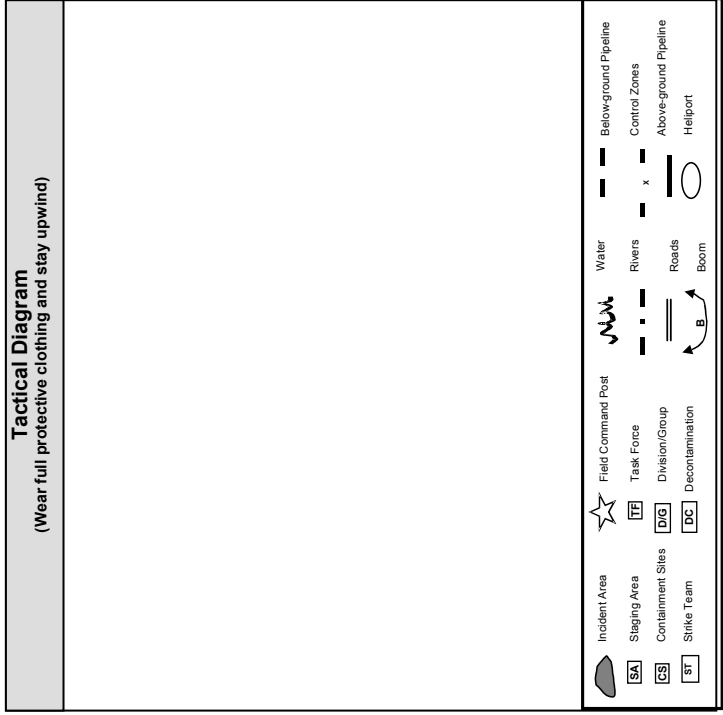
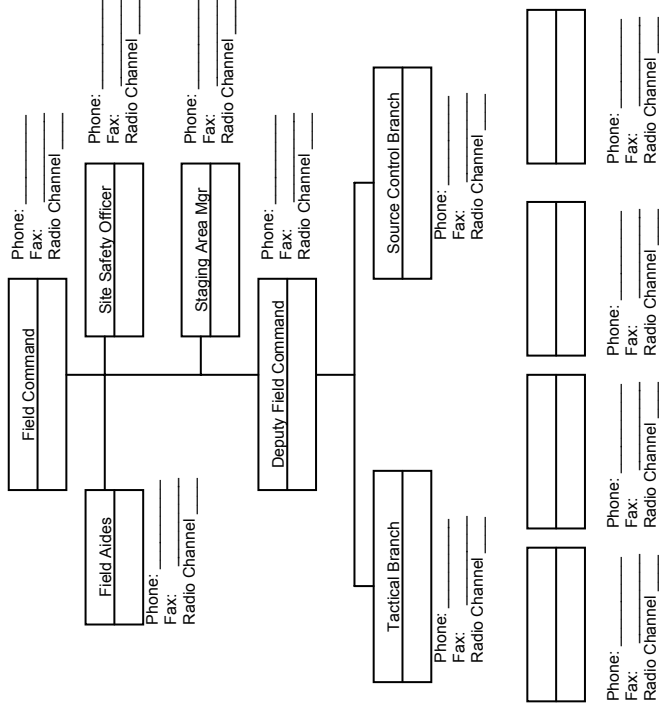


FIELD COMMAND

Example Tactical Command Worksheet

Incident Information						
Incident Name _____	Incident Time _____					
Location _____						
Incident Nature <input type="checkbox"/> Fire <input type="checkbox"/> Gas Leak <input type="checkbox"/> Explosion <input type="checkbox"/> Spill <input type="checkbox"/> Medical <input type="checkbox"/> Hazmat <input type="checkbox"/> Other _____						
FRT Response: <input type="checkbox"/> Fire <input type="checkbox"/> Hazmat <input type="checkbox"/> Medical <input type="checkbox"/> Rescue <input type="checkbox"/> Other _____						
Elapsed Time (Time on Scene): 5 10 15 20 25 30 45 60 75						
Weather Conditions						
Time _____	Sunrise _____					
Temperature _____	Sunset _____					
Wind Chill _____	High Tide _____					
Wind Direction _____	Low Tide _____					
Wind Speed _____	_____					
Precipitation _____	_____					
Product Information						
Information	Hazards	Protective Actions				
Material Involved _____	<input type="checkbox"/> Health _____	<input type="checkbox"/> Site Location _____				
Quantity Emitted _____	<input type="checkbox"/> Flammability _____	<input type="checkbox"/> Evacuation _____				
Operating Temperature _____	<input type="checkbox"/> Reactivity _____	<input type="checkbox"/> Sheltering In-Place _____				
Operating Pressure _____	<input type="checkbox"/> Physical _____	_____				
Incident Potential						
<input type="checkbox"/> Incident Not Under Control, but can be handled with available resources <input type="checkbox"/> Incident will require additional resources (e.g., contractors, mutual aid) <input type="checkbox"/> Incident will likely generate significant public affairs/community relations issues.						
