

# POLICY: HAZARDOUS MATERIAL RESPONSES

Hadley Township Fire Department  
Policy # 112

## PURPOSE

To provide guidance in response to a hazardous materials incident, including the establishment of command, product identification, and site security.

## HAZARDOUS MATERIALS PROCEDURE

Fire Department personnel may perform limited attempts to mitigate hazardous material spills or releases. Actions taken shall not exceed those classified as "First Responders Operations Level" in 29 CFR Part 1910 (Dept. of Labor).

Specifically, fire department personnel shall:

1. Understand what constitutes a hazardous material and what are the risks associated with them at an incident.
2. Understand potential outcomes associated with an emergency incident when hazardous materials are present.
3. Be able to recognize the presence of a hazardous material.
4. Be able to identify a hazardous material.
5. Be able to understand the role of fire department personnel included in this procedure.
6. Be able to implement appropriate site control measures.
7. Be able to use the United States DOT Emergency Response Guidebook.
8. Be able to recognize the necessity of additional resources required for mitigation. (See attachments C , C-1)

Hazardous material spills/releases shall be handled by qualified firms and personnel as identified in 29 CFR Part 1910. The fire chief, or in his absence, the incident commander, will determine the appropriate mitigation request.

## Terminology

**Hot Zone** – The perimeter surrounding the immediate hazard area.

**Warm Zone** – The perimeter adjacent to and upwind of the hot zone. The area where decontamination and support activities take place.

**Cold Zone** – Adjacent to the warm zone. The cold zone is where the command post and staging area would be located.

**Emergency Response** – Occurs when hazardous materials are involved in an uncontrolled release and the fire department is notified.

**Transportation Incident** – Incidents involving transport vehicles that carry hazardous materials as cargo.

**Fixed Site Incident** – Incidents involving hazardous materials at a site used for storage, manufacturing, processing, or handling of a hazardous material.

**Hazardous Material Incident** – A sudden, unexpected spill, leak, fire, explosion, accident, or similar occurrence which involves the transportation, storage, handling, manufacturing, sale, use, disposal or processing of a hazardous material.

**In-Place Shelter** – Is used when evacuating the public would cause greater risk than staying where they are, or when an evacuation cannot be performed.

**Evacuation** – Removal of occupants from an area to protect them from a life safety threat, such as a vapor cloud or explosion. For protection from toxic vapors, evacuation routes should be made from a crosswind direction if possible.

### **Incident Classification**

- A. Minor Incident
  - 1. Transportation
    - a. No evidence of a container leaking.
    - b. Transport vehicle not overturned.
    - c. Product transfer not required.
    - d. Traffic not rerouted.
  - 2. Fixed Site
    - a. No outside assistance required.
    - b. No evacuation outside of incident site.
- B. Alert
  - 1. Transportation
    - a. Vehicle carrying hazardous materials has overturned.
    - b. Transfer is necessary.
    - c. Traffic rerouted.
  - 2. Fixed Site
    - a. No outside assistance required.
    - b. No evacuation outside of incident site.
- C. Site Emergency
  - 1. Transportation – site evacuation necessary.
  - 2. Fixed Site – evacuation/in place sheltering required for entire facility, with or without fire.
- D. Community Emergency
  - 1. Transportation – evacuation of affected community is required.
  - 2. Fixed Site – evacuation of affected community required.

## **Incident Response**

Responding to a hazardous material incident presents fire department personnel with unique hazards. In order to function effectively and limit danger to responding personnel, the following shall be considered when responding to a reported incident:

1. Review dispatch response.
2. Stage up wind, up hill, up stream and out of any smoke, liquid or vapor of the incident.
3. Keep a safe distance away with apparatus and personnel until product is identified.
4. Monitor any additional information or changes in the situation.

## **Arrival At An Incident**

Several primary objectives must be met by the first arriving unit(s) at a hazardous material emergency:

1. Establish command.
2. Stage all responding unit(s) and personnel in a safe area.
3. Determine the location and status of victims.
4. Identify the material(s) involved.
5. Contact the shipper, CHEMTREC, etc. for assistance.

If the Incident Commander determines the need exists for defensive mitigation actions by fire personnel, he/she may need to ask Central Dispatch for a reactivation for a full company response of all available personnel.

**ONLY** firefighters with a minimum of Hazardous Materials Operations Level certification may be used on any hazardous material scene.

