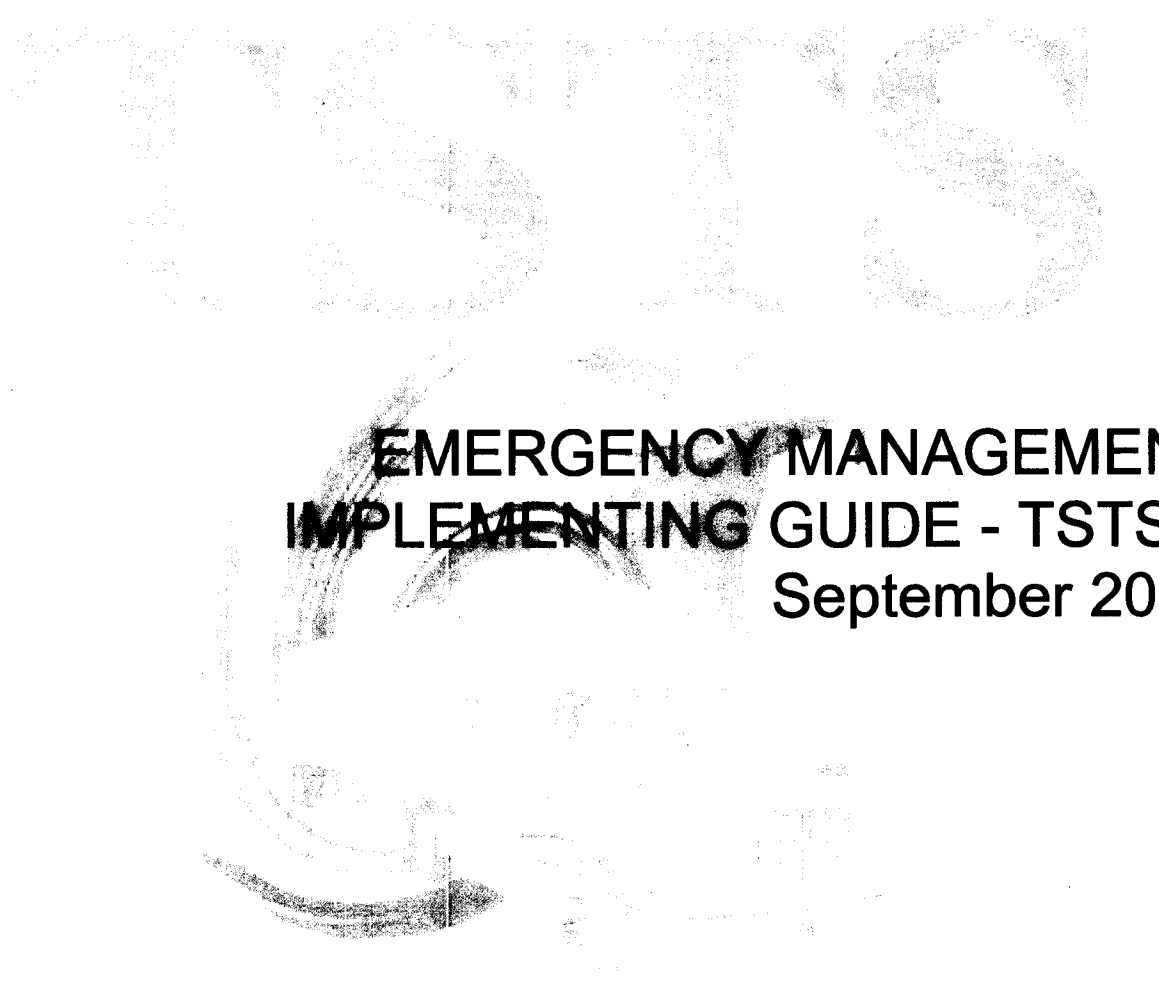


---

# Transportation Safeguards Training Site



## **EMERGENCY MANAGEMENT IMPLEMENTING GUIDE - TSTS 8 September 2004**



# INDEX

**OVERVIEW.....1**

**PROTECTIVE ACTIONS.....1**

## CHECKLIST & DESCRIPTION

**CHECKLIST 1 INCIDENTS OF SECURITY CONCERN, DOE O 471.1 .....2**

Facility Manager checklist for information reported by any person observing, finding or with knowledge of credible information, which pose a threat to DOE security interest or potentially degrade the overall security effectiveness. Reporting requirements involve the loss, theft, or diversion of nuclear components, weapons data, SNM, TS, and SAP, as well as, attacks on facilities or employees, terrorist- type attacks, sabotage, and validated threat notifications.

**CHECKLIST 2 OCCURRENCE REPORTING PROCESSING SYSTEM (ORPS) DOE M231.1-2 .....3**

Facility Manager checklist; Occurrence is defined as an event that adversely affects personnel, public, property, environment, or the DOE mission. Reporting criteria are divided into 10 groups listed as Operational Emergencies, Personnel Safety and Health, Nuclear Safety, Facility status, Environmental, Contamination, Nuclear Explosive Safety, Transportation, Noncompliance Notification, and Management Concerns.

**CHECKLIST 3 SECURITY INCIDENT .....4**

An unclassified communication or message relayed to anyone of an unusual security incident. As identified in the Hazard Survey any hostile act that might affect resources including malevolent acts or classified material which has been compromised.

**CHECKLIST 4 UNAUTHORIZED ENTRY .....5**

Access gained to facility by individual/s who do not have authorization to enter site.

**CHECKLIST 5 UNAUTHORIZED VEHICLE INSIDE FENCE.....6**

Unknown vehicle which could result in an act of malevolence as identified in the Hazard Survey.

**CHECKLIST 6 BOMB THREAT .....7**

A malevolent act, which could cause mass casualties or be used as a diversion tactic.

**CHECKLIST 7 SUSPICIOUS PACKAGE .....9**

An unidentified object or unexploded ordnance could result in mass casualty.

**CHECKLIST 8 TRACTOR TRAILER "STOP ALERT" ANTI-HIJACK / THEFT .....10**

The unauthorized removal of a government transportation tractor or trailer.

**CHECKLIST 9 HOSTAGE ANTI-ROBBERY .....11**

A malevolent act resulting in a hostage situation, sabotage, armed assault, or mass casualties.

**CHECKLIST 10 BARRICADED SUSPECT SITUATION .....12**

Upon an attempt of an armed robbery or any other criminal act against the government, which has failed, the perpetrator may take employees as a hostage.

**CHECKLIST 11 CIVIL / RIOT DISTURBANCE .....13**

Active protest against a government facility which could turn volatile.

**CHECKLIST 12 GROUND ATTACK.....14**

Small arms fire, artillery impact are examples of a ground attack as identified in the Hazard Survey.

<b>CHECKLIST 13 MAJOR ACCIDENT/MASS CASUALTY</b> .....	15
Hazards identified in the Hazard Survey which could result in mass casualties or a major accident include but are not limited to offsite rail transportation accident, civilian or military aircraft, bombing/strafing accident, and / or malevolent acts.	
<b>CHECKLIST 14 PERSONNEL INJURY</b> .....	17
Any injury to personnel which requires outside emergency medical care.	
<b>CHECKLIST 15 OFF SITE VEHICLE ACCIDENT</b> .....	18
Any accident involving a government vehicle with property damage or injury to personnel caused off-site.	
<b>CHECKLIST 16 ECC RELOCATION</b> .....	19
Any act which renders the primary ECC inoperable or uninhabitable.	
<b>CHECKLIST 17 POWER OUTAGE</b> .....	20
The loss of electrical power resulting in the use of generators.	
<b>CHECKLIST 18 COMMUNICATION OUTAGE</b> .....	21
The loss of landlines, hand held radios or base stations, tower loss, or any event which disrupts the daily communication process.	
<b>CHECKLIST 19 INCLEMENT WEATHER</b> .....	22
Any severe weather situation affecting personnel or training such as fire, tornado, earthquake, flood, snow & ice, and structural damage	
<b>CHECKLIST 20 SAFE HAVEN</b> .....	24
An unexpected event which diverts a mission off course.	
<b>CHECKLIST 21 SECURITY CONDITION ALERTING MESSAGE</b> .....	25
A message from TECC the security condition has been upgraded or downgraded resulting in the use of Checklist 22 – 26 based on current condition.	
<b>CHECKLIST 22 SECURITY CONDITION 5 - Threat Negligible</b> .....	26
<b>CHECKLIST 23 SECURITY CONDITION 4 - Threat Low</b> .....	27
<b>CHECKLIST 24 SECURITY CONDITION 3 – Threat Medium</b> .....	28
<b>CHECKLIST 25 SECURITY CONDITION 2– Threat High</b> .....	29
<b>CHECKLIST 26 SECURITY CONDITION 1 – Threat Critical</b> .....	30
<b>CHECKLIST 27 ONSITE SPILL OR ENVIROMENTAL RELEASE</b> .....	31
The unintentional act of contaminating water sources.	
<b>CHECKLIST 28 ACTIVATION OF EOC</b> .....	32
Any event rendered an emergency by the emergency manager, which requires the activation of Emergency Operations Center to control or contain the situation.	

## JOB AIDS

EMERGENCY MANAGER.....	33
EOC COMMUNICATOR TO INCIDENT COMMAND .....	33
ASSISTANT EMERGENCY MANAGER.....	33
LOGISTICS MANAGER.....	33
ES&H MANAGER .....	33
FACILITIES/MAINTENANCE MANAGER .....	34
SECURITY OFFICER.....	34
HUMAN RESOURCES MANAGER.....	34
SITUATION REPORTER.....	35
NNSA OFFICE OF PUBLIC AFFAIRS.....	35
<b>EMERGENCY RESPONSE ORGANIZATION .....</b>	<b>36</b>
<b>EOC PERSONNEL EMERGENCY NUMBERS .....</b>	<b>33</b>

## **OVERVIEW**

The Emergency Management Implementing Guide is to be used in conjunction with the Emergency Management Plan TSTS 7. The purpose of this guide is to provide information, which can be updated locally to provide immediate and correct information on a timely basis, to those individuals who would be assisting during an emergency. Any information that will improve this plan may be provided to the Emergency Manager Coordinator at any time.

## **PROTECTIVE ACTIONS**

*The OST Exercise Control Center will use ONE of the Protective Action Recommendations for alerting personnel of appropriate action to take*

### **GREEN PROTECTIVE ACTION**

The Emergency Manager recommends to state and local agencies that no protective actions are required based upon the initial assessment of the incident.

### **YELLOW PROTECTIVE ACTION**

1. The Emergency Manager recommends **SHELTER IN PLACE** as a protective action due to potential hazard.
2. Instruct Individuals to stay inside, close all windows and cover openings, shut off heating, air conditioning, or other ventilation systems that bring air in from the outside. Individuals should shelter in vehicles if other alternatives are not available.
3. Shelter-in-Place guidelines are as follows: sit adjacent to an inner wall, perpendicular to the outer wall; sit as far away from the outer wall and window as possible; sit as low as possible, preferably on the floor, and on a mattress or pillow; do not sit near an air-conditioner.
4. Restrict access to and movement within the sheltering zone as much as possible until advised to move individuals to an assembly area.
5. After event, personnel will be instructed to an assembly area. Pre-designated assembly areas are defined as Primary Assembly Area #1 and Secondary Assembly Area #2. The Primary Assembly area #1 is East of the DOE Facilities between 2<sup>nd</sup> and 3<sup>rd</sup> Avenue. The Secondary Assembly Area #2 is located North of building 1779 PTF Building and is used only in the event Assembly Area #1 is not feasible.

### **RED PROTECTIVE ACTION**

1. The Emergency Manager recommends **EVACUATE** personnel and non-essential response personnel within 300 to 2500-foot radius of the incident site based upon a potential hazard.
2. The Emergency Manager also recommends to individuals which routes to take and the locations to evacuate to. Pre-designated assembly areas are defined as Primary Assembly Area #1 and Secondary Assembly Area #2. The Primary Assembly area #1 is East of the DOE Facilities between 2<sup>nd</sup> and 3<sup>rd</sup> Avenue. The Secondary Assembly Area #2 is located North of building 1779 PTF Building and is used only in the event Assembly Area #1 is not feasible.
3. Evacuation protective actions are as follows: Evacuate immediately if told to do so; use travel routes specified by authorities; remain calm and patient; give first aid and help for seriously injured people; follow Building Evacuation Team members directions.

**CHECKLIST 1: Incidents of Security Concerns (ISC) DOE O 471.4**

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<b>IMI CATEGORY ASSIGNED</b>
-----------------------	--------------	------------------------------

**NOTIFIED BY :**

**EXACT LOCATION:**

**SITUATION:**

The Security Representative must be immediately notified.

The Facility Manager must be immediately notified.

The discovery period, 1<sup>st</sup> 24 hours, is used to examine and document pertinent facts to determine if an actual incident has occurred and categorize with an IMI number. If it is determined no security incident occurred no further action is required. Categorize based upon severity of event. IMI 1 is the highest rating with IMI 4 the lowest level of categorization.

The Facility Manager declares and categorizes the emergency based on the level of actual or potential security degradation and makes NNSA notifications to TECC who in turn will notify DOE HQ CC. Security topical areas for reporting include physical security, information security, personnel security, and nuclear materials control and accountability.

Security Representative will :

Notify the Facility Security Officer in Albuquerque

Categorize Event Impact Measure (see OST Policy 6.01, DOE O 471.4)

IMI Category	Report within	Initial Report to TECC	Close within	Closure report
IMI 1	1 hour	DOE F 471.1	60 days	Inquiry Report
IMI 2	8 hours	DOE F 471.1	60 days	Inquiry Report
IMI 3	8 hours	DOE F 471.1	On Completion	DOE F 5639.2
IMI 4	Monthly	DOE F 471.1	On Completion	DOE F 5639.2

Preserve all evidence associated with incident and ensure it is not tampered with. If classified is involved, reasonable efforts must be taken to protect information. Use DOE F 5632.2 for lost or unaccounted for documents. Use Chain of Custody Form in DOE O 471.4 page I-17.

Exercise Control Center ensures that Security personnel are provided all available information regarding the security event.

Personnel will be advised to stay away from affected area

See Occurrence Reporting and Processing of Operations Information DOE M 231.1-2 and Comprehensive emergency Management System DOE 151.1B for additional information.

If an inquiry is to be conducted see Policy 6.01 Incident of Security Concern. Trained personnel may only perform inquiries.

All discussions over communications systems must be in accordance with Classification Guides for Safeguards and Security Information and nature of incident classified by a derivative classifier

Suspected Fraud, Waste, or Abuse must be reported to the IG in accordance with DOE O 2221.1

<b>CHECKLIST 2: Occurrence Reporting DOE M 231.1-2</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<b>NOTIFIED BY :</b>
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
<input type="checkbox"/> Immediately notify Facility Manager who will categorize, notify, and report requirements.		
<p>TSTS uses DOE Manual 231-2, <i>Occurrence Reporting and Processing of Operations Information</i>, to establish a method of categorizing reportable incident levels in decreasing order of severity. The incident levels defined below.</p>		
<input type="checkbox"/> <u>Operational Emergencies (OE)</u> are unplanned, <i>significant events</i> or conditions requiring time-urgent response from outside immediate/affected site/facility or area of the incident. Such emergencies are caused by, involve, or affect DOE facilities, sites, or activities and represent, cause, or have the potential to cause the events or conditions. Must be reported within 30 minutes after categorization. C: ASAP; PN: NLT than 15 min if further classified; WN: COB next business day not to exceed 80 hrs; UR: As needed; FR: 45 days		
<input type="checkbox"/> <u>Significance Category 1.</u> Occurrences in this category are not Operational Emergencies and have a <i>significant impact</i> on safe facility/transportation operations, worker or public safety and health, regulatory compliance, or public/business interests. C: NLT 2 hrs; PN: NLT 2 hrs; WN: COB next business date not to exceed 80 hrs; UR: As needed; FR: 45 days		
<input type="checkbox"/> <u>Significance Category R.</u> Occurrences in this category are identified as <i>recurring</i> as determined from the periodic performance analysis of occurrences across a site. C: NLT 2 hrs; WN: COB next business day; UR: As needed; FR: 45 days		
<input type="checkbox"/> <u>Significance Category 2.</u> Occurrences in this category are not Operational Emergencies and have a <i>moderate impact</i> on safe facility/transportation operations, worker or public safety and health, regulatory compliance, or public/business interests. C: NLT 2 hrs; PN: NLT 2 hrs; WN: COB next business day ; UR: As needed; FR: 45 days		
<input type="checkbox"/> <u>Significance Category 3.</u> Occurrences in this category are not Operational Emergencies and have a <i>minor impact</i> on safe facility/transportation operations, worker or public safety and health, regulatory compliance, or public/business interests. C: NLT 2 hrs; PN: NLT 2 hrs; WN: NLT 2 business days; UR: As needed; FR: 45 days		
<input type="checkbox"/> <u>Significance Category 4.</u> Occurrences in this category are not Operational Emergencies and have <i>some impact</i> on safe facility/transportation operations, work or public safety and health, public/business interests. C: NLT 2 hrs; PN: NLT 2 hrs as required; Short Form Report: NLT 2 business days		
Category=C, Prompt Notification=PN, Written Notification=WN, Update Report=UR, Final Report=FR Final reports will be prepared by the Facility Manager and submitted per DOE M 231.1-2 .		
<b>INFORMATION</b>		
Occurrence Report: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made.		
All communications must be in accordance with CG-SS3 Classification Guide for Safeguards and Security Information and nature of incident classified by a derivative classifier		
Emergency Management Plan TSTS 7 can be used to assist with categorization and classification		
If an inquiry is to be conducted see Policy 6.01 Incident of Security Concern		
Incidents controlled by employees or maintenance personnel in the immediate / affected facility or area are not Operational Emergencies. Incidents that do not pose a significant hazard to safety, health, and/or the environment and do not require a time-urgent response are not OEs		



<b>CHECKLIST 3: Security Incident</b>			
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY (Name Organization /Phone):</b>			
<b>EXACT LOCATION:</b>			
<b>SITUATION:</b>			
<b>REQUIRED ACTIONS:</b>			
<b>Notify Emergency Response as needed including 911:</b>			
<input type="checkbox"/> <b>Police</b>			
<input type="checkbox"/> <b>Fire Department</b>			
<input type="checkbox"/> <b>Ambulance or Air Evacuation</b>			
<input type="checkbox"/> <b>Other (i.e. 911, CQ)</b>			
<input type="checkbox"/> <b>Stop all entry/exit to the restricted area. If required, stop all inbound and outbound traffic to TSTS until situation is under control.</b>			
<input type="checkbox"/> <b>Unauthorized individuals must be removed out of the affected area and escorted to Visitor Control.</b>			
<input type="checkbox"/> <b>After security representative On-Scene rules out the possibility of hostilities, they will request termination. Terminated by:</b>			
<input type="checkbox"/> <b>Preserve all evidence associated with incident</b>			
<input type="checkbox"/> <b>Blotter entry required and any appropriate form will be attached.</b>			
<b>NOTIFICATIONS:</b>			
<b>Notify the following personnel of the Security Incident and the reason:</b>			
<input type="checkbox"/> <b>Facility Manager</b>			
<input type="checkbox"/> <b>Security Representative</b>			
<input type="checkbox"/> <b>Notify personnel by PA or radio as required</b>			
<input type="checkbox"/> <b>Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)</b>			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> <b>Notify all required individuals of the nature of the emergency.</b>			
<input type="checkbox"/> <b>Protective Action recommendation: Evacuate or Shelter as required. See Protective Actions</b>			
<input type="checkbox"/> <b>Conduct announcements to keep notified personnel updated as appropriate.</b>			
<input type="checkbox"/> <b>Have fleet personnel check the areas around the tractors and trailers for suspicious objects. This is done as a precautionary move to ensure resources are protected from diversionary tactics.</b>			
<input type="checkbox"/> <b>Notify all personnel of termination.</b>			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
<b>Facility Manager completes appropriate reports. See OR / ISC checklist</b>			
<b>Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.</b>			

<b>CHECKLIST 04: Unauthorized Entry</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY:</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
<b>DESCRIPTION OF INDIVIDUAL/S &amp; INCIDENT:</b>		
<b>NUMBER OF PERSONNEL INVOLVED:</b>		
<b>REQUIRED ACTIONS:</b>		
<b>Notify Emergency Response as needed including 911:</b>		
<input type="checkbox"/> <b>Police</b>		
<input type="checkbox"/> <b>Other</b>		
<input type="checkbox"/> <b>Once located have individuals escorted to Visitor Control.</b>		
<input type="checkbox"/> <b>Have law enforcement personnel pick up individual if required.</b>		
Detainees turned over to:	Time of transport:	Location of detainees:
Time arrived:	Terminated by:	
<input type="checkbox"/> <b>Preserve all evidence associated with incident</b>		
<input type="checkbox"/> <b>Barricaded Suspect Checklist 10 will be followed if required.</b>		
<input type="checkbox"/> <b>Blotter entry required. Record all findings of law enforcement after search is conducted:</b>		
<b>NOTIFICATIONS:</b>		
<b>Notify the following personnel of the Security Incident and the reason:</b>		
<input type="checkbox"/> <b>Facility Manager</b>		
<input type="checkbox"/> <b>Security Representative</b>		
<input type="checkbox"/> <b>Notify personnel by PA or radio as required</b>		
<input type="checkbox"/> <b>Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)</b>		
<b>PROTECTIVE ACTIONS:</b>		
<input type="checkbox"/> <b>Notify all required individuals of the nature of the emergency.</b>		
<input type="checkbox"/> <b>Protective Action recommendation: Shelter as required. See Protective Actions</b>		
<input type="checkbox"/> <b>Have fleet personnel check the areas around the tractors and trailers for suspicious objects. This is done as a precautionary move to ensure resources are protected from diversionary tactics.</b>		
<input type="checkbox"/> <b>Conduct announcements to keep notified personnel updated as appropriate.</b>		
<input type="checkbox"/> <b>Notify all personnel of termination.</b>		
<b>FACILITY MANAGER ACTIONS</b>		
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1		
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4		
Facility Manager completes appropriate reports. See OR / ISC checklist		
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.		

<b>CHECKLIST 5: Unauthorized Vehicle Inside Fence</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
DESCRIPTION OF VEHICLE/S:			
NUMBER OF PERSONNEL INVOLVED:			
VEHICLE MAKE:	MODEL:	COLOR:	YEAR:
DIRECTION OF TRAVEL:			
<b>REQUIRED ACTIONS:</b>			
Notify Emergency Response as needed including 911:			
<input type="checkbox"/> Police			
<input type="checkbox"/> Other			
<input type="checkbox"/> Dispatch law enforcement to the east gate with any other additional patrols as required.			
<input type="checkbox"/> Request patrols to block vehicle access routes to the facility if required			
<input type="checkbox"/> Ensure the vehicle is blocked. If instructed, escort the vehicle to a pre-designated parking spot. Ensuring isolation from sensitive resources as much as possible.			
<input type="checkbox"/> Once located, detain individuals. Escort individuals to the Visitor Control to meet law enforcement personnel as required. Detainees turned over to: _____ Time of transport: _____			
<input type="checkbox"/> Location of detainees: _____ Time arrived: _____ Terminated by: _____			
<input type="checkbox"/> Preserve all evidence associated with incident			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
<input type="checkbox"/> Protective Action recommendation: Evacuate or Shelter as required. See Protective Actions			
<input type="checkbox"/> Personnel will be advised to stay away from affected area. Keep personnel notified and updated.			
<input type="checkbox"/> Have fleet personnel check the areas around the tractors and trailers for suspicious objects. This is done as a precautionary move to ensure resources are protected from diversionary tactics.			
<input type="checkbox"/> Follow Suspicious Package Checklist #7 if unknown object is located.			
<input type="checkbox"/> Notify all personnel of termination.			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 6: Bomb Threat</b>			
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>			
<b>EXACT LOCATION:</b>			
<b>SITUATION:</b>			
<b>REQUIRED ACTIONS:</b>			
<input type="checkbox"/> <b>Police</b>			
<input type="checkbox"/> <b>Fire Department</b>			
<input type="checkbox"/> <b>Ambulance or Air Evacuation</b>			
<input type="checkbox"/> <b>Arkansas State Police Bomb Unit</b>			
<input type="checkbox"/> <b>BETs</b>			
<input type="checkbox"/> <b>Cordon affected area within 300 feet</b>			
<input type="checkbox"/> <b>Prevent reentry of unauthorized personnel</b>			
<input type="checkbox"/> <b>Assign a person familiar with the environment to assist emergency personnel in search</b>			
<input type="checkbox"/> <b>Relocate ECC to alternate location if in affected area</b>			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> <b>Facility Manager</b>			
<input type="checkbox"/> <b>Emergency Manager</b>			
<input type="checkbox"/> <b>Security Representative</b>			
<input type="checkbox"/> <b>Safety Representative</b>			
<input type="checkbox"/> <b>Notify personnel by PA or radio as required</b>			
<input type="checkbox"/> <b>Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)</b>			
<input type="checkbox"/> <b>Blotter entry required. Record all findings of law enforcement after search is conducted:</b>			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> <b>Notify all required individuals of the nature of the emergency.</b>			
<input type="checkbox"/> <b>Protective Action recommendation: Evacuate as required. See Protective Actions</b>			
<input type="checkbox"/> <b>Notify all personnel upon termination of event</b>			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

