

INCIDENT ACTION PLAN HAZARD ASSESSMENT (ICS 215A)

CLEAR FORM

1. Incident Name:			2. Incident No.
3. Date/Time Prepared:	4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		
5. Hazard Zone #: _____	6. Hazard Zone Name: _____		
7. Operations and activities in the Hazard Zone:			
8. Hazard Topic	9. Hazard, Risk, and Threat Descriptions for Emergency Response		10. Protection Factors
1. Chemical/Flammable <input type="checkbox"/> Toxic liquified gas <input type="checkbox"/> Toxic solids <input type="checkbox"/> Flammable liquid <input type="checkbox"/> Flammable gas <input type="checkbox"/> Flammable solids <input type="checkbox"/> Oxidizer <input type="checkbox"/> Corrosive	1. Chemical/Flammable _____ _____ _____	Ref. SOP	Detection Systems a. Fire smoke <u>Y</u> <u>O</u> <u>N</u> <u>O</u> b. Fire heat <u>Y</u> <u>O</u> <u>N</u> <u>O</u> c. Chemical <u>Y</u> <u>O</u> <u>N</u> <u>O</u> First alert _____ ppm Ventilation _____ ppm Shunt Trip _____ ppm d. Video Surveillance <u>Y</u> <u>O</u> <u>N</u> <u>O</u> e. Over-press. alert _____ psi
2. Mechanical <input type="checkbox"/> High Side Components <input type="checkbox"/> Low Side Components <input type="checkbox"/> Gas-fired equipment <input type="checkbox"/> Vented fugitive vapor <input type="checkbox"/> Boiler or heaters	2. Mechanical System _____ _____ _____	Ref. SOP	Fire protection f. Fire Extinguishers (ABC). within 75 ft.- _____ g. Fire sprinklers <u>Y</u> <u>O</u> <u>N</u> <u>O</u> Pressure control h. Equalizer/diffuser <u>Y</u> <u>O</u> <u>N</u> <u>O</u> i. Comp. Cut-out _____ psi j. PRV _____ psi
3. Risks and Threats <input type="checkbox"/> Flash fire/fire load <input type="checkbox"/> Sources of Ignition <input type="checkbox"/> BLEVE or explosion <input type="checkbox"/> HP aerosol, gas, liquid <input type="checkbox"/> Hydrostatic pressure <input type="checkbox"/> Hydraulic shock <input type="checkbox"/> High voltage electrical <input type="checkbox"/> Failed cut-out or PRV <input type="checkbox"/> Sewer/Storm Drains <input type="checkbox"/> Solar/Generator power	3. Risks and Threats _____ _____ _____	Ref. SOP	Emergency Equipment k. Full-face APR - _____ l. Escape hoods - _____ m. SCBA - _____ n. Entry suits Level - _____ o. Portable Fan - <u>Y</u> <u>O</u> <u>N</u> <u>O</u> Emergency Mitigations p. Control ignition sources q. Manage energy flow r. High Side Yes: <u>O</u> No: <u>O</u> s. Low Side Yes: <u>O</u> No: <u>O</u> t. Evap coils: <u>on</u> <u>O</u> <u>off</u> <u>O</u> u. Condenser: <u>on</u> <u>O</u> <u>off</u> <u>O</u> v. NH ₃ pumps: <u>on</u> <u>O</u> <u>off</u> <u>O</u> w. Compressors: <u>on</u> <u>O</u> <u>off</u> <u>O</u> x. King valve: <u>on</u> <u>O</u> <u>off</u> <u>O</u> y. Ventilation <u>Y</u> <u>O</u> <u>N</u> <u>O</u> z. EPM/Diffuser <u>on</u> <u>O</u> <u>off</u> <u>O</u>
4. Dangerous Conditions <input type="checkbox"/> Clear exit ways <input type="checkbox"/> Slip and fall <input type="checkbox"/> High piled stock <input type="checkbox"/> Overhead risks <input type="checkbox"/> Open scuttles/skylights <input type="checkbox"/> Forklift/truck traffic <input type="checkbox"/> High-pile pallet storage	5. Key Readiness Information Notes		