## **Scene Actions**

Upon arrival on the scene and based on the information that is available, the Incident Commander, Operations Officer and Safety Officer, shall develop and implement an action plan. This action plan shall be consistent with the goal of protecting our own personnel first, along with the citizens and visitors in our jurisdiction, while attempting to contain property and environmental damage. The action plan shall address the following areas as required:

1. Establish a perimeter using information from the DOT Guidebook and current weather conditions.
2. Evacuate or in/place shelter of persons at risk.
3. Maintain maximum possible safety of responding personnel.

Hazardous materials consist of materials that meet one or more of the following criteria:

Flash point less than 100 degree F  
Toxic  
Explosive  
Ph less than 2.0 (acid)  
Ph greater than 11.0 (base)  
Reactive  
Oxidizers  
Etiological  
Radioactive  
Or any other material placarded or labeled.

Personnel should use the "Hazardous Materials Reminder" sheet along with the "Haz-Mat Incident Notification Form" – Bulletin 21 Fire Marshall Division, while commanding a Hazardous Material Incident.

## ATTACHMENT A

### HAZARDOUS MATERIAL INCIDENTS

#### GENERAL INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ O.I.C. \_\_\_\_\_

Transportation Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Fixed Site Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Building Representative on Scene? Y \_\_\_ N \_\_\_ Name: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_ Wind Direction: \_\_\_\_\_

Nature of Incident (spill, leak, fire, etc.): \_\_\_\_\_

\_\_\_\_\_

Site Conditions: \_\_\_\_\_

\_\_\_\_\_

Recommended Access/Travel Routes to Incident: \_\_\_\_\_

\_\_\_\_\_

Minor Incident: \_\_\_\_\_ Alert: \_\_\_\_\_ Site Emergency: \_\_\_\_\_ Community Emergency \_\_\_\_\_

#### CHEMICAL INFORMATION

Chemical Names of Involved Materials: \_\_\_\_\_

\_\_\_\_\_

Trade Names of Involved Materials: \_\_\_\_\_

\_\_\_\_\_

D.O.T. Placard Numbers: \_\_\_\_\_

D.O.T. Guide Numbers: \_\_\_\_\_

Container Types: \_\_\_\_\_

Size: \_\_\_\_\_ P.I.N. \_\_\_\_\_

Condition (ruptured, leaking, intact, etc.): \_\_\_\_\_

Quantity of Materials Involved: \_\_\_\_\_

Dangerous Properties: \_\_\_\_\_

\_\_\_\_\_

Manufacture/Shipper: \_\_\_\_\_

SITE CONDITION INFORMATION

Est. Population Exposed: \_\_\_\_\_ Accessibility: \_\_\_\_\_

Topography: \_\_\_\_\_ Water Availability: \_\_\_\_\_

Evacuation Required: Y \_\_\_ N \_\_\_ Distance: \_\_\_\_\_

Number of People Affected: \_\_\_\_\_ Evacuees Sent To: \_\_\_\_\_

EMERGENCY SERVICES INFORMATION

Command Post Location: \_\_\_\_\_

Staging Area's / Location's: \_\_\_\_\_

Entry Perimeter Established (area's, location's, distances): \_\_\_\_\_

NOTIFICATIONS / RESOURCES CALLED (ENTER TIME)

AHPD \_\_\_\_\_ EMS \_\_\_\_\_ AHDPW \_\_\_\_\_ City Mgr. \_\_\_\_\_ MSPFM \_\_\_\_\_ Chemtrec \_\_\_\_\_

TFD Special Response Unit \_\_\_\_\_ OCRC \_\_\_\_\_ DNR \_\_\_\_\_ EPA \_\_\_\_\_ OCDC \_\_\_\_\_

Edison \_\_\_\_\_ Consumer Power \_\_\_\_\_ Manufacturer \_\_\_\_\_ Shipper \_\_\_\_\_

Others: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OUTSIDE AGENCY COORDINATORS

Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

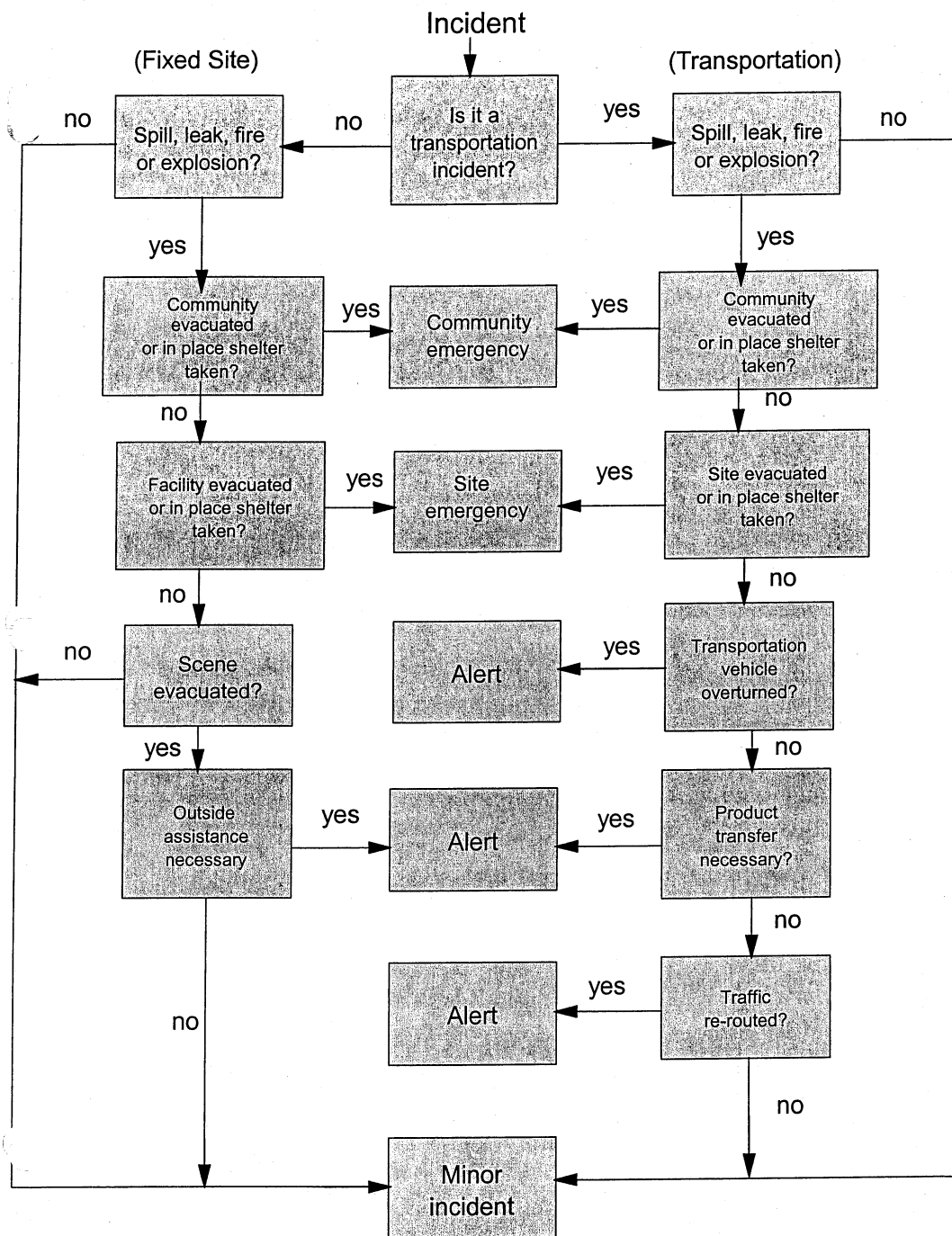
Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_ Coordinator: \_\_\_\_\_