Questions to Ask:	Caller's Voice:	
When is the bomb going to explode?	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry
Where is it right now?	<input type="checkbox"/> Excited	<input type="checkbox"/> Nasal
What does it look like?	<input type="checkbox"/> Slow	<input type="checkbox"/> Stutter
What kind of bomb is it?	<input type="checkbox"/> Rapid	<input type="checkbox"/> Lips
What will cause it to explode?	<input type="checkbox"/> Soft	<input type="checkbox"/> Raspy
Did you place the bomb?	<input type="checkbox"/> Loud	<input type="checkbox"/> Deep
Why?	<input type="checkbox"/> Laughter	<input type="checkbox"/> Ragged
What is your address?	<input type="checkbox"/> Crying	<input type="checkbox"/> Clearing Throat
What is your name?	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep Breathing
	<input type="checkbox"/> Distinct	<input type="checkbox"/> Cracking voice
<b>Exact wording of threat:</b>	<input type="checkbox"/> Slurred	<input type="checkbox"/> Disguised
	<input type="checkbox"/> Familiar	<input type="checkbox"/> Accent
	<b>If voice is familiar whom did it sound like?</b>	
	<b>Background Sounds:</b>	
Sex of Caller:	<input type="checkbox"/> Street	<input type="checkbox"/> Factory
	<input type="checkbox"/> Voices	<input type="checkbox"/> Machinery
	<input type="checkbox"/> PA System	<input type="checkbox"/> Animals
	<input type="checkbox"/> Music	<input type="checkbox"/> Clear
	<input type="checkbox"/> House	<input type="checkbox"/> Static
	<input type="checkbox"/> Motor	<input type="checkbox"/> Local
	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Long Distance
	<input type="checkbox"/> Booth	<input type="checkbox"/> Other
Length of Call:	Remarks:	
Number call received at:		
Time:                      Date:		
<b>Threat Language:</b>		
<input type="checkbox"/> Well Spoken	Report Call immediately to ECC:	
<input type="checkbox"/> Foul		
<input type="checkbox"/> Irrational	Phone Number:	
<input type="checkbox"/> Incoherent		
<input type="checkbox"/> Taped	Date:	
<input type="checkbox"/> Message read by threat maker	Position:	
	Phone Number:	

<b>CHECKLIST 7: Suspicious Package</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
DESCRIPTION OF PACKAGE:			
NUMBER OF PERSONNEL INVOLVED:			
<b>REQUIRED ACTIONS:</b>			
Notify Emergency Response as needed including 911:			
<input type="checkbox"/> Police			
<input type="checkbox"/> Fire Department			
<input type="checkbox"/> Ambulance or Air Evacuation			
<input type="checkbox"/> Other			
<input type="checkbox"/> Arkansas State Police Bomb Unit			
<input type="checkbox"/> BETs			
<input type="checkbox"/> Identify the On-Scene Commander and have them update ECC on the situation.			
<input type="checkbox"/> Establish a 300 foot cordon for a briefcase size or less, 1000 foot cordon for barrel size or larger and for bulk fuels, 5000 foot cordon for larger Tractor / Trailer as directed by Fire Chief.			
<input type="checkbox"/> A need may arise to decontaminate an associate prior to transporting to a medical facility. Notify the HAZMAT TEAM for decontamination.			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See EOC checklist #28 )			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency. Advise persons of a suspicious package: Do not activate radios, cell phones or light fixtures within 300 feet of that location and to avoid contact with the suspicious materials.			
<input type="checkbox"/> Leave the immediate area and go to "a nearby safe area" until the emergency responders notify you further			
<input type="checkbox"/> Protective Action recommendation: Evacuate as required. See Protective Actions			
<input type="checkbox"/> Notify personnel when event is terminated			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 8: Tractor Trailer "Stop Alert" Anti-Hijack / Theft</b>			
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>			
<b>EXACT LOCATION:</b>			
<b>SITUATION:</b>			
<b>Type of Tractor / Trailer:</b>		<b>Tractor / Trailer Tag Number:</b>	
<b>Number of/Type of armament on board:</b>		<b>Location/Direction of travel:</b>	
<b>Number of passengers:</b>		<b>Number of injuries:</b>	
<b>Number of Hijackers:</b>		<b>Subject description:</b>	
<input type="checkbox"/> Prevent Tractor / Trailer from departing if by blocking with one vehicle in front and one vehicle behind the Tractor / Trailer or if ordered to disable Tractor / Trailer by firing at the main tires.			
<b>REQUIRED ACTIONS:</b>			
<b>Notify Emergency Response as needed including 911:</b>			
<input type="checkbox"/> <b>Police</b>			
<input type="checkbox"/> <b>Fire Department</b>			
<input type="checkbox"/> <b>Other</b>			
<input type="checkbox"/> Establish 360 degree cordon (500' Minimum); On-Scene Commander will determine size. Entry Control Point and Command Post must be established upwind. ECP location:			
<input type="checkbox"/> Senior security representative will coordinate with the On-Scene Commander for assaults to extract and apprehend personnel on board.			
<input type="checkbox"/> Senior security representative will ensure the crime scene is secured for further investigation and notify local FBI if required.			
<input type="checkbox"/> Have a patrol on standby for transporting the perpetrator(s).			
<input type="checkbox"/> Terminated by:			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
<input type="checkbox"/> Protective Action recommendation: Evacuate or Shelter as required. See Protective Actions			
<input type="checkbox"/> Implement Hostage / Barricaded Suspect Situation Checklist #10, if needed.			
<input type="checkbox"/> Notify all personnel of termination.			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 9: Anti-Robbery</b>					
REPORT NUMBER:		TIME:		<input type="checkbox"/> ACTUAL OR <input type="checkbox"/> EXERCISE	
NOTIFIED BY :					
EXACT LOCATION: NOTE: To preserve evidence, remind the caller to use a different exit, if possible, than the one used by the suspect.					
DESCRIPTION OF INCIDENT:					
Weapons Involved: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> SEMIAUTO <input type="checkbox"/> REVOLVER					
Suspect Information: Race: Sex: Height: Weight: Hair Color: Hair Length: Facial Hair: Scars/Marks/Tattoos: Shirt: Shoes: Coat/Jacket: Pants: Hat: Other Information: If In Military Uniform, Name on Patch:					
Last known direction of travel: Vehicle Information (If Used): Make: Model: Body Style: Color: Tag Number: Dents/Rust/ETC:					
NOTE: Keep caller on the phone until arrival of responding law enforcement. Should contact with the caller be cut off and unable to resume contact, go to the Hostage / Barricaded Suspect Checklist #10.					
<b>REQUIRED ACTIONS:</b>					
Notify Emergency Response as needed including 911:					
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance or Air Evacuation <input type="checkbox"/> Local FBI <input type="checkbox"/> Other					
<input type="checkbox"/> CLOSE and SECURE all gates					
<input type="checkbox"/> Law enforcement arrested perpetrators at:					
<input type="checkbox"/> Time of transport: Location of suspects: Time arrived: Terminated by:					
<input type="checkbox"/> Have the caller and patrolman re-enter the facility to ensure the scene is secure. After the scene is secure, have one patrol remain at the facility to secure the crime scene. Release the other patrols to conduct a search of the base.					
<input type="checkbox"/> Terminated by: <input type="checkbox"/> Notify all personnel of termination of the Hostage Anti-Robbery situation.					
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:					
<b>NOTIFICATIONS:</b>					
Notify the following personnel of the Security Incident and the reason:					
<input type="checkbox"/> Facility Manager					
<input type="checkbox"/> Security Representative					
<input type="checkbox"/> Notify personnel by PA or radio as required					
<b>PROTECTIVE ACTIONS:</b>					
<input type="checkbox"/> Notify all required individuals of the nature of the emergency. Give the location of the robbery, suspect information, vehicle description, and last direction of travel. Inform all personnel to notify the ECC at extension if anyone has seen the suspects.					
<input type="checkbox"/> Protective Action recommendation: Shelter as required. See Protective Actions					
<input type="checkbox"/> Have the caller step out of the facility and meet the patrol standing by.					
<input type="checkbox"/> See Barricaded Suspect Checklist if required					
<input type="checkbox"/> Notify all personnel of termination of the Hostage Anti-Robbery situation.					
<b>FACILITY MANAGER ACTIONS</b>					
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1 <input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4					
Facility Manager completes appropriate reports. See OR / ISC checklist					
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.					



<b>CHECKLIST 10: Barricaded Suspect</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
Number of Hostages:	Male:	Female:	Children:
Description:			
Number of Suspects:	Description:	Number of Weapons:	
Description:	Demands:	Terrorist Group Affiliation:	
<b>REQUIRED ACTIONS:</b>			
Notify Emergency Response as needed including 911:			
<input type="checkbox"/> Police <input type="checkbox"/> SWAT <input type="checkbox"/> Fire Department <input type="checkbox"/> Ambulance or Air Evacuation			
<input type="checkbox"/> Local FBI <input type="checkbox"/> Other			
Law enforcement captured suspects and transported to:			Time arrived:
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<input type="checkbox"/> Brief Hostage Negotiation Team (if available) of situation. Assembly Area:			
<input type="checkbox"/> Patrols dispatched to the area will seal off the affected area and set up a cordon as required.			
LOCATION OF CORDON:			
<input type="checkbox"/> Coordinate with the Incident Commander on the size of the outer perimeter required.			
Location:	Telephone:	Location of the ECP:	
<input type="checkbox"/> Plot all information on Map.	<input type="checkbox"/> Hostage Negotiator On-Scene:	Name:	
<input type="checkbox"/> Type of communication to be used between the negotiator/hostage taker:			
<input type="checkbox"/> Find out if Emergency Services Team has a plan ready.			
Assault Authorized by:		Assault initiated:	
<input type="checkbox"/> Terminated by:		<input type="checkbox"/> Blotter entry required.	
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
<input type="checkbox"/> Protective Action recommendation: Evacuate as required. See Protective Actions			
<input type="checkbox"/> Notify all personnel of termination of the Hostage situation.			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 11, Civil Riot / Disturbance</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
Number of Disrupters:	Weapons Involved:	Resources Involved:	
<b>REQUIRED ACTIONS:</b>			
<input type="checkbox"/> Police			
<input type="checkbox"/> Fire Department			
<input type="checkbox"/> Ambulance or Air Evacuation			
<input type="checkbox"/> Local FBI			
<input type="checkbox"/> Other			
<input type="checkbox"/> Identify the On-Scene Commander _____ and have them update you on the situation.			
<input type="checkbox"/> Notify civil authorities to monitor roadways leading to the base, or as directed.			
<input type="checkbox"/> Post observers in key positions to monitor the situation.			
<b>If the situation is NOT peaceful, continue with the checklist.</b>			
<input type="checkbox"/> Notify FSPD Emergency Services Team (IF DIRECTED).			
<input type="checkbox"/> Coordinate with Hostage Negotiator on the location to detain personnel..... IF NECESSARY			
<input type="checkbox"/> Ensure On-Scene Commander identifies guards for detained personnel and has established a security staging area.			
<input type="checkbox"/> Identify apprehension teams and processing units.			
<input type="checkbox"/> Be prepared to initiate a higher Threat Condition.			
<input type="checkbox"/> Once law enforcement arrest individuals record - Time of transport: _____ Time arrived: _____			
Location of detainees:			
<input type="checkbox"/> Terminated by:			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
Notify all required individuals of the nature of the emergency.			
Protective Action recommendation: Shelter in or evacuate as required. See Protective Actions			
Notify all personnel of termination of the Civil Disturbance.			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 12: Ground Attack</b>			
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<input type="checkbox"/> <b>NOTIFIED BY :</b>			
<input type="checkbox"/> <b>EXACT LOCATION:</b>			
<input type="checkbox"/> <b>SITUATION:</b>			
Number of Perpetrators:	Weapons Involved:	Resources Involved:	
<b>REQUIRED ACTIONS:</b>			
<b>Notify Emergency Response as needed including 911:</b>			
<input type="checkbox"/> <b>Police</b>			
<input type="checkbox"/> <b>Local FBI</b>			
<input type="checkbox"/> <b>Fire Department</b>			
<input type="checkbox"/> <b>Ambulance or Air Evacuation</b>			
<input type="checkbox"/> <b>Other</b>			
<input type="checkbox"/> Identify On-Scene Commander and have them update you on the situation.			
<input type="checkbox"/> Coordinate all movement of resources through TECC.			
<input type="checkbox"/> Be prepared to assume a higher defense posture/standard for an extended period of time, TECC			
<input type="checkbox"/> Implement SECON 1 or as directed by higher authority and refer to the appropriate checklist.			
<input type="checkbox"/> Maintain positive control over the locations of all friendly/enemy troops.			
<input type="checkbox"/> Once law enforcement arrest suspects record - Time of transport:			
Location of detainees:                      Time arrived:			
Terminated by: <input type="checkbox"/> Notify all personnel of termination of the Ground Attack.			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>NOTIFICATIONS:</b>			
<b>Notify the following personnel of the Security Incident and the reason:</b>			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
<input type="checkbox"/> Protective Action recommendation: Shelter in or evacuate as required. See Protective Actions			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 13: Major Accident / Mass Casualty</b>		
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL or <input type="checkbox"/> EXERCISE
NOTIFIED BY :		
EXACT LOCATION:		
SITUATION:		
DESCRIPTION OF ACCIDENT:		
NUMBER OF PERSONNEL INVOLVED:		
NUMBER OF CAUSALITIES:		
WIND SPEED / DIRECTION:		
<b>NOTIFICATIONS:</b>		
Notify Emergency Response as needed including 911:		
<input type="checkbox"/> Police / EOD		
<input type="checkbox"/> Local FBI		
<input type="checkbox"/> FEMA		
<input type="checkbox"/> Fire Department		
<input type="checkbox"/> Hazmat Team		
<input type="checkbox"/> Ambulance or Air Evacuation		
<input type="checkbox"/> BETs		
<input type="checkbox"/> Other		
<b>Major Accident / Mass Casualty – cont.</b>		
Notify the following personnel of the Security Incident and the reason:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Emergency Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Maintenance Team		
<input type="checkbox"/> Building Emergency Team Members		
<input type="checkbox"/> Notify personnel by PA or radio as required		
<b>REQUIRED ACTIONS:</b>		
Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)		
<i>NOTE: Warn responding units of any known Explosive/Chemical dangers in the area.</i>		
<input type="checkbox"/> Identify Incident Commander:		
<input type="checkbox"/> If burning composite materials are involved, have personnel don gas mask.		
<input type="checkbox"/> Ensure critical/classified materials are protected and prevent pilferage of accident site.		
<input type="checkbox"/> Relocate to Alternate ECC/EOC, if required.		
<input type="checkbox"/> Obtain from the On-Scene Commander: Cordon Size:                      ECP (Physical Location)                      Grid Coordinates:		
<input type="checkbox"/> Plot accident site, initial containment area, cordon, ECP, and wind direction. NOTE: If large areas are affected, plot as much as possible and use all available personnel to limit the situation.		
<input type="checkbox"/> Advise personnel of established cordon and position of Entry Control Point and assure personnel approach Up Wind.		
<input type="checkbox"/> Evacuate all buildings in the affected area in the direction away from the accident to a designated location Upwind. Designated Location:                      Evacuation Initiated:                      Evacuation Complete:		
<input type="checkbox"/> Notify all personnel to evacuate the immediate accident scene, to take cover and face away from the area. No one is allowed inside of the cordon unless authorized by On-Scene Commander.		
<input type="checkbox"/> Notify HAZMAT personnel if accident involves any hazardous materials.		
<b>Major Accident / Mass Casualty – cont.</b>		
<input type="checkbox"/> Keep On-Scene Commander advised of all ISC actions.		
<input type="checkbox"/> All clear sounded:		Terminated by:

<input type="checkbox"/> Response will be determined by Facility Manager. Dispatch 1 <sup>st</sup> responders to secure the initial scene, report visual assessment, attempt rescue, attempt to suppress or contain the situation.
<input type="checkbox"/> Notify USACOE to obtain an emergency work order. Utilize a runner if the telephone lines are down.
<input type="checkbox"/> Request Light-Units as needed
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:
<b>PROTECTIVE ACTIONS:</b>
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.
<input type="checkbox"/> Protective Action recommendation: Evacuate or Shelter in as required. See Protective Actions
<b>FACILITY MANAGER ACTIONS</b>
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1 <input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4
Facility Manager completes appropriate reports. See OR / ISC checklist
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>			
<b>EXACT LOCATION:</b>			
<b>SITUATION:</b>			
<input type="checkbox"/> Location of the individual transported:			
<input type="checkbox"/> Ascertain from the medical facility if the individual has been admitted.			
<input type="checkbox"/> Terminated:			
<input type="checkbox"/> Blotter entry required.			
<b>NOTIFICATIONS:</b>			
Notify Emergency Response as needed including 911:			
<input type="checkbox"/> FOH Medic			
<input type="checkbox"/> 1 <sup>st</sup> Responders			
<input type="checkbox"/> Fire Department			
<input type="checkbox"/> Ambulance or Air Evacuation or Air Evacuation			
<input type="checkbox"/> Other			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Implement Protective Actions as required			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 15: OFF SITE VEHICLE ACCIDENT</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		<b>EXACT LOCATION:</b>
<b>SITUATION:</b>		
Direction of Travel:	Vehicle number:	Trailer number:
Was the Engine(s) on fire? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was there an Explosion? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEEN/ <input type="checkbox"/> HEARD		
Status of Personnel:		Hospital location providing treatment:
Status of Trailer: Hazardous Material?	Unmovable?	Trailer Breech?
Cargo on board?	Recovery required?	
<input type="checkbox"/> Weather conditions at site:	Wind Direction and speed:	
<input type="checkbox"/> Establish On-Scene Commander and Communication Link.		
<input type="checkbox"/> Terminated:	<input type="checkbox"/> Notify all personnel of termination	
<input type="checkbox"/> Blotter entry required.		
<b>NOTIFICATIONS:</b>		
<b>Notify Emergency Response as needed including 911:</b>		
<input type="checkbox"/> Police		
<input type="checkbox"/> Fire Department		
<input type="checkbox"/> Ambulance or Air Evacuation		
<input type="checkbox"/> Other		
Notify the following personnel of the Security Incident and the reason:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Notify personnel by PA or radio as required		
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)		
<b>PROTECTIVE ACTIONS:</b>		
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.		
<input type="checkbox"/> ECC is notified by Hazardous Material team or by the Arkansas State Police of a hazardous chemical spill and of the need to shelter personnel in place, or to take other actions (See CHECKLIST 27 ONSITE SPILL OR ENVIROMENTAL RELEASE)		
<input type="checkbox"/> ECC alerts and notifies the work force of the spill and for personnel to take shelter inside or to take actions as directed by the Arkansas State Police Hazardous Material team or the local police.		
<input type="checkbox"/> Protective Action recommendation: Evacuate or Shelter in as required. See Protective Actions		
<b>FACILITY MANAGER ACTIONS</b>		
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1		
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4		
Facility Manager completes appropriate reports. See OR / ISC checklist		
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.		

<b>CHECKLIST 16: ECC Relocation</b>			
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>			
<b>EXACT LOCATION:</b>			
<b>SITUATION:</b>			
<b>REQUIRED ACTIONS:</b>			
<input type="checkbox"/> Implement the appropriate checklist for the given situation.			
<input type="checkbox"/> ECC takes control of alternate if primary is unable to be used.			
<input type="checkbox"/> Ensure the phones are transferred from primary to alternate location.			
<input type="checkbox"/> Ensure Alternate CSC has all checklists, recall phone numbers, and communication equipment.			
<input type="checkbox"/> Implement the appropriate checklist for the given situation.			
<input type="checkbox"/> ECC will notify all personnel of the situation.			
<input type="checkbox"/> Identify the On-Scene Commander and have them update you on the situation.			
<input type="checkbox"/> After situation has been resolved, reactivate the primary ECC.			
<input type="checkbox"/> Terminated by: _____ <input type="checkbox"/> Inform all personnel of termination			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Emergency Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
<input type="checkbox"/> Protective Action recommendation: Evacuate as required. See Protective Actions			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			



<b>CHECKLIST 17: Power Outage</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
<b>REQUIRED ACTIONS:</b>			
<input type="checkbox"/>	Utility Company		
<input type="checkbox"/>	Maintenance Supervisor		
<input type="checkbox"/>	CQ		
<input type="checkbox"/>	Other		
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/>	Facility Manager		
<input type="checkbox"/>	Notify personnel by PA or radio as required		
<input type="checkbox"/>	Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)		
<input type="checkbox"/>	Blotter entry required.		
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/>	Notify all required individuals of the nature of the emergency.		
<input type="checkbox"/>	Protective Action recommendation: Evacuate as required. See Protective Actions		
<b>POWER FAILURE</b>			
<input type="checkbox"/>	Call maintenance personnel to operate generator		
<input type="checkbox"/>	Generator start time:	<input type="checkbox"/>	Establish Alternate communications.
<input type="checkbox"/>	Direct setup of portable lighting and request light carts for Entry Control Points, Resources, etc...).		
<input type="checkbox"/>	ECC contacts the utility company to determine anticipated length of the electrical power outage.		
Commercial Power estimated time restored:			
<input type="checkbox"/>	ADDED PHYSICAL SECURITY AIDS: This applies to chain link fences, lights, and land system communications. Location:                      Discrepancy:		
Dispatch a patrol to investigate:			
<input type="checkbox"/>	Notify USACE and obtain an emergency work order. Utilize a runner if the telephone lines are down.		
<input type="checkbox"/>	Advise the ECC specialist to regularly check the generators and ensure they are in operation.		
<input type="checkbox"/>	Contact building emergency team member of affected buildings.		
<input type="checkbox"/>	Ensure patrols increase their surveillance of all boundaries and the property protection area.		
<input type="checkbox"/>	Terminated by:	<input type="checkbox"/>	Notify all personnel of termination.
<input type="checkbox"/>	Maintenance starts purging systems susceptible to freezing based on the information on the length of the power outage obtained from		
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/>	<input type="checkbox"/> OE	<input type="checkbox"/> SC1	<input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 18: COMMUNICATION OUTAGE</b>			
REPORT NUMBER:	TIME:	<input type="checkbox"/> ACTUAL OR	<input type="checkbox"/> EXERCISE
NOTIFIED BY :			
EXACT LOCATION:			
SITUATION:			
<b>REQUIRED ACTIONS:</b>			
Notify Emergency Response as needed including 911:			
<input type="checkbox"/> Utility Company			
<input type="checkbox"/> CQ			
<input type="checkbox"/> Communications Section			
<input type="checkbox"/> Other			
<b>NOTIFICATIONS:</b>			
Notify the following personnel of the Security Incident and the reason:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Emergency Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Notify personnel by PA or radio as required			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
<b>PROTECTIVE ACTIONS:</b>			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
Notify the following personnel of the situation:			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Safety Representative			
<input type="checkbox"/> Logistics Manager			
<b>COMMUNICATION FAILURE:</b>			
<input type="checkbox"/> Established Alternate communications (Portable Radio, Alternate CSC, SRT Vehicle, etc...).			
<input type="checkbox"/> ECC Specialist will utilize cellular phone to notify the Ground Communications section			
<input type="checkbox"/> ECC will utilize mobile ECC if available.			
<input type="checkbox"/> ADDED PHYSICAL SECURITY AIDS: This applies to chain link fences, lights, and land system communications. Location:			
<b>Discrepancy:</b>			
<input type="checkbox"/> Dispatch a patrol to investigate:			
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.			
See Protective Action recommendations if required			
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>CHECKLIST 19, INCLEMENT WEATHER OR NATURAL DISASTER –</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
<b>REQUIRED ACTIONS:</b>		
<b>Notify Emergency Response as needed including 911:</b>		
<input type="checkbox"/> <b>Police</b>		
<input type="checkbox"/> <b>Fire Department</b>		
<input type="checkbox"/> <b>Ambulance or Air Evacuation</b>		
<input type="checkbox"/> <b>BETs</b>		
<input type="checkbox"/> <b>CQ</b>		
<input type="checkbox"/> <b>Other</b>		
<b>NOTIFICATIONS:</b>		
Notify the following personnel of the Security Incident and the reason:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Notify personnel by PA or radio as required		
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)		
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:		
<b>PROTECTIVE ACTIONS:</b>		
<input type="checkbox"/> Notify all required individuals of the nature of the emergency.		
<input type="checkbox"/> Protective Action recommendation: Evacuate or Shelter in as required. See below for hazard		
<b>PROTECTIVE ACTIONS FIRE:</b>		
<input type="checkbox"/> Activate the nearest fire alarm.		
<input type="checkbox"/> Call 911 Call Exercise Control Center, 709-5300, x5302, and report the fire.		
<input type="checkbox"/> Ensure that all personnel have evacuated the facility(ies) in accordance with evacuation procedures.		
<input type="checkbox"/> Close all entrances and fire doors, if it can be done safely.		
<input type="checkbox"/> Mark doors to prevent re-entry of non-emergency personnel		
<input type="checkbox"/> Exercise Control Center ensures that the onsite fire department is notified of the fire (If it's not a building fire).		
<input type="checkbox"/> Exercise Control Center alerts and notifies, by the EMERGENCY NOTIFICATION SYSTEM, the work force involved in the area of the fire and will notify all other areas to stand by for further information.		
<input type="checkbox"/> Alert Alarms dispatched Fire Department if a fire alarm activates in a building.		
<b>PROTECTIVE ACTIONS TORNADO:</b>		
<input type="checkbox"/> Exercise Control Center identifies a severe thunderstorm or tornado path threatening the TSTS.		
<input type="checkbox"/> Exercise Control Center notifies, by the EMERGENCY NOTIFICATION SYSTEM, all TSTS personnel of a severe thunderstorm warning or tornado warning.		
<input type="checkbox"/> Personnel are alerted and moved inside during a severe thunderstorm warning. Sheltering activities shall be performed.		
<input type="checkbox"/> Facility Manager activates the Emergency Operations Center (EOC) , if sheltering is required (normal day shift only).		
<input type="checkbox"/> Incident Command System (ICS) will be activated and will coordinate rescue efforts of trapped personnel.		
<input type="checkbox"/> Emergency response personnel assess damage and helps in rescue efforts as appropriate.		
<b>PROTECTIVE ACTIONS FLOOD:</b>		
<input type="checkbox"/> ECC monitors weather conditions and notifies the Facility Manager when the river reaches flood stage.		
<input type="checkbox"/> If directed by management, the Exercise Control Center will announce evacuation of the TSTS.		

<b>PROTECTIVE ACTIONS EARTHQUAKE:</b>
<input type="checkbox"/> Initiate immediate sheltering in place. Personnel shelter under desks or tables staying clear of windows. Hold onto the desks or tables as you shelter. If there are no desks or tables to shelter under, stand by or against inside walls, small hallways or door frames.
<input type="checkbox"/> Evacuate the building after earthquake activity has stopped. Move away from the building walls.
<input type="checkbox"/> Accountability procedures for personnel are initiated as the building is evacuated.
<input type="checkbox"/> Ensure that all personnel have evacuated the facilities in accordance with evacuation procedures.
<input type="checkbox"/> Exercise Control Center is notified or identifies earthquake activity at the TSTS.
<input type="checkbox"/> Exercise Control Center alerts, by the EMERGENCY NOTIFICATION SYSTEM, all TSTS personnel of the situation and instructs them to shelter in place.
<input type="checkbox"/> Exercise Control Center notifies, by the EMERGENCY NOTIFICATION SYSTEM, all TSTS personnel that the earthquake has stopped and to evacuate and perform personnel accountability, as directed.
<b>PROTECTIVE ACTIONS STRUCTURAL DAMAGE:</b>
<input type="checkbox"/> Call Exercise Control Center at 709-5300, ext. 5302 and report damage.
<input type="checkbox"/> Evacuate the building. Move away from the building walls
<input type="checkbox"/> Accountability procedures for personnel are initiated as the building is evacuated.
<input type="checkbox"/> Ensure that all personnel have evacuated the facility in accordance with evacuation procedures.
<input type="checkbox"/> Exercise Control Center is notified or identifies structural damage at the TSTS.
<input type="checkbox"/> Exercise Control Center alerts, by the Emergency Notification System, TSTS personnel of the situation and instructs them to exit the building.
<b>PROTECTIVE ACTIONS BUILDING SNOW LOAD-ICE LOAD:</b>
<input type="checkbox"/> Exercise Control Center or CQ identifies snows of 6 inches and/or .5 inch of ice accumulation at the TSTS during off-shifts.
<input type="checkbox"/> The Exercise Control Center notifies the Facility Manager of 6 inches of snow and/or .5 inches of ice accumulation onsite during off-shifts.
<input type="checkbox"/> The Facility Manager notifies a Facilities Maintenance Staff member and a Safety Engineer of the snow or ice level.
<input type="checkbox"/> Facilities Maintenance and the Safety Department will perform an on-scene evaluation of the loading impact and will evacuate and close areas or buildings as appropriate.
<b>FACILITY MANAGER ACTIONS</b>
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1 <input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4
Facility Manager completes appropriate reports. See OR / ISC checklist
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b>	<input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>			
<b>EXACT LOCATION OF CONVOY:</b>			
<b>SITUATION:</b>			
<b>TYPE OF TRACTOR / TRAILER:</b>			
<b>VEHICLE IDENTIFIER:</b>			
<b>CARGO:</b>			
<b>NUMBER OF PASSENGERS:</b>			
<b>ETA:</b>			
<b>Status of Trailer:</b> <input type="checkbox"/> <b>Operational or</b> <input type="checkbox"/> <b>Non-Operational</b>			
<ul style="list-style-type: none"> <li>• Vehicle/Trailer number:</li> <li>• Unmovable <input type="checkbox"/> No <input type="checkbox"/> Yes (damage)</li> <li>• Cargo on Board <input type="checkbox"/> No <input type="checkbox"/> Yes (cargo status)</li> <li>• Recovery Required: <input type="checkbox"/> No <input type="checkbox"/> Yes (notify engineering management)</li> </ul>			
<b>Weather at incident site</b>			
<ul style="list-style-type: none"> <li>• Current conditions</li> <li>• Wind Direction and speed</li> </ul>			
<b>Notify the following personnel of the situation:</b>			
<input type="checkbox"/> Facility Manager			
<input type="checkbox"/> Security Representative			
<input type="checkbox"/> Activate EOC upon Facility Manager's recommendation (See Checklist 28 Activation of EOC)			
<input type="checkbox"/> Tractor / Trailer declared safe / secured / parked at:			
Status of the Tractor / Trailer:			
<input type="checkbox"/> Blotter entry required. Record all findings of law enforcement after search is conducted:			
Classification Reviewed by:		Date:	
<b>FACILITY MANAGER ACTIONS</b>			
Facility Manager categorization of event: <input type="checkbox"/> IMI 4 <input type="checkbox"/> IMI 3 <input type="checkbox"/> IMI 2 <input type="checkbox"/> IMI 1			
<input type="checkbox"/> OE <input type="checkbox"/> SC1 <input type="checkbox"/> SCR <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4			
Facility Manager completes appropriate reports. See OR / ISC checklist			
Occurrence Reporting: Facility Manager orally or electronically notifies TECC. Initial report must contain Occurrence Significance Category(s); Location and description of the event; Date and time of discovery; Damage and casualties; Impact of event on other activities and operations; Protective actions taken or recommended Weather conditions at the scene; Level of media interest at scene/facility/site; Other notifications made. See DOE M 231.1-2 for more information.			