Response Objectives						
Strategy _____						
Tactics _____						
Resource Status						
Resources	Activated (✓)	Enroute (ETA)	Staging/Available	Assigned	Out-of-Service	Location/Assignment
Communications						
Assignment	Radio Channel	Name	Phone Number			



Tactical Priorities	
1. Rescue / Life Safety / Responder Safety 2. Incident Stabilization 3. Property & Environmental Conservation	
Tactical Incident Management Benchmarks	
<input type="checkbox"/> Incident Size Up <input type="checkbox"/> Establish the FCP <input type="checkbox"/> Size up the situation <input type="checkbox"/> Personal Accountability <input type="checkbox"/> Designate Site Safety Officer <input type="checkbox"/> Site Management & Control <input type="checkbox"/> Isolate the area <input type="checkbox"/> Establish staging area <input type="checkbox"/> Establish Hazard Control Zones <input type="checkbox"/> Initiate protective actions <input type="checkbox"/> Identify the Problem <input type="checkbox"/> Identify, confirm & verify <input type="checkbox"/> Defensive recon (if necessary) <input type="checkbox"/> Hazard & Risk Evaluation <input type="checkbox"/> Evaluate hazards <input type="checkbox"/> Develop Action Plan	<input type="checkbox"/> Select PPE & Equipment <input type="checkbox"/> PPE set by hazards present <input type="checkbox"/> Information Mgt & Resource Coordination <input type="checkbox"/> FRT / Source Control coordinated <input type="checkbox"/> IMT Status reports (201 Form) <input type="checkbox"/> Implement Response Strategies <input type="checkbox"/> Offensive recon (if necessary) <input type="checkbox"/> Communicate strategies <input type="checkbox"/> Implement tactics <input type="checkbox"/> Evaluate progress <input type="checkbox"/> Decon & Cleanup Operations <input type="checkbox"/> Decon plan and procedures <input type="checkbox"/> Cleanup operations initiated <input type="checkbox"/> Terminate Emergency Operations <input type="checkbox"/> Incident debriefing <input type="checkbox"/> Provide logs to Documentation Unit
Safety Benchmarks	
<input type="checkbox"/> Status of Personnel <input type="checkbox"/> All Personnel Accounted For <input type="checkbox"/> Injured _____ <input type="checkbox"/> Missing _____ <input type="checkbox"/> Site Safety Considerations <input type="checkbox"/> Isolation perimeter established <input type="checkbox"/> FRT Positioning / Escape Route <input type="checkbox"/> Air Monitoring <input type="checkbox"/> Hazard Control Zones <input type="checkbox"/> PPE Requirements & Levels <input type="checkbox"/> Respiratory <input type="checkbox"/> Skin A _____ B _____ C _____ D _____ <input type="checkbox"/> EMS Medical Station(s) set up <input type="checkbox"/> Medical Monitoring Conducted <input type="checkbox"/> Decon Area(s) Set up	<input type="checkbox"/> Entry Operations <input type="checkbox"/> "Two In, Two Out" <input type="checkbox"/> Entry / Backup Designated <input type="checkbox"/> Entry / Backup with proper PPE <input type="checkbox"/> Entry / Backup Briefed <input type="checkbox"/> Communicate reviewed <input type="checkbox"/> Emergency routes / procedures <input type="checkbox"/> Decon set up & in place <input type="checkbox"/> Hazwoper Training Requirements Met <input type="checkbox"/> Site Safety Plan <input type="checkbox"/> In Preparation <input type="checkbox"/> Completed
