

INCIDENT SCENE CHECKLIST

DATE:_____

TIME:_____ am pm

LOCATION:_____

NAME/TITLE:_____

	INITIAL CHECKLIST	YES	NO	TIME
1	Has ACC been notified (5911)?			
2	Will Fire Department be needed? CCFD LVFD NLV HFD			
3	Will EMS be needed?			
4	Will Law Enforcement be needed? METRO NLVPD HPD NHP FBI OTHER			
5	Are there any injuries? Number of injured:			
6	Are there any fatalities? Number of fatalities:			
7	Is there a release of hazardous materials (HM)? Type of HM (if known): Type of container/equipment/vehicle:			
8	Has the HM been contained?			
9	Will assistance be required from other DOA staff? AO FAC GT C/E-PLAN SAFETY/ENVIRO MEDIA OTHER			
10	Has Incident Command (IC) been established? (MARK EACH ONE THAT TAKES OVER IC) 220 310 730 CCFD LVFD NLVFD HFD METRO NLVPD HPD NHP FBI OTHER			
11	Has the scene been secured?			