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
Notify all required individuals of the current SECON		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Logistics Manager		
<input type="checkbox"/> Notify all personnel. (This should NOT be done over the radio or PA)		
<input type="checkbox"/> Implement appropriate SECON and utilize appropriate checklist.		
<input type="checkbox"/> Remove signs and replace with current SECON level signs at all entry ways		
<input type="checkbox"/> Update message boards (electronic and manual at visitor control)		
<input type="checkbox"/> blotter entry required and appropriate forms attached.		

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
Notify all required individuals of the nature of the emergency.		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager <input type="checkbox"/> Security Representative <input type="checkbox"/> Safety Representative <input type="checkbox"/> Logistics Manager		
SECON 5 only requires a routine security posture.		

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b> <input type="checkbox"/>		
Notify all required individuals of the nature of the emergency.		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager <input type="checkbox"/> Security Representative <input type="checkbox"/> Safety Representative <input type="checkbox"/> Logistics Manager		
<input type="checkbox"/> 1 All personnel should report: <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Suspicious personnel</li> <li><input type="checkbox"/> b. Unidentified vehicles</li> <li><input type="checkbox"/> c. Abandoned parcels or suitcases</li> <li><input type="checkbox"/> d. Other suspicious activity</li> </ul>		
<input type="checkbox"/> 2 Implement the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Ensure security personnel have building access for all facilities.</li> <li><input type="checkbox"/> b. Security personnel have ability to seal off areas.</li> <li><input type="checkbox"/> c. Maintain on-call personnel list</li> <li><input type="checkbox"/> d. Site Emer. Management Team on 2 hour recall.</li> <li><input type="checkbox"/> e. Expand OPSEC measures.</li> <li><input type="checkbox"/> f. Exercise bomb threat procedures</li> </ul>		
<input type="checkbox"/> 3 Secure/seal buildings not in use.		
<input type="checkbox"/> 4 Increase security spot checks.		
<input type="checkbox"/> 5 Maintain access points to minimum levels.		
<input type="checkbox"/> 6 Randomly apply measures 14, 15, 16, 17, or 18..		
<input type="checkbox"/> 7 Review all operations plans related to higher SECONs.		
<input type="checkbox"/> 8 Review security measures for critical/sensitive personnel.		
<input type="checkbox"/> 9 Increase liaison with LEA, Intel orgs, etc.		
<input type="checkbox"/> 10 For site/facility use.		



<b>CHECKLIST 24: SECON 3</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
Notify all required individuals of the nature of the emergency.		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Logistics Manager		
<input type="checkbox"/> 11 Increase the frequency of warnings required by Measure #1 and inform personnel of additional unclassified threat information.		
<input type="checkbox"/> 12 Maintain Sit Room personnel on 2-hour call-out.		
<input type="checkbox"/> 13 Review Operations plans/orders, including SECON 2.		
<input type="checkbox"/> 14 Move vehicles, containers, etc., at least 30 yards from all facilities or take appropriate action (EOD search of containers, etc.)		
<input type="checkbox"/> 15 Secure, seal and regularly inspect all buildings, rooms and storage areas that can be isolated with minimal operational impact.		
<input type="checkbox"/> 16 At the beginning and end of each workday and frequent intervals, inspect the interior and exterior of buildings in regular use.		
<input type="checkbox"/> 17 Implement screening procedures for all incoming official mail to identify threats. Provide guidance to employees on identification of suspicious packages.		
<input type="checkbox"/> 18 Inspect other deliveries and locally designated common use facilities for threats.		
<input type="checkbox"/> 19 Increase both overt and covert ProForce surveillance of soft targets to improve deterrence		
<input type="checkbox"/> 20 Inform employees of the general threat situation.		
<input type="checkbox"/> a Limit visitors and escorted uncleared personnel.		
<input type="checkbox"/> 21 Routinely brief representatives of all activities concerning the threat and implemented security measures.		
<input type="checkbox"/> 22 Verify the identity of all personnel entering PPAs and other sensitive facilities.		
<input type="checkbox"/> a. Visually inspect the interior of all vehicles and exterior of packages.		
<input type="checkbox"/> b. Increase the frequency of detailed vehicle inspections and the frequency of detailed inspections of packages		
<input type="checkbox"/> 23 Increase the frequency of random identity checks.		
<input type="checkbox"/> 24 Remind all personnel to lock parked vehicles.		
<input type="checkbox"/> a Inspect vehicles for suspicious items prior to use.		
<input type="checkbox"/> 25 Implement additional security measures for critical/ sensitive personnel in accordance with existing plans.		
<input type="checkbox"/> 26 Routinely brief all ProForce regarding the threat and policies governing ROE, UOF and fresh pursuit.		
<input type="checkbox"/> 27 Increase liaisons with local police, Intel and security agencies.		
<input type="checkbox"/> 28 Survey the surrounding area to determine if there are operations near the area whose activities might create emergencies/contingencies that could affect the site.		
<input type="checkbox"/> 29 Notify shipment personnel in the geographic region of the threat to be in full alert status.		

<b>CHECKLIST 26: SECON 2</b>		
<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
Notify all required individuals of the nature of the emergency.		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Logistics Manager		
<input type="checkbox"/> 30 Implement all measures of SECON 3 and 4.		
<input type="checkbox"/> 31 Situation Room 24/7 operations.		
a. Review evacuation plans		
<input type="checkbox"/> 32 Reduce site access points to the absolute minimum necessary for continued operation.		
<input type="checkbox"/> 33 Verify identify of all personnel entering sites/facilities.		
a. <input type="checkbox"/> Inspect badges for tampering. Inspect all vehicles and exterior of packages.		
b. <input type="checkbox"/> Increase the frequency of full detailed vehicle inspection.		
<input type="checkbox"/> 34 Implement centralized parking and shuttle bus service where appropriate.		
<input type="checkbox"/> 35 Ensure all security personnel have been briefed concerning policies governing the ROEs, UOF, and fresh pursuit.		
a. <input type="checkbox"/> ENSURE THAT NON-SECURITY SUPERVISORY PERSONNEL ARE FAMILIAR WITH RULES OF #35.		
<input type="checkbox"/> 36 Increase security patrol activity to the maximum level sustainable.		
<input type="checkbox"/> 37 Position security force personnel in the vicinity of critical facilities.		
<input type="checkbox"/> 38 Erect barriers to control traffic flow and protect facilities vulnerable to bomb attack.		
<input type="checkbox"/> 39 Consult local authorities about closing public roads/facilities to enhance protection.		
<input type="checkbox"/> 40 En-route shipment personnel on full status alert.		
<input type="checkbox"/> Mission essential staff on alert.		

<b>REPORT NUMBER:</b>	<b>TIME:</b>	<input type="checkbox"/> <b>ACTUAL OR</b> <input type="checkbox"/> <b>EXERCISE</b>
<b>NOTIFIED BY :</b>		
<b>EXACT LOCATION:</b>		
<b>SITUATION:</b>		
Notify all required individuals of the nature of the emergency.		
Notify the following personnel of the situation:		
<input type="checkbox"/> Facility Manager		
<input type="checkbox"/> Security Representative		
<input type="checkbox"/> Safety Representative		
<input type="checkbox"/> Logistics Manager		
<input type="checkbox"/> 41 Implement all measures of SECON 2 – Only Mission Essential personnel staff report to TSTS.		
<input type="checkbox"/> 42 Augment security forces to ensure absolute control over access to site, facilities and other potential target areas.		
<input type="checkbox"/> a Establish surveillance points, utilize night vision devices		
<input type="checkbox"/> 43 Identify owners of all vehicles on site.		
<input type="checkbox"/> a Inspect all unknown vehicles for explosives, etc. and remove from the vicinity of soft targets		
<input type="checkbox"/> 44 Completely inspect all vehicles entering the site.		
<input type="checkbox"/> 45 Essential personnel only permitted on site.		
<input type="checkbox"/> 46 Inspect all packages brought on site for dangerous items.		
<input type="checkbox"/> 47 Implement frequent inspections of the exterior of buildings (to include roof) and parking areas.		
<input type="checkbox"/> 48 Coordinate with TECC to establish communications, responsibilities and authorities.		
<input type="checkbox"/> 49 Request that local authorities close those public roads and facilities in the vicinity of the site / facilities that might facilitate execution of a malevolent or terrorist attack.		