

ASSIGNED RESOURCES (205B)

1. Job Name:	2. Operational Period: Date: / / Shift Start Time: Shift End Time:																																																		
3. Span of Control/Area Supervisor: <input type="checkbox"/> RIC/CI <input type="checkbox"/> AM/HASS <input type="checkbox"/> HASS Supervisor Name: _____																																																			
4. Work Area: IPS Sector Name: _____ Windssock Location: _____ _____ <input type="checkbox"/> N/A _____ <input type="checkbox"/> N/A Muster Point(s) / Evacuation Area(s): _____ _____ <input type="checkbox"/> N/A <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">TACTICAL RESOURCES</th> <th colspan="4" style="text-align: left; border-bottom: 1px solid black;">STAGGED @ (See 207C, 208C Plans if applicable)</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Access Control</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Monitoring</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Ventilation</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Rigging</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Hazard Mitigation</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Decontamination</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Medical – VAI</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">Medical – MCI</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> <tr> <td style="padding: 2px;">PPE</td> <td style="padding: 2px;"><input type="checkbox"/> Trailer</td> <td style="padding: 2px;"><input type="checkbox"/> Truck</td> <td style="padding: 2px;"><input type="checkbox"/> Go Bag</td> <td style="padding: 2px;"><input type="checkbox"/> Hazard Space</td> </tr> </tbody> </table> <input type="checkbox"/> See Addendum: _____		TACTICAL RESOURCES	STAGGED @ (See 207C, 208C Plans if applicable)				Access Control	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Monitoring	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Ventilation	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Rigging	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Hazard Mitigation	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Decontamination	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Medical – VAI	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	Medical – MCI	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space	PPE	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Go Bag	<input type="checkbox"/> Hazard Space
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5. Tactical Objectives: Non-Emergency Mode 1) Communication plan review 2) Sketch a map of the general site or assigned sector. 3) Size up reference points, response delays, egress avenues, emergency wash stations, extinguishers, elevation levels of projected work assignment areas. Emergency Mode 1) Communicate emergency alert status 2) Identify location of emergency, confirm number of entrants in space and count anyone that has not exited as a potential victim. 3) Conduct a Rapid Hazard Assessment 4) Relay to RICCI the critical factors of the emergency for a strategy determination 5) Initiate HAZWOPER Rescue Plan or updated plan for the identified hazards 6) Rescue priorities: responder safety, access control and safety, safety, and extraction of the victim 4) Track span of control of hazard spaces and personnel. 5) Conduct Behavior Based Safety Observations to inspect what we expect of IPS personnel. 6) Document and record event. 7) Provide debrief to RICCI and shift counterpart. 7) Track accountability of personnel in zone. 8) Buddy System, two rescuers at location for internal rescue & TED on a retrieval system 9) Communication plan and PPE check 10) HASS declares space safe for entry conditions 11) DECON victims exposed to contaminants 12) Triage, Treat and Transport based on priority 13) Lead a post incident debriefing 14) Document and record events 15) Demobilize																																																			
205B	RMP Page _____																																																		

7. Hazard Spaces:

Date:

Shift: Day Night

Eq ID		Log Benchmark Times							
Size up	Location Type	Lockbox #	Start Time	JHA	Res. Plan	Joint Mtg	S/A	Check In	End Time
1								Time	<input type="checkbox"/> Extend <input type="checkbox"/> Hot
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> Triage Equip. <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> Pot. MCI <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
2								Time	<input type="checkbox"/> Extend <input type="checkbox"/> Hot
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> Triage Equip. <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> Pot. MCI <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
3								Time	<input type="checkbox"/> Extend <input type="checkbox"/> Hot
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4								Time	<input type="checkbox"/> Extend <input type="checkbox"/> Hot
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5								Time	<input type="checkbox"/> Extend <input type="checkbox"/> Hot
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7. Hazard Spaces: (Continued)

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11								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
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Shift: Day Night

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SU								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
205B		RMP _____							

7. Hazard Spaces: (Continued)

EQ ID:

Shift: Day Night

DAY	Log Benchmark Times								
	Size up	Location Type	Lockbox #	Start Time	JHA	Res. Plan	Joint Mtg	S/A Check In	End Time
M								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
T								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
W								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
TH								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
F								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
SA								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
SU								Time <input type="checkbox"/> Extend <input type="checkbox"/> Hot	
	EAC	APP / CPC	HIN	Warm Zone			Hot Zone		
				<input type="checkbox"/> Decon <input type="checkbox"/> @ Height <input type="checkbox"/> SALT Triage <input type="checkbox"/> Congested LZ <input type="checkbox"/> PPE Req. <input type="checkbox"/> Rigging Req.			<input type="checkbox"/> HazMat <input type="checkbox"/> @ Height <input type="checkbox"/> Manway <24" <input type="checkbox"/> Remote <input type="checkbox"/> Int. Config Haz. <input type="checkbox"/> External Line		
205B		RMP _____							

8. Personnel Assignments		CONDITION: Operationally Ready (OR) / Preventative Maintenance (PM) / Need (Corrective Maintenance (CM))							
A	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
B	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
C	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
D	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
205B		RMP _____							

8. Personnel Assignments (Cont.)		CONDITION: Operationally Ready (OR) / Preventative Maintenance (PM) / Need (Corrective Maintenance (CM))							
E	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
F	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
G	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/
H	Personnel Last Name	Hazard Space Assignment		Start Time	Hazard Space Assignment		Start Time	<u>SERIAL NUMBER</u>	<u>COND. IN / OUT</u>
				End Time			End Time	Radio# _____	/
	Legal First Name			Start Time			Start Time	4 Gas# _____	/
				End Time			End Time	H2S# _____	/
								Harness# _____	/
								Lanyard# _____	/

205B

RMP _____

10. Complexity Report Card				
Multi Haz Spaces on Going/Exceeded Span of Control During Shift	Multi Haz Spaces / Any in Remote Locations	Multi Permit Shacks	Multi Entrants or Multi Entry Loc. Into Haz. Space	IDLH Atm. Hazards
<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of permits per shack peak (average)	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences Respiratory Prot. Req.
Critical Path Continues During Minor Incidents	Internal Configuration	Limited Means of Entry & Egress / Manway Obstructions	New Line / Excavation / Trench / Engulfment	Solid or Liquid Contaminants Present
<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences
Hot Line Break / Depressurization	Hot Work / Power Tools	Radiation Present	Congestion / High Traffic Area with Machinery	Working at Height
<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences Fall Prot. Req
Heat / Cold Stress Plans required	Poor Lighting Plans Required	High Noise / Double Hearing Protection Plans Required	Entanglement / No Lifeline Attached Plans Written	Personnel worked 12+ Hour Shifts Daily / >60hr Weekly / Fatigue
<input type="checkbox"/> Yes # of occurrences	<input type="checkbox"/> Yes # of occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences	<input type="checkbox"/> Yes # of Occurrences
Hazard Spaces not identified as PRCS by client but was by IPS	Total Hazard Spaces Led (Average)	Number of Near Misses	Number of Recordables	Number of LTI
<input type="checkbox"/> Yes # of occurrences				
11. Prepared by: Name: _____				
205B	RMP _____	Position: _____		