Tactical Considerations - Specific Response Scenarios	
Process Fire	Structure Fire
<input type="checkbox"/> Equipment Involved _____ <input type="checkbox"/> Initial Fire Attack Plan <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Exposures Protected <input type="checkbox"/> Fixed Fire Protection Activated (halon, foam, sprinkler) <input type="checkbox"/> Source Control <input type="checkbox"/> Source Isolation <input type="checkbox"/> Spill Containment <input type="checkbox"/> Asbestos Hazard <input type="checkbox"/> Structural Stability <input type="checkbox"/> Power Isolated <input type="checkbox"/> Drainage Control <input type="checkbox"/> Hydrocarbons floating on water <input type="checkbox"/> Runoff Hazardous to Personnel <input type="checkbox"/> Fire Pump Status / Pressure	<input type="checkbox"/> Tactical Benchmarks <input type="checkbox"/> Initial Fire Attack Plan <input type="checkbox"/> Search and Rescue <input type="checkbox"/> Primary Search Completed <input type="checkbox"/> Secondary Search Completed <input type="checkbox"/> Exposure Protection <input type="checkbox"/> Rapid Intervention Team <input type="checkbox"/> Fire Control <input type="checkbox"/> Fire Extinguishment <input type="checkbox"/> Ventilation <input type="checkbox"/> Salvage <input type="checkbox"/> Overhaul <input type="checkbox"/> Functional Benchmarks <input type="checkbox"/> Water / Foam Supply <input type="checkbox"/> Utility Control
Vapor Release	Oil / Chemical Spill
<input type="checkbox"/> FRT and Source Control Personnel Located Upwind <input type="checkbox"/> Vehicle Traffic Isolated <input type="checkbox"/> Downwind Exposures Identified / Notified <input type="checkbox"/> Downwind Exposures Protected (i.e., Evacuate, Shelter In-Place) <input type="checkbox"/> Potential Ignition Sources Identified & Controlled <input type="checkbox"/> Mitigation Options (source control, water spray, plug / patch) <input type="checkbox"/> Downwind Air Monitoring <input type="checkbox"/> % of LEL (LEL Readings)	<input type="checkbox"/> Type of Spill _____ <input type="checkbox"/> Initial Tactical Plan <input type="checkbox"/> Volume Estimation <input type="checkbox"/> Source Control <input type="checkbox"/> Spill Confinement <input type="checkbox"/> Fire Protection Required? <input type="checkbox"/> Downwind Air Monitoring
Medical Rescue	
<input type="checkbox"/> Number of Casualties _____ <input type="checkbox"/> Extrication from Hazard <input type="checkbox"/> Rescuer / Medical PPE <input type="checkbox"/> Back up Personnel <input type="checkbox"/> Monitor Unsafe Conditions <input type="checkbox"/> Triage <input type="checkbox"/> Treatment <input type="checkbox"/> Transportation <input type="checkbox"/> Ambulance <input type="checkbox"/> Medevac	<input type="checkbox"/> Surface Blowout <input type="checkbox"/> Breached Casing <input type="checkbox"/> Underground & Broached Blowout <input type="checkbox"/> Uncontrolled Shallow Gas <input type="checkbox"/> Impacts to Pad Identified <input type="checkbox"/> Other Wells Affected <input type="checkbox"/> Facilities Affected <input type="checkbox"/> Well Case Personnel On Scene