symptoms of exposure been reviewed with personnel?	YES	NO
Is Safety/Backup Team in position to reach Entry Team within 1 min?	YES	NO
Are all Zones clearly marked and controlled?	YES	NO
Is the job being performed with the correct amount of personnel?	YES	NO
Is the job **NECESSARY** and can it be done **SAFELY**?	YES	NO