

**HAZARD ASSESSMENT AND RECOGNITION PLAN****A. FILE INFORMATION**

DIVISION	OFFICE	DATE SEIZED	CASE NO.
SITE SAFETY OFFICER (Name)		AFFILIATION (if other than DOJ, enter Agency name)	
CHEMIST (Name)		AFFILIATION (if other than DOJ, enter Agency name)	

B. LABORATORY TYPE AND HAZARDS

LABORATORY TYPE (Check) <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> P2P <input type="checkbox"/> PCP <input type="checkbox"/> LSD <input type="checkbox"/> Other (Specify) _____ Production Method: _____	POTENTIAL CHEMICAL HAZARDS (Check) <input type="checkbox"/> Respiratory Tox. <input type="checkbox"/> Flammables <input type="checkbox"/> Systemic Tox. <input type="checkbox"/> Explosives <input type="checkbox"/> External Tox. <input type="checkbox"/> Oxidizers <input type="checkbox"/> Carcinogens <input type="checkbox"/> Pyrophorics <input type="checkbox"/> Corrosives <input type="checkbox"/> Water Reactives Specific High Hazard Chemical: _____	OTHER POTENTIAL HAZARDS (Check) <input type="checkbox"/> Comp Gas Cylinder <input type="checkbox"/> Slip/Trip/Fall Hazard <input type="checkbox"/> Heat Stress <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Cold Stress <input type="checkbox"/> Burn Hazard <input type="checkbox"/> Confined Space <input type="checkbox"/> Leaking Containers <input type="checkbox"/> Limited Egress <input type="checkbox"/> Damaged Structure <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Excavation Other: _____
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C. SITE DESCRIPTION

LAB ADDRESS	
SITE LOCATION & DESCRIPTION	NAME OF OWNER / OCCUPANT
STRUCTURE DESCRIPTION	HOW LONG WAS LAB ACTIVE? (Approximately)
WEATHER CONDITIONS: Wind Direction & Velocity Temperature _____ Rain _____ Snow Humidity	
ESTIMATED TIME: Entry: Sec/Min Assessment: Min/Hr Processing: Min/Hr	ESTIMATED LAB SIZE: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large

D. OTHER AGENCY FIELD SUPPORT

FIELD SUPPORT	NAME (Include jurisdiction by City, State or County)	TELEPHONE NUMBER	STANDBY LOCATION	OFFICIAL CONTACTED (Name)	NOTIFIED	
					Date	Time
Fire Dept.					/	
Ambulance					/	
Medivac Helicopter					/	
Health Dept.					/	
Hospital Emergency Room			Address		/	
Disposal Company					/	
Other					/	

E. TEAM MEMBER ASSIGNMENTS

TEAM MEMBERS (Include Name, Affiliation & check Assignment box: E = Entry; A = Assessment; P = Processing)	E			A			P		
	E	A	P	E	A	P	E	A	P
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. TRUCK CHECKLIST	EQUIPMENT REQUIREMENTS	G. STAGES OF RAID						H. NO. OF ITEMS USED	
		ENTRY		ASSESSMENT		PROCESSING			
		Primary Hazard		Primary Hazard		Primary Hazard			
		Duration		Duration		Duration			
		Personnel		Personnel		Personnel			
<input type="checkbox"/> Reference <input type="checkbox"/> Visqueen Plastic <input type="checkbox"/> Duct Tape <input type="checkbox"/> Traffic Cones <input type="checkbox"/> 5 gl bucket/brush <input type="checkbox"/> Hand Cleaner/Rags <input type="checkbox"/> Disinfectant <input type="checkbox"/> Exhaust Fan <input type="checkbox"/> Generator <input type="checkbox"/> Gas Can <input type="checkbox"/> Gas Tech 1314 <input type="checkbox"/> Draeger Kit/Tubes <input type="checkbox"/> Bung Wrench <input type="checkbox"/> Wading Pool <input type="checkbox"/> Pump Sprayer <input type="checkbox"/> Wind Indicator <input type="checkbox"/> Plastic Bags <input type="checkbox"/> Sample Kit <input type="checkbox"/> Water Hose Other (Specify): _____	<input type="checkbox"/> Video Camera <input type="checkbox"/> TSP/Cleaner <input type="checkbox"/> Extension Cord <input type="checkbox"/> SCBA Bottles <input type="checkbox"/> Cartridges OV/AM <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Saranex Suit <input type="checkbox"/> Poly Tyvek Suit <input type="checkbox"/> PVC Suit <input type="checkbox"/> PVC Booties <input type="checkbox"/> Nitrile Gloves <input type="checkbox"/> PVC Gloves <input type="checkbox"/> Neoprene Gloves <input type="checkbox"/> Polyvinyl Liners <input type="checkbox"/> Shower/Eye Wash <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Drinking Water	Level of Protection		Level of Protection		Level of Protection			
		Required	Standby	Required	Standby	Required	Standby		
		SCBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Extra Bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Air Purifying Resp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Cartridge – OV/AG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		– AM/MA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Tyvek Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Saranex Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Polyethylene Tyvek Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Nomex Suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PVC Suit, Med. Wt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Field Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Neoprene Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PVC Booties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Nitrile (Green) Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PVC Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Neoprene Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Silver Shield Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Polyvinyl Liners/Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safety Goggles/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Face Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

I. HAZARD ASSESSMENT FINDINGS			
LEL	% OXYGEN	PPM	LOCATION IN LAB

DRAEGER TUBES (check all used/tested)	RESULTS (check)	COLOR (changed to)	LEVEL	PPM X	Conversion = Factor	Adjusted Reading	Maximum Value
<input type="checkbox"/> Acetic Acid – 5/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Acetone – 100/b	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Benzene - .5/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Carbon disulfide - .04	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Ethyl Acetate – 200/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Formic Acid – 1/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Hydrocyanic – 5/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Methanol – 50/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> O-Toluidine – 1/a	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Trichloroethane – 50/d	<input type="checkbox"/> + <input type="checkbox"/> -						
<input type="checkbox"/> Triethylamine – 5/a	<input type="checkbox"/> + <input type="checkbox"/> -						

J. NARRATIVE OF LOCATIONS OF POSSIBLE CONTAMINATION. (1) insert digital photos and descriptions on following page and (2) attach or Fax HazMat manifest

SITE SAFETY OFFICER (signature & date)	CASE AGENT (signature & date)	REGIONAL AGENT IN CHARGE (signature & date)
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J. Continued - NARRATIVE OF LOCATIONS OF POSSIBLE CONTAMINATION. (1) insert digital photos and descriptions on following page and (2) attach or Fax HazMat manifest

Insert Digital Photos: Draft Note: May not be able to insert photos into form. If this cannot be done, photos may be inserted into a Word document and attached to this form.

Photo 1	Photo 2
Photo 1 Description:	Photo 2 Description:

Photo 3	Photo 4
Photo 3 Description:	Photo 4 Description:

HAZARD ASSESSMENT AND RECOGNITION PLAN INSTRUCTIONS FOR HARP FORM

GENERAL: (1) Prepare an Original for retention in case file. (2) For compliance with MCA §75-10-1306(1) submit via Email to address on website www.deq.mt.gov or Fax to _____.

SECTION INSTRUCTIONS

SECTION A - FILE INFORMATION – Self-explanatory.

SECTION B - LABORATORY TYPE AND HAZARDS

Laboratory Type. Check the appropriate box for known or suspected lab type. Write in the production method if known or suspected (example: methamphetamine via red phosphorous/hydriodic acid).

Potential Chemical Hazards. Check all boxes indicating known or suspected hazards. List any specific high hazard chemicals known or suspected of being present (example: ether, thionyl chloride, red phosphorous, etc.).

Other Potential Hazards. Check all boxes indicating known or suspected hazards. List any other hazards known or suspected of being present (example: low overhead, unstable container storage, booby traps, etc.).

SECTION C - SITE DESCRIPTION

Laboratory Address. Self-explanatory.

Site Location and Description. Description and location of lab at the address. (Example: detached garage 10 yards from house, outside storage shed near rear door of main building.)

Structure Description. Physical description, i.e., size, shape, type, condition, etc. (Example: 10 x 10 wood barn, no windows; small warehouse, fire damaged with opposing roll up doors.)

Weather Conditions. Enter the best estimate of conditions at anticipated time of entry/seizure.

Estimated Time: Enter the estimated duration of each phase of the lab seizure (entry, assessment, processing).

Estimated Lab Size. Check appropriate box based on best estimate of size.

SECTION D - OTHER AGENCY FIELD SUPPORT – Self-explanatory.

SECTION E - TEAM MEMBER ASSIGNMENTS – Self-explanatory.

SECTION F - TRUCK CHECKLIST – Check inventory of safety equipment on truck (available for use at lab site). List any additional equipment needed.

SECTION G - STAGES OF RAID – For each stage of the raid note the following information.

Primary Hazard: Example: Flammable atmosphere, cyanide gas, etc.

Duration: The actual time of work. (Example: assessment – 15 minutes)

Personnel: Enter the numbers corresponding to team members in Section E.

Level of Protection: Write in the letter designation. Example: "B" (i.e., Level B Protection).

Equipment Requirements: For each stage of the raid, mark all required (R) and standby (S) equipment specified by the Site Safety Officer. (Example: Entry – SCBA (S); Nomex Suit (R); Field Boots (R); Goggles (R).

SECTION H - INVENTORY OF EQUIPMENT USED. List the total number of disposable items used at the conclusion of the raid. (Example: tyvek suit – 8)

SECTION I - HAZARD ASSESSMENT FINDINGS. During initial assessment, measure and record finding as indicated.

LEL (Lower Explosive Level). (Example: 1%, 15%, etc.)

% Oxygen (percent oxygen). (Example: 21%, 18%, etc.)

PPM (Parts Per Million). (Example: 100 ppm, 350 ppm)

Location in the lab – Describe each location where qa series of three measurements were taken. (Example: front door; southeast corner of bathroom, etc.).

Draeger Tubes – See the Clandestine Laboratory Hazard Assessment Protection guide (CLHAP) to determine which Draeger Tubes to use/test.

Check name of each tube to be used/tested.

After the test, check + for color change, and check – for no color change.

Describe color change (Example: dark brown, etc.)

Record the ppm level calculated following the manufacturer's instructions for each individual tube.

Write in the conversion factor if listed in the CLHAP Guide for the individual Draeger Tubes specified by lab type and production method. (Example: 2, 3, 4).

Calculate an adjusted reading, i.e., ppm x conversion factor. (Example: 100 ppm x 2 = 200 ppm)

Compare the adjusted reading to the maximum value listed in the CLHAP Guide for individual Draeger Tubes specified by lab type and production method.

SECTION J - NARRATIVE. Include new hazards observed, injuries/near misses, equipment failures, recommendations, locations of possible contamination, etc. Insert digital photos and corresponding descriptions of photos. Attach or Fax HazMat manifest.