FIRE INVESTIGATOR SCENE SAFETY AND HEALTH HAZARD ASSESSMENT©

Date / Time: / / _____ hours	**Location:**
Type of Incident: ☐ *Residential Structure Fire* ☐ *Apartment (Multi-Family)Bldg. Fire* ☐ *Commercial Bldg. Fire* ☐ *Vehicle Fire* ☐ *Recreational Vehicle Fire* ☐ *Brush/Wildland Fire* ☐ *Dumpster / Trash Fire* ☐ *Other (specify)* _____ ☐ *HAZMAT Incident** [also *WMD/CBRN*] **(See Attached Hazmat Site Safety Plan)*	**Completed By:** _____ **Agency:** _____ **Incident/Case No.:** _____ **Other Investigators On-Scene:** _____ _____ _____ _____ **Weather Conditions:** _____

ALL INVESTIGATORS BRIEFED ON POTENTIAL HAZARDS AND NECESSARY PPE REQUIREMENTS	**YES**	**NO**
Physical Hazards	**YES**	**NO**
• **Standing Water**	☐	☐
• **Holes in Floors**	☐	☐
• **Damaged / Unstable Structure** (*or structural members*) **presenting potential collapse hazard**	☐	☐
• **Free-Standing Chimney** (*or other unsecured structural components*)	☐	☐
• **Damaged (unstable) Roof-Mounted HVAC Units**	☐	☐
• **Falling Debris**	☐	☐
• **Slip / Trip / Fall Hazards** (*e.g., icy surfaces, loose flooring, broken steps, loose wiring, broken wallboard, etc.*)	☐	☐
• **Protruding Nails / Broken** *(jagged)* **Glass**	☐	☐
• **Excessive Noise**	☐	☐
Steps Taken to Abate Hazards [Protective Measures]		
• Collapse zones and safety zones established	☐	☐
• Areas containing standing water evaluated and measures taken to mitigate potential hazard(s)	☐	☐
• Holes in floors covered (*or area cordoned off with appropriate physical barriers*)	☐	☐
• Damaged structural components shored up, removed or otherwise secured (*or area cordoned off with appropriate physical barriers*)	☐ ■	☐ ■
• Damaged roof-mounted HVAC (*or other equipment*) secured or removed	☐	☐
• Source(s) of falling debris secured, removed or otherwise mitigated (*or appropriate PPE used*)	☐	☐
• Slip / Trip / Fall hazards isolated or removed (*or appropriate PPE used, including fall protection equipment, if applicable*)	☐ ■	☐ ■
• Protruding nails or broken glass (*or other sharp objects*) identified, covered and/or removed	☐	☐
• Appropriate head, hand, eye, hearing and foot protection worn (*if applicable*)	☐	☐

Electrical / Utility Hazards		
• **Damaged Utility Services (Electric / Natural Gas / Propane)**	☐	☐
▪ **Overhead Service**	☐	☐
▪ **Underground Service**	☐	☐
• **Damaged Electrical Wiring / Equipment / Light Fixtures / Appliances** (*or natural gas equipment*)	☐	☐
• **Downed Power Lines**	☐	☐

Electrical / Utility Hazards	YES	NO
Steps Taken to Abate Hazards [Protective Measures]		
• Electric power and/or gas company officials notified?	☐	☐
• Appropriate lockout/tagout procedures implemented? (***If Yes**, specify*) _____	☐	☐
• Power disconnected at the service panel?	☐	☐
• Confirmation that **all** underground, above ground and overhead utilities services are identified and verified to be de-energized [by proper testing] prior to work commencing in areas where there is a risk of contact?	☐ ■	☐ ■
• Natural Gas / Propane Lines or equipment secured and shut down to prevent escape of hazardous gases/vapors?	☐	☐
• Structure / scene examined and all alternative (secondary) sources of power identified and de-energized?	☐	☐
• Barriers deployed to secure the area to prevent accidental contact with downed or damaged utility services?	☐	☐
• Is all machinery or equipment capable of movement de-energized, disengaged or locked out?	☐	☐