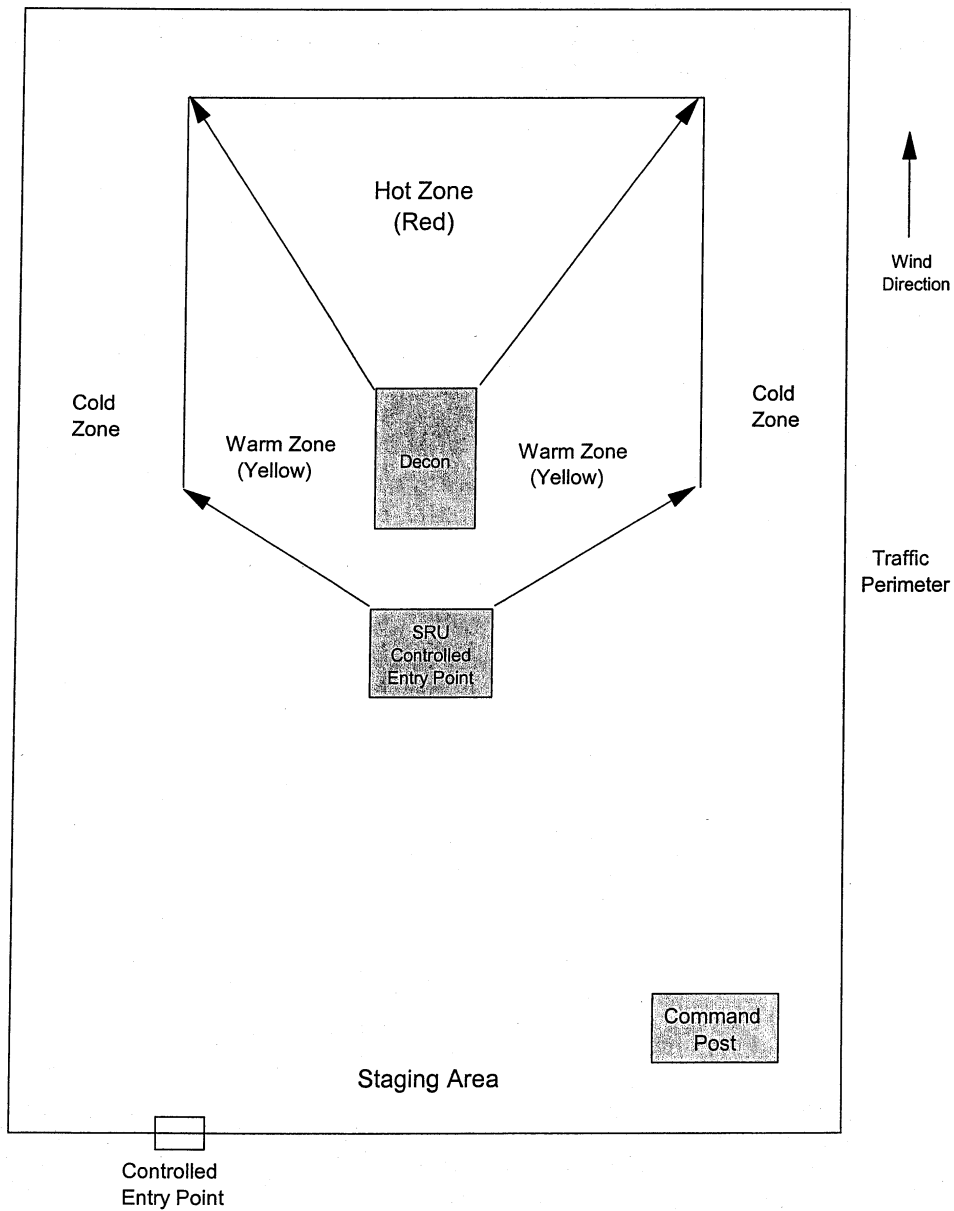
## ATTACHMENT B

### HAZMAT OPERATIONS CHECKLIST

- \_\_\_\_\_ Position HAZMAT Vehicles
  - Sufficient isolation distance (200ft. minimum)
  - Upwind
  - Use chart in DOT guidebook for references
- \_\_\_\_\_ Coordinate with fire operations/incident commander for situation report
- \_\_\_\_\_ Obtain available hazard information & relay to data/research
  - Shipping papers
  - Haz-alert
  - MSDS
  - Facility personnel
- \_\_\_\_\_ Assign HAZMAT radio channel
- \_\_\_\_\_ Determine need for recon
  - Level of protection
  - Entry team
  - Backup team
- \_\_\_\_\_ Classify incident (use attached flow chart) and relay to incident commander
- \_\_\_\_\_ Formulate action plan
  - Defensive actions
  - Offensive actions
- \_\_\_\_\_ Initiate documentation for additional resource development  
(or other appropriate request forms for HAZMAT teams)  
(Attachment C & C1)



# Tactical plan - Incident scene diagram



## ATTACHMENT C

# CHEMICAL SPILL

### INCIDENT DATA

Date: \_\_\_\_\_

Reporting Time: \_\_\_\_\_ A.M.

P.M.

