

Delaware County Decontamination of C.B.R.NE Incident Report

Incident Date Location Start Time CAD Number		Local Government Support Agencies involved in the incident:	
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Reported By:	<i>Name:</i> <i>Title:</i> <i>Department:</i>
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Item 1: Executive Summary of Events

An **executive summary** summarizes the longer report or a group of related reports in such a way that readers can rapidly become acquainted with a large body of material without having to read it all. It usually contains a brief statement of the problem, background information, concise analysis and main conclusions.

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Item 2: Site Safety Plan For Operations At A Hazmat Incident

Name of Safety Officer assigned to this incident		
Completed the ICS 208 HM?	Check One:	
	YES	NO

If No enter a narrative of the safety plan here

Item 3: PPE that are required for this incident (Including Respiratory, Contact, & Level of Protections)

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Item 4: Pre- And Post-entry Medical Monitoring For Response Personnel

Item 5: List All Personnel from HM/DeCon Team who were present at this incident

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Item 6: Were any subjects transported by EMS from the HM/DeCon Scene?

Check One	YES	NO
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Item 7: Were any subjects transported by other agencies?

Check One	YES	NO
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Name agency or if by EMS list CAD #

Item 8: List ALL disposable or consumed items from this incident below

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Item 9: List any Non Consumables used during this incident that needs review, repair, or replacement.

END OF REPORT