Chemical Hazards		
***Toxicological Hazards** (Confirmed or suspected to be present)* [Inhalation, Absorption, Ingestion, Injection Hazards]		
• Carbon Monoxide	☐	☐
• Volatile Organic Compounds (*e.g., benzene, formaldehyde, xylene, toluene – combustion by-products of petroleum-based products*)	☐	☐
• Hydrogen Cyanide (*combustion by-product of nylon, wool, silk*)	☐	☐
• Hydrogen Chloride (*combustion by-product of polyvinyl chloride (PVC) piping, electrical insulation)*	☐	☐
• Acrolein (*combustion by-product of wood, cotton, paper products*)	☐	☐
• Acrylonitrile (*combustion by-product of polyurethane foam used in furniture*)	☐	☐
• Vinyl Chloride (*combustion by-product of plastics*)	☐	☐
• Asbestos (*found in floor tiles, ceiling tiles, insulation, soundproofing, pipe wrap*)	☐	☐
• Dusts / Particulates (*e.g., pulverized insulation, concrete (silica) and fireproofing materials*)	☐	☐
• Oxidizers (*e.g., sodium hypochlorite, styrene, hydrogen peroxide, concentrated sulfuric acid, copper compounds*)	☐	☐
• Water reactive chemicals (*e.g., magnesium, sodium metal*)	☐	☐
• Polychlorinated Biphenyls (PCBs) (*e.g., old electrical equipment and devices*)	☐	☐
• Other Known Chemical Hazards (*specify*) _____	☐	☐
Air Monitoring		
• Is (or was) air monitoring conducted at the scene? ***If Yes,** provide the following information:*	☐	☐
❶ Type of monitoring equipment used _____	■	■
❷ Time AND Location monitoring was performed ____:____ AM/PM _____	■	■
❸ Amount of time since last readings were taken: _____ (*hours*) / _____ (*minutes*)	■	■
❹ Results _____	■	■
• Did the monitoring confirm the presence of any hazardous substances in concentrations above OSHA PELs?	☐	☐
Personal Protective Clothing		
• Coveralls (*with hard hat/helmet, gloves, eye protection, steel-toed shoes/boots*)	☐	☐
• Structural Firefighting Protective Clothing (SFPC) Ensemble	☐	☐
• Tyvek® Disposable Outer Garment (*with hard hat/helmet, gloves, eye protection, steel-toed shoes/boots*)	☐	☐
• Level C (*Protective Chemical Ensemble & Air-Purifying Respirator*)	☐	☐
• Level B (*Liquid Splash Chemical Protective Ensemble & Positive-Pressure SCBA*)	☐	☐
• Level A (*Fully Encapsulating, Vapor-Tight Chemical Protective Ensemble & Positive-Pressure SCBA*)	☐	☐

Chemical Hazards	YES	NO
Respiratory Protection		
• Positive-Pressure Self-Contained Breathing Apparatus (SCBA)	☐	☐
• Powered-Air Purifying Respirator (PAPR)	☐	☐
• Full-Face Air-Purifying Respirator (APR)	☐	☐
• Half-Face Air-Purifying Respirator (APR)	☐	☐
• N95 Disposable Particulate [Dust] Mask* (*Does not provide protection against hazardous vapors and gases*)	☐	☐
Decontamination		
• All personnel briefed on potential hazards and measures to prevent possible contamination?	☐	☐
• Appropriate measures taken to prevent contamination of personnel and equipment?	☐	☐
• All potentially contaminated personal protective clothing and equipment decontaminated and/or proper disposal procedures followed?	☐	☐

Biological Hazards		
Bloodborne Pathogens		
• Sharps (*or other potentially infectious materials*)	☐	☐
• Other contaminated equipment or containers	☐	☐
• Fire fatalities (*victims and/ or body parts*)	☐	☐
Steps Taken to Abate Hazards [Protective Measures]		
• Universal Precautions	☐	☐
• Personal Protective Clothing & Equipment (PPE) [*coat, latex/nitrile gloves, face mask, eye protection, footwear*]	☐	☐

Special Hazards		
Hazardous Materials / WMD / CBRN / Clandestine Drug Laboratory Incidents		
• Appropriate fire service and law enforcement agencies on-scene (*or notified*)?	☐	☐
• Has the AHJ, EPA or OSHA declared the scene a hazardous materials/hazardous waste site? ***If Yes***, applicable 29 CFR 1910.120 (*Hazardous Waste Operations and Emergency Response*) [and other OSHA requirements] and agency SOPs followed?	☐	☐
• Investigators equipped to work scene in accordance with 29 CFR 1910.120 (*Hazardous Waste Operations and Emergency Response*) requirements and agency SOPs, including medical monitoring for personnel wearing CPC?	☐	☐
• HAZMAT Site Safety Plan completed (*or operating in accordance with Site Safety Plan established by AHJ/IC*)	☐	☐
Explosives (Bombing) Incidents		
• Hazardous Device Technicians / Bomb Squad on-scene (*or notified*) in accordance with agency SOPs?	☐	☐
• Scene examined for the presence of incendiary/explosive (*secondary*) devices and "booby-traps"?	☐	☐
• Appropriate personnel safety procedures implemented in accordance with agency SOPs and coordinated with IC?	☐	☐
• Site Safety Plan completed *(or operating in accordance with Site Safety Plan established by AHJ/IC)*?	☐	☐
Confined Spaces (*areas with limited openings for entry and exit and potentially hazardous atmospheres*)		
• Investigators to work in any areas considered confined spaces as defined in 29 CFR 1910.146?	☐	☐
• Any spaces determined to be *Permit-Required Confined Spaces*? ***If Yes***, have required testing, monitoring, ventilation and personal safety procedures been implemented? [Refer to 29 CFR 1910.146 requirements prior to entry]	☐	☐

OVERALL INCIDENT RISK CLASSIFICATION	**HIGH** ☐	**LOW** ☐

Version 1.0 (3/08)