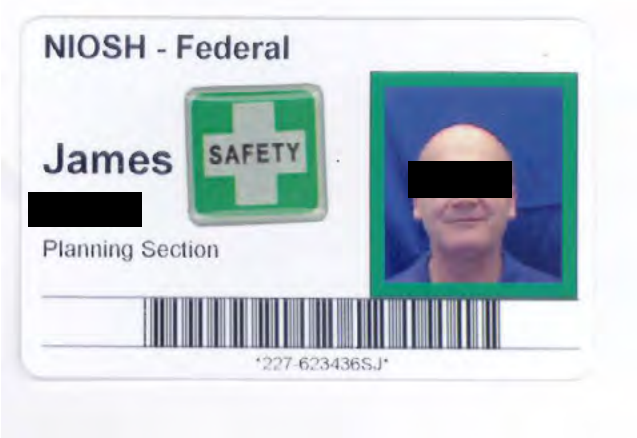
5T. On-site Responder In-processing

Contents:

1. In-processing (sample badges)
2. Site-specific Training (sample badges)
3. Out-processing (sample demobilization card)
4. NIOSH Deepwater Horizon Roster form

In-processing (Personnel Accountability)

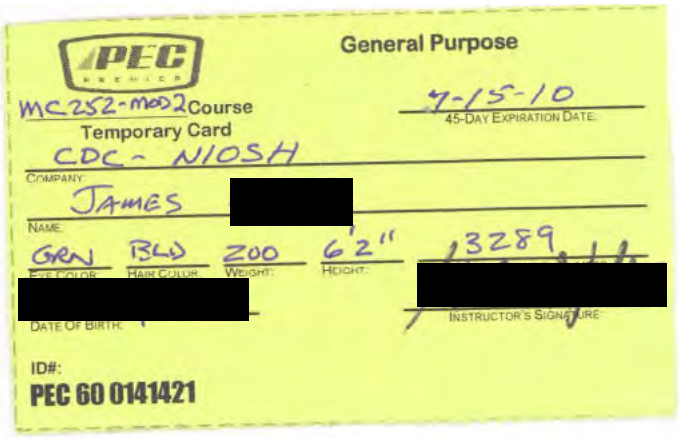
Responder ID Badge



Responder Site Entry Badge

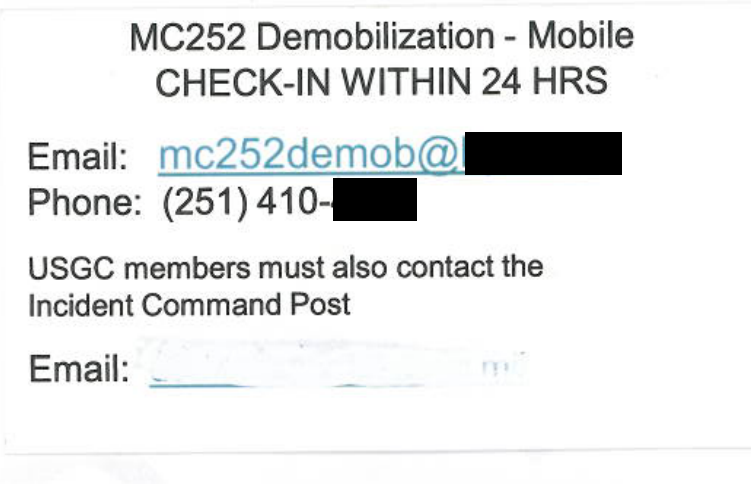
Command Area Entry Badge

Site-Specific Training Badge



Out-processing

Demobilization Card



MC252 Demobilization - Mobile
CHECK-IN WITHIN 24 HRS

Email: mc252demob@

Phone: (251) 410-

USGC members must also contact the Incident Command Post

Email:

NIOSH Deepwater Horizon Roster Form

Form Approved
OMB No. 0920-0851
Exp. Date 08/31/2010

Date _____

Gulf Coast Oil Spill Initial Survey

Name (Last, First, MI)	Date of birth	Last four digits of social sec.	Gender	Race/Ethnicity
	/ /		☐ Male ☐ Female	☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other

Cell phone (with area code)	Street address	City	State	ZIP	Email address

Name and number of contact who will know where you are in 6 months

Employer or volunteer organization on site

What has been your USUAL Job prior to the Spill?

On the Oil Spill, are you a: ☐ BP employee ☐ Contractor ☐ Government worker ☐ Volunteer ☐ Don't Know

How many years have you been working at your USUAL job?

Would you be willing to be contacted about participating in a possible post-event survey? ☐ Yes ☐ No

Response Work (please be as specific as possible)

What will be your job or responsibilities?

Will your job tasks involve the potential of exposure to oil or oily substances?
- ☐ Yes
- ☐ No
- ☐ Don't Know

If yes, please describe the tasks:

What are your expected deployment location(s)?

How long are you planning on working on the oil spill?
- ☐ less than 1 week to one week
- ☐ 1 week to 2 weeks
- ☐ more than 2 weeks to one month
- ☐ More than one month
- ☐ As long as the work is available
- ☐ I don't know

What training have you received? (Check all that apply)
- ☐ Module 1: BP HSE Basic Orientation
- ☐ Module 2: Contractor Expectations
- ☐ Module 3: Post-Emergency Spilled Oil Cleanup
- ☐ First Responder Awareness
  - ☐ Annual refresher
- ☐ First Responder Operations (8 hr)
  - ☐ Annual refresher
- ☐ Hazardous Materials Technician (24 hr)
  - ☐ Annual refresher
- ☐ HAZWOPER (24 hr)
  - ☐ Annual refresher
- ☐ HAZWOPER (40 hr+)
  - ☐ Annual refresher
- ☐ Other training, describe:

Are you expecting to use personal protective equipment to protect your skin?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Are you expecting to use personal protective equipment to protect your eyes (goggles or eyewear)?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Are you expecting to use respiratory protection?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Have you been fit-tested for a respirator in the last year?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Do you smoke?
- ☐ Yes, number of cigarettes per day:
- ☐ No
- ☐ Prefer not to answer

CDC recommends that adults be vaccinated for tetanus every 10 years. Have you had a tetanus vaccine within the past 10 years?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Do you have other issues or concerns?

I have read and understand the Data Use and Disclosure sheet about who is collecting this information and how it will be used and that my participation is voluntary.

Signature _____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).