



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:

**EMERGENCY MEDICAL TRANSPORT  
AND HOSPITALS**

*Note: This part is to be completed by medical facilities and ambulance services 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:

2. Does the agency have a hazmat training program? (2, 8) Y N NA
- a. If yes, to what level of training?
- HAZWOPER       Awareness       Operations       Technician
- Specialist       Other (specify): .

Documented where?

3. Does the agency have the capability of decontaminating individuals exposed to hazmat? (2, 6) Y N NA
- a. If not, does the plan include a list of who would have the capability to decontaminate individuals exposed to hazmat? Y N NA
- b. Does the agency have agreements with the facilities in your community that will be providing decontamination? Y N NA
4. Does the agency have the capability to treat individuals exposed to hazmat? (2,6) Y N NA
- a. If not, does the agency's plan include a list of other facilities that have the capability to treat individuals exposed to hazmat? Y N NA
- b. Does the agency have agreements with those facilities in your community to provide treatment? Y N NA
- c. Does the medical facility have plans and/or procedures to avoid contamination of their facility, patients, and personnel? Y N NA

Documented where? .

Discussion Notes:

5. Has the agency provided this information to the first response agency? (2, 3, 6) Y N NA

Documented where?

6. Has the agency identified any limitations on the number of people you can treat/transport? (circle appropriate choice) (2, 6) Y N NA
- a. Has the agency discussed these limitations with the first response agency? Y N NA
- b. Does the agency have protocols in place with other medical facilities to accommodate additional transport/treatment? Y N NA
- c. Does the agency have protocols in place with other medical facilities to accommodate additional treatment/transport? Y N NA

Documented where?

Discussion Notes:

7. Does the agency have a role in operations involving mass casualties? (2, 6, 8) Y N NA

- a. If so, will agency personnel have a responsibility to handle contaminated human remains? Y N NA
- b. Have procedures been developed in cooperation with other organizations which may also have a role in addressing mass casualties? Y N NA
- c. Are personnel trained on these procedures? Y N NA
- d. Is appropriate personal protective equipment available? Y N NA
- e. Are personnel trained on its use? Y N NA
- f. Is there a procedure in place for refresher training? Y N NA

Documented where?

Discussion Notes:

- 8. Does the agency have any other limitations that could impact the immediate transport / treatment of persons exposed to hazardous materials? (6) Y N NA
  - a. If yes, specify:
  - b. If yes, does the facility have procedures in place to address those limitations? Y N NA
  - c. Has the agency discussed these limitations with the first responding agencies? Y N NA

Documented where?

Discussion Notes: