

EMRS1 INCIDENT REPORTING FORM

GENERAL INFORMATION

Caller:	Agency:	Phone #:
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INCIDENT

Material Present: Powder Particulate matter Liquid
Description:

FIELD SCREENING / EVALUATION

Explosives	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS
Radiological	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS
Flammability	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS
Corrosives	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS
Volatile organics	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS
Biological agents	<input type="checkbox"/>	Not Performed	<input type="checkbox"/>	NEG	<input type="checkbox"/>	POS

EXPOSURES

Human Exposures Reported: None Potential Exposure
Symptoms:

RISK ALGORITHM / PRELIMINARY RISK ASSESSMENT

	No Apparent Risk	Low	High
Material is associated with a threat?	No	No	Yes
Material associated with known BT event/incident?	No	No	Yes
Obvious explanation for material?	Yes	No	No

Assessed Risk Level: No Risk Low Risk High Risk

NOTIFICATIONS / INVOLVEMENT

FBI	<input type="checkbox"/>	Notified	VDH	<input type="checkbox"/>	Notified	
	<input type="checkbox"/>	Investigation initiated		<input type="checkbox"/>	Investigation initiated	
DCLS	<input type="checkbox"/>	BT Lead	<input type="checkbox"/>	BT responder	<input type="checkbox"/>	Director
	<input type="checkbox"/>	CT Lead	<input type="checkbox"/>	CT Responder	<input type="checkbox"/>	DLOs

Required Testing: Chem Bio (culture) Bio (molecular)

EMRS1 Officer

Date: _____ **Signature:** _____