Involved: \_\_\_\_\_

Initial Report: ☐ Yes ☐ No

Follow-up Report: ☐ Yes ☐ No

Incident Description: \_\_\_\_\_

### TRANSPORTATION OR FIXED SITE DATA

Facility/Carrier

Type of Incident

Involved: \_\_\_\_\_

Spill: ☐

Contact: \_\_\_\_\_

Leak: ☐

Phone: \_\_\_\_\_

Fire: ☐

Address of Incident: \_\_\_\_\_

Explosion: ☐

City or Township: \_\_\_\_\_

Other: ☐

County: \_\_\_\_\_

Type of Incident

Class

Air: ☐

Minor: ☐

Water: ☐

Alert: ☐

Ground: ☐

Site Area Emergency: \_\_\_\_\_

Community Emergency: \_\_\_\_\_

Incident Status

Escalating: ☐

Stable De-escalating: ☐

Terminated: ☐

### PROTECTION ACTION RECOMMENDATION

In-Place: ☐

Shelter: ☐

Evacuation: ☐

None: ☐

### STATISTICS

Number of Injuries: \_\_\_\_\_

Number of Deaths: \_\_\_\_\_

### CHEMICAL DATA

Material Name: \_\_\_\_\_

Amount Released: \_\_\_\_\_

Duration of Release: \_\_\_\_\_

Total Amount that could be released: \_\_\_\_\_

Gas: ☐

Extremely Hazardous: ☐

Amount Released: \_\_\_\_\_

Duration of Release: \_\_\_\_\_

Total Amount that could be released: \_\_\_\_\_

Other Chemicals/Incompatibles Involved: \_\_\_\_\_

Health Risk and Precautions: \_\_\_\_\_

Emergency Medical Treatment Recommended: \_\_\_\_\_

WEATHER DATE

Wind Direction (from): \_\_\_\_\_

Wind Speed: \_\_\_\_\_ MPH

Air Temp (F): \_\_\_\_\_

Clear: ☐

Partly Cloudy: ☐

Overcast: ☐

Area of Release

Rural: ☐

Residential: ☐

Commercial: ☐

Industrial: ☐

Open Water: ☐

Release Impact

Number Affected: \_\_\_\_\_

School: ☐

Rest Homes: ☐

Hospitals: ☐

Shopping Centers: ☐

Jail: ☐

Other: ☐

INVESTIGATING DATA

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agencies Notified: \_\_\_\_\_

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Authority: \_\_\_\_\_

Title: \_\_\_\_\_

# ATTACHMENT C1

## HAZARDOUS MATERIALS RESPONSE TEAM ACTIVATION REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                        |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------|----------------------------|
| Date Call Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Time              | Name and Title Caller                                  | Telephone Number of Caller |
| Fire Department Making Activation Request*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | Fire Department Incident Commander                     |                            |
| *Note: ONLY THE BELOW LISTED FIRE DEPARTMENT ARE AUTHORIZED TO ACTIVATE THE TEAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                        |                            |
| <u>Base</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Department</u> | <u>Base</u>                                            | <u>Department</u>          |
| ( ) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 8                                                  |                            |
| ( ) 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 9                                                  |                            |
| ( ) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 10                                                 |                            |
| ( ) 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 11                                                 |                            |
| ( ) 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 12                                                 |                            |
| ( ) 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 13                                                 |                            |
| ( ) 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ( ) 14                                                 |                            |
| Incident Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                        |                            |
| Command Post Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Staging Area Location:                                 |                            |
| Approach Routing Instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                        |                            |
| Material Name (Ask Spelling):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                        |                            |
| Placards or Labels: If Yes, D.O.T. or I.D Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Has the Material been Contained ( ) Yes ( ) No         |                            |
| ( ) Yes ( ) No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | Is there potential for another Release? ( ) Yes ( ) No |                            |
| Nature of Release                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Has Evacuation Occurred? ( ) Yes ( ) No                |                            |
| ( ) Spill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ( ) Solid         | Is Evacuation Indicated? ( ) Yes ( ) No                |                            |
| ( ) Leak of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ( ) Liquid        |                                                        |                            |
| ( ) Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ( ) Gas           |                                                        |                            |
| ( ) Explosion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                        |                            |
| Report Completed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date Completed    | Time Completed                                         |                            |
| <u>If you need a response follow these steps:</u><br>A. Notify the Team that they have been activated<br>1. If you have paging capability, activate ALL PAGERS ( ) with the proper message<br>2. If you do NOT have paging capability, NOTIFY that the team is needed<br>B. Request that the HAZMAT Unit be dispatched through Central Dispatch at _____<br><br>The message sent out over the pager should include:<br>A. Who is requesting the Activation (Fire Dept.)<br>B. Level of response<br>1. Tag Only<br>2. Tag & Response Group<br>3. Full Team<br>C. The location the response is for (Incident location)<br>D. Where the members should respond (staging location)<br>E. What the response is for (type of release, what may have been released, and quantity)<br>F. Is the situation stable or not stable<br>G. Wind Direction and Speed<br>H. What is needed (ie Truck/Trailer/Command Post)<br>I. Who is authorizing this broadcast (ie Chief ____ ) |                   |                                                        |                            |