



COMMUNITY CAPABILITY ASSESSMENT  
**PHASE 2 QUESTIONNAIRE**

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**Date of Review:**

**Facilitator:**

**Phone Number:**

**Mailing Address:**

**E-mail Address:**

**FAX Number:**

**SUBMITTER INFORMATION**

Contact Name & Title:

Phone Number:

Organization Name:

Mailing Address:

Questionnaire Completed by:

**911 DISPATCH**

*Note: This section is to be completed by the emergency dispatch center serving organizations that would likely respond in the event of a hazardous materials incident in the community.*

1. Does the agency have a hazmat contingency plan? (2, 3) Y N NA
- a. If yes, is it contained within a single document? Title:
- b. If not contained within a single document, list all separate titles:
- c. Is there a process in place for plan review and updating? Y N NA  
If so, how often?  Annually  Semiannually  As needed  Other:
- d. What is the latest revision date?
- e. Has the person(s) with the authority to implement the plan been identified? Y N NA  
If yes, title:

Documented where?

Discussion Notes:

## PHASE 2 INTERFACE QUESTIONNAIRE

2. Does the agency have any unique protocols associated with hazmat incidents? (2) Y N NA

Documented where?

- a. If not, has the agency determined that no unique protocols are appropriate or necessary for hazmat incidents? Y N NA

Documented where?

3. Have protocols been reviewed with the local first responder? (2, 4, 8) Y N NA

Documented where?

Discussion Notes:

4. Has the agency conducted pre-planning activities with any other agency or organization regarding hazmat incidents? (2, 8) Y N NA

a. Specify:

- b. If not, have they been informed of the protocols your agency will use during a hazmat incident? Y N NA

Documented where?

Discussion Notes:

5. Does the agency's call down procedures include contacting the Oregon Emergency Response System (OERS)? (2, 4) Y N NA

Documented where?

Discussion Notes: