Scenario:

Early this morning at approximately 0330hrs, Portsmouth Police Department responded to reports of gunfire in the vicinity of 2020 Charles Street. Upon entry into the facility, police officers discovered one individual with multiple gunshot wounds. This individual appeared to be deceased. While Investigating the scene, the officers discovered two apparent laboratory setups not typical of meth production. One of the police officers inadvertently spilled an unknown liquid on himself while attempting to assess the scene. As a precautionary measure the officer has been transported to Southern Ohio Medical Center. At this time the officer is under observation.

Additionally, the public health department reports that an unusually large number of Individuals are being treated at local hospitals and urgent care facilities with nausea, vomiting, & diarrhea with flu-like symptoms. More concerning is that many of them have irritated red burning skin with blisters.

The building has been swept by EOD and declared clear. (Level 8)

Symptoms of patient: Red, burning skin, small blister development

Any maps of facility?

Should we shelter in place?

Deceased vehicle parking?????

IC Objectives:

- 1. Life safety
- 2. Plume/Map imagery
- 3. Evidence preservation
- 4. Threst/Hazard mitigation
- 5. Site characterization with photographs
- 6. ID hazard
- 7. Sample collection for offsite analysis
- 8. Internet access for ICP

Do we need to shelter in place or evacuate; any road/business closures.

After 1st entry police officer shows up with clothing sample from officer at hospital; red irritated itchy skin.

Portsmouth Jr. High School principle notified board of education that numerous kids didn't show up for class today. All faculty has been accounted for other than Science Teacher is part of anti gov't. movement Fruit is contaminated by Janitor

Some kids eat tray lunch and some eat bag lunch. How can you differentiate a child with blisters in the hospital? One lethal outcome likely and one with only minor burns.

National news media arriving on-scene; Major public affairs concerns; Governor and President plan to visit.

Hospitals full of flu like illnesses. Some with blisters and some without Worried well from other schools.

Parents from city offices not showing up to work because kids are sick.

Decontamination of the school. Get kids not affected back to same school or different school??? Mortuary affairs/coroner overload.

CST public affairs statement on what they are doing on scene.

Plume models

Reach back with CDC etc.

Notification of IC of Mustard; Give them Nidy's phone number for medical reach back.

What are medical recommendations?

Does the National Guard have any medical assistance or mortuary affairs to help?

FBI on scene needs secure telephone call to FBI HQS.

VTC with WV CST as follow on force to help with school scene

Request original photo card to be handed over to FBI

Decon roll up?? Who is going to clean up decon?

PTSD/Medical exposure briefings



OH CST Exercise

WV Plans



Acoponic - ------



- WV CST is planning the exercise and Ohio will be conducting the exercise. The Scenario will be centered around the production of a chemical warfare agent and a biological warfare agent with the intent to cause harm to the community.
- Full response exercise to include, Scioto Co EMA, Scioto County Hazmat, Portsmouth Police and Fire

FOIA Requested Record #FA-13-0024 Released by Army National Guard Page 11 of 127

17 January 2013

Incident Summary

Incident Name: Spartan Stadium Incident Jurisdiction: City of Portsmouth Incident Location: 2020 Charles St. Portsmouth, OH

CST Chemical Biological Radiological, Nuclear and/or High Yield Explosives (CBRNE) Findings and Recommendations for 17 January 2013

The 52nd CST identified the following at the Spartan Stadium Incident

- Sulfur Mustard
- Ricin

Executive Summary: 52nd CST responded to 2020 Charles St Portsmouth, OH at 0815 on 17 January 2013 in support of Portsmouth Fire and Police Department. At 0300 hrs on 17 Jan 13 Portsmouth Police responded to the incident site from a report of hearing gunshots. Upon responding and entering the building they encountered one suspect whom was deceased from a gun shot wound. The suspect was later identified as Mr. Wart (USPER), a janitor at Portsmouth Junior High. The officers identified a lab set-up of an unknown substance. One officer spilled some liquid on himself from a lab container; after 40 minutes he started to experience some signs and symptoms. He was evacuated to Southern Ohio Medical Center to receive treatment. He is expected to make a full recovery with only minor scarring. The CST conducted two entries into the building and presumptively identified two hazard in the suspect building.

- Sulfur Mustard: The lab process in room 11 was consistent with Mustard synthesis. A sample was taken from the lab and the ALS received a positive hit for sulfur mustard using the GCMS. Mustard has extremely powerful vesicant effects on its victims.
- Ricin: In Room 14 the entry team identified a process consistent with the extraction of Ricin Toxin. The entry team took on sample and the ALS received a positive identification of ricin using Hand Held Assays (HHA).

Portsmouth Department of Health reported a large influx on Junior High student from Portsmouth Junior High School showing up at the Emergency Room (ER) with blisters on the buttocks and hands. In addition several students reported to the ER with flu like symptoms that are consistent with ricin exposure. Inside the building the entry teams identified several documents with information about the Junior High including sports schedules and the lunch menu with highlights on 16 Jan 13.

Medical Findings and Recommendations: The agents presumptively identified through analysis, medical testing and symptomology are sulfur mustard and ricin. Sulfur mustard is a vesicant blister agent that shows contact signs of erythema of the skin, itchy water eyes progressing to blisters and blepharitis, conjunctivitis and can cause flu like symptoms due to inhalation/ingestion. Sulfur mustard victims are not contagious. The fluid in the blisters is not

mustard and there is no risk of passing the agent. There is no treatment specific to mustard beyond supportive care such as eye drops, vaseline for the eyes, washing the skin and applying burn cream as well as calamine lotion.

The second agent ricin is a deadly toxin that causes flu like symptoms through inhalation (upper respiratory issues) and ingestion (gastrointestinal complications). Death is likely with minimal exposure in either inhalation or ingestion within 3-5 days. There is no treatment protocol for ricin although supportive care is recommended and airway and intubation efforts may be needed. Those with minor symptomology that survive 3-5 days will most likely recover with minimal long term effects.

Final Threat Assessment: The final threat assessment for the General population is **High**, It is unclear if the incapicated suspect acted alone, other potential suspects may still be at large and may pose a threat at other community activities.

The final threat assessment for the incident site is **Medium**. There are several identified hazards in the building to include; sulfur mustard and ricin. There is very little hazard to the general population from the materials. The building should remain secured to prevent people from entering.

Mitigation of Hazard: Recommend all windows and doors to the buildings remain closed and the HVAC turned off until the clean-up is complete. All of the processes and materials should be cleaned up by a qualified hazmat disposal team. This material should be handled with caution because even small amounts of exposure can be detrimental to the individual's health. Environmental samples should be done for proof of decon and clean-up prior resuming normal operations in the buildings.

Information Findings and Recommendations: 52nd CST identified some information of law enforcement value in the building. All of the down ragne documents that had a URL address listed on the bottom were downloaded and are included in the termination packet. On the chalk board as well as the tables there were several statements about protecting Gun Rights and Second Amendment rights. Additionally a phone number was written on the chalk board with the label William "the boss" Pierce (USPER), 304-539-6221 Area code for Charleston, WV. Below is a list of the documents the CST was able to identify:

- Instructions on how to extract ricin (photo pic171036Jan13-13)
- New York Times Article on Ricin (photo pic171036Jan13-23)
- Information Sheet on Ricin from MedicinNet.com (photo pic171036Jan13-24)
- How to Make Ricin (photo pic171036Jan13-25)
- Portsmouth Junior High School lunch menu with 16 Jan highlighted. (photo pic171036Jan13-30)
- Portsmouth High School sports schedule (photo pic171036Jan13-31)
- Employee ID of Mr. Wart (photo pic171036Jan13-42)
- CDC Fact on Sulfur Mustard (photo pic171036Jan13-47)
- Wikipedia posting on Sulfur Mustard (photo pic171036Jan13-55)
- Instructions on how to set up the distillation to make Sulfur Muster

Strategic Recommendations: Future entries should be made in an minimum type I Tychem® suite with a SCBA. The material is contained in the building, in order to maintain this equilibrium all the windows and doors should be keep closed until a qualified hazmat team can properly remove the material. Information in this packet should be shared between jurisdictions and agencies to ensure widest knowledge of operations and threats encountered.

The below signature acknowledges receipt of this binder.

Incident Commander BN Chief Bill Raison Portsmouth Fire Department





Ricin FAQs

What Is Ricin?

- Ricin is a poison that can be made from the waste left over from processing castor beans.
- It can be in the form of a powder, a mist, or a pellet, or it can be dissolved in water or weak acid.
- It is a stable substance. For example, it is not affected much by extreme conditions such as very bot or very cold temperatures.

Where Is Ricin Found, and How Is It Used?

- Castor beans are processed throughout the world to make castor oil. Ricin is part of the waste "mash" produced when castor oil is made. Amateurs can make ricin from castor beans.
- Ricin has some potential medical uses, such as bone marrow transplants and cancer treatment (to kill cancer cells).

How Can People Be Exposed to Ricin?

- It would take a deliberate act to make ricin and use it to poison people. Accidental exposure to ricin is highly unlikely.
- · People can breathe in ricin mist or powder and be poisoned.
- Ricin can also get into water or food and then be swallowed.
- Pellets of ricin, or ricin dissolved in a liquid, can be injected into people's bodies.

- Depending on the route of exposure (such as injection), as little as 500 micrograms of ricin could be enough to kill an adult. A 500-microgram dose of ricin would be about the size of the head of a pin. A much greater amount would be needed to kill people if the ricin were inhaled (breathed in) or swallowed.
- Ricin poisoning is not contagious. It cannot be spread from person to person through casual contact.
- In 1978, Georgi Markov, a Bulgarian writer and journalist who was living in London, died after he was attacked by a man with an umbrella. The umbrella had been rigged to inject a poison ricin pellet under Markov's skin.
- Some reports have indicated that ricin may have been used in the Iran-Iraq war during the 1980s and that quantities of ricin were found in Al Qaeda caves in Afghanistan.

How Does Ricin Work?

- Ricin works by getting inside the cells of a person's body and preventing the cells from making the proteins they need. Without the proteins, cells die, and eventually the whole body can shut down and die.
- Specific effects of ricin poisoning depend on whether ricin was inhaled, swallowed, or injected.

What Are the Signs and Symptoms of Ricin Exposure?

- Inhalation: Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be coughing, tightness in the chest, difficulty breathing, nausea, and aching muscles. Within the next few hours, the body's airways (such as lungs) would become severely inflamed (swollen and hot), excess fluid would build up in the lungs, breathing would become even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope.
- Ingestion: If someone swallows a significant amount of ricin, he or she would have internal bleeding of the stomach and intestines that would lead to vomiting and bloody diarrhea. Eventually, the person's liver, spleen, and kidneys might stop working, and the person could die.
- Injection: Injection of a lethal amount of ricin at first would cause the muscles and lymph nodes near the injection site to die. Eventually, the liver, kidneys, and spleen would stop working, and the person would have massive bleeding from the stomach and intestines. The person would die from multiple organ failure.

- Death from ricin poisoning could take place within 36 to 48 hours of exposure, whether by injection, ingestion, or inhalation. If the person lives longer than 5 days without complications, he or she will probably not die.
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to nicin.

How Is Ricin Poisoning Treated?

• No antidote exists for ricin. Ricin poisoning is treated by giving the victim supportive medical care to minimize the effects of the poisoning. The types of supportive medical care would depend on several factors, such as the route by which the victim was poisoned (that is, by inhalation, ingestion, or injection). Care could include such measures as helping the victim breathe and giving him or her intravenous fluids and medications to treat swelling.

How Do We Know for Sure Whether People Have Been Exposed to Ricin?

- If we suspect that people have inhaled ricin, a possible clue would be that a large number of people who had been close to each other suddenly developed fever, cough, and excess fluid in their lungs. These symptoms could be followed by severe breathing problems and possibly death.
- No widely available, reliable test exists to confirm that a person has been exposed to ricin.

What Can People Do If They Think They May Have Been Exposed to Ricin?

Unintentional ncin poisoning is highly unlikely. CDC has no reports of intentional ncin poisoning. If people think they might have been exposed to ncin, however, they should contact the regional poison control center at 1-800-222-1222.

How Can People Get More Information About Ricin?

They can contact one of the following:

- Regional poison control center (1-800-222-1222)
- Centers for Disease Control and Prevention
 - o Public Response Hotline (CDC)
 - English (888) 246-2675
 - Español (888) 246-2857
 - TTY (866) 874-2646
 - o <u>Emergency Preparedness and Response Web site</u> (http://www.bt.cdc.gov/)
 - o E-mail inquiries: cdcresponse@ashastd.org

- Mail inquiries: Public Inquiry c/o BPRP Bioterrorism Preparedness and Response Planning Centers for Disease Control and Prevention Mailstop C-18 1600 Clifton Road Atlanta, GA 30333
- Agency for Toxic Substances and Disease Registry (ATSDR) (1-888-422-8737)
 - E-mail inquiries: <u>atsdric@cdc.gov</u>
 - Mail inquiries: Agency for Toxic Substances and Disease Registry Division of Toxicology 1600 Clifton Road NE, Mailstop E-29 Atlanta, GA 30333

This fact sheet is based on CDC's best current information. It may be updated as new information becomes available.

Last reviewed on 02/25/03.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.





Facts About Sulfur Mustard

What sulfur mustard is

- Sulfur mustard is a type of chemical warfare agent. These kinds of agents are called vesicants or blistering agents, because they cause blistering of the skin and mucous membranes on contact.
- Sulfur mustard is also known as "mustard gas or mustard agent," or by the military designations H, HD, and HT.
- Sulfur mustard sometimes smells like garlic, onions, or mustard and sometimes has no odor. It can be a vapor (the gaseous form of a liquid), an oily-textured liquid, or a solid.
- Sulfur mustard can be clear to yellow or brown when it is in liquid or solid form.

Where sulfur mustard is found and how it is used

- Sulfur mustard is not found naturally in the environment.
- Sulfur mustard was introduced in World War I as a chemical warfare agent. Until recently, it was available for use in the treatment of a skin condition called psoriasis. Currently, it has no medical use.

How people can be exposed to sulfur mustard

- If sulfur mustard is released into the air as a vapor, people can be exposed through skin contact, eye contact, or breathing. Sulfur mustard vapor can be carried long distances by wind.
- If sulfur mustard is released into water, people can be exposed by drinking the contaminated water or getting it on their skin.
- People can be exposed by coming in contact with liquid sulfur mustard.
- Sulfur mustard can last from 1 to 2 days in the environment under average weather conditions and from weeks to months under very cold conditions.
- Sulfur mustard breaks down slowly in the body, so repeated exposure may have a cumulative effect (that is, it can build up in the body).

How sulfur mustard works

- Adverse health effects caused by sulfur mustard depend on the amount people are exposed to, the route of exposure, and the length of time that people are exposed.
- Sulfur mustard is a powerful irritant and blistering agent that damages the skin, eyes, and respiratory (breathing) tract.
- It damages DNA, a vital component of cells in the body.
- Sulfur mustard vapor is beavier than air, so it will settle in low-lying areas.

Immediate signs and symptoms of suifur mustard exposure

- Exposure to sulfur mustard is usually not fatal. When sulfur mustard was used during World War I, it killed fewer than 5% of the people who were exposed and got medical care.
- People may not know night away that they have been exposed, because sulfur mustard often has no smell or has a smell that might not cause alarm.
- Typically, signs and symptoms do not occur immediately. Depending on the severity of the exposure, symptoms may not occur for 2 to 24 hours. Some people are more sensitive to sulfur mustard than are other people, and may have symptoms sooner.
- Sulfur mustard can have the following effects on specific parts of the body:
 - Skin: redness and itching of the skin may occur 2 to 48 hours after exposure and change eventually to yellow blistering of the skin.
 - Eves: irritation, pain, swelling, and tearing may occur within 3 to12 hours of a mild to moderate exposure. A severe exposure may cause symptoms within 1 to 2 hours and may include the symptoms of a mild or moderate exposure plus light sensitivity, severe pain, or blindness (lasting up to 10 days).
 - Respiratory tract: runny nose, sneezing, hoarseness, bloody nose, sinus pain, shortness of breath, and cough within 12 to 24 hours of a mild exposure and within 2 to 4 hours of a severe exposure.
 - Digestive tract: abdominal pain, diarrhea, fever, nausea, and vomiting.
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to sulfur mustard.

What the iong-term health effects may be

- Exposure to sulfur mustard liquid is more likely to produce second- and thirddegree burns and later scarring than is exposure to sulfur mustard vapor. Extensive skin burning can be fatal.
- Extensive breathing in of the vapors can cause chronic respiratory disease, repeated respiratory infections, or death.
- Extensive eye exposure can cause permanent blindness.
- Exposure to sulfur mustard may increase a person's risk for lung and respiratory cancer.

How peopls can protect themselves and what they should do if they are exposed to sulfur mustard

- Because no antidote exists for sulfur mustard exposure, the best thing to do is avoid it. Immediately leave the area where the sulfur mustard was released. Try to find higher ground, because sulfur mustard is heavier than air and will settle in low-lying areas.
- If avoiding sulfur mustard exposure is not possible, rapidly remove the sulfur mustard from the body. Getting the sulfur mustard off as soon as possible after exposure is the only effective way to prevent or decrease tissue damage to the body.
- Quickly remove any clothing that has liquid sulfur mustard on it. If possible, seal the clothing in a plastic bag, and then seal that bag inside a second plastic bag.
- Immediately wash any exposed part of the body (eyes, skin, etc.) thoroughly with plain, clean water. Eyes need to be flushed with water for 5 to 10 minutes. Do NOT cover eyes with bandages, but do protect them with dark glasses or goggles.
- If someone has ingested sulfur mustard, do NOT induce vomiting. Give the person milk to drink.
- Seek medical attention right away. Dial 911 and explain what has happened.

How sulfur mustard exposure is treated

The most important factor is removing sulfur mustard from the body. Exposure to sulfur mustard is treated by giving the victim supportive medical care to minimize the effects of the exposure. Though no antidote exists for sulfur mustard, exposure is usually not fatal.

Where people can get more information ebout sulfur mustard

For more information about sulfur mustard, people can contact the following:

- Regional poison control center (1-800-222-1222)
- Centers for Disease Control and Prevention
 - o Public Response Hotline (CDC)
 - English (888) 246-2675
 - Español (888) 246-2857
 - TTY (866) 874-2646
 - o Emergency Preparedness and Response Web site (http://www.bt.cdc.gov/)
 - o E-mail inquiries: cdcresponse@ashastd.org
 - Mail inquiries: Public Inquiry c/o BPRP Bioterrorism Preparedness and Response Planning Centers for Disease Control and Prevention

Mailstop C-18 1600 Clifton Road Atlanta, GA 30333

- Agency for Toxic Substances and Disease Registry (ATSDR) (1-888-422-8737)
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Last reviewed on 02/25/03.

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OHIO NATIONAL GUARD 52d Civil Support Team (WMD) 8202 South Access Road, Bldg. #946 Columbus, Ohio 43217-5946

NGOH-TAL-CS

17 January 2013

MEMORANDUM FOR Record

SUBJECT: Signs and Symptoms / Treatment Protocols Memorandum

1. Signs and Symptoms of Ricin:

Inhalation-

Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be coughing, tightness in the chest, difficulty breathing, nausea, and aching muscles. Within the next few hours, the body s airways (such as lungs) would become severely inflamed (swollen and bot), excess fluid would build up in the lungs, breathing would become even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope.

Ingestion-

If someone swallows a significant amount of ricin, he or sbe would have internal bleeding of the stomach and intestines that would lead to vomiting and bloody diarrhea. Eventually, the person s liver, spleen, and kidneys might stop working, and the person could die.

Injection-

Injection of a lethal amount of ricin at first would cause the muscles and lymph nodes near the injection site to die. Eventually, the liver, kidneys, and spleen would stop working, and the person would have massive bleeding from the stomacb and intestines. The person would die from multiple organ failure.

Death from ricin poisoning could take place within 36 to 48 hours of exposure, whether by injection, ingestion, or inhalation. If the person lives longer than 5 days without complications, he or she will probably not die.

2. Treatment Protocols for Ricin:

No antidote exists for ricin. Ricin poisoning is treated by giving the victim supportive medical care to minimize the effects of the poisoning. The types of supportive medical care would depend on several factors, such as the route by which the victim was poisoned (that is, by inhalation, ingestion, or injection). Care could include such measures as helping the victim breathe and giving him or her intravenous fluids and medications to treat swelling.

- 3. Signs and Symptoms of Sulfur-Mustard:
 - Typically, signs and symptoms do not occur immediately. Depending on the severity of the exposure, symptoms may not occur for 2 to 24 hours. Some people are more sensitive to sulfur mustard than are other people, and may have symptoms sooner.
 - Sulfur mustard can have the following effects on specific parts of the body:

- Skin: redness and itching of the skin may occur 2 to 48 hours after exposure and change eventually to yellow blistering of the skin.
- Eyes: irritation, pain, swelling, and tearing may occur within 3 to 12 hours of a mild to moderate exposure. A severe exposure may cause symptoms within 1 to 2 hours and may include the symptoms of a mild or moderate exposure plus light sensitivity, severe pain, or blindness (lasting up to 10 days).
- Respiratory tract: runny nose, sneezing, hoarseness, bloody nose, sinus pain, shortness of breath, and cough within 12 to 24 hours of a mild exposure and within 2 to 4 hours of a severe exposure.
- o Digestive tract: abdominal pain, diarrhea, fever, nausea, and vomiting.
- 4. Treatment Protocols of Sulfur-Mustard:

The most important factor is removing sulfur mustard from the body. Exposure to sulfur mustard is treated by giving the victim supportive medical care to minimize the effects of the exposure. Though no antidote exists for sulfur mustard, exposure is usually not fatal.

5. POC for this memorandum is the underscore at (614) 336-6592.



CPT, MS Medical Operations Officer



OHIO NATIONAL GUARD 52d Civil Support Team (WMD) 8202 South Access Road, Bldg. #946 Columbus, Ohio 43217-5946

NGOH-TAL-CS

17 January 2013

MEMORANDUM FOR Record

SUBJECT: Critical Incident Stress Management (CISM) Memorandum

 All service members have been briefed on the signs, symptoms, and latent health effects as well as the potential psychological impact in the response conducted at the Spartan Stadium Incident supporting local authorities on WMD incident.

2. If any of the service members experience any of the signs and symptoms briefed, they must call their medical provider or units PA, contact the OHNG Chaplain, or another mental health worker of their choice as soon as possible. If the options are chosen, notification of the Chain of Command must still occur as soon as possible.

3. All service members have been informed that they will be attending a follow-up critical incident stress management briefing at a date/time to be announced. This will occur within 72 hours of the conclusion of this event.

4 POC for this memorandum is the underscore at (614) 336-6592.



CPT, MS Medical Operations Officer

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Home

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Home	Events Cal	endar			Spatte News
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Technology News

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Health Awareness-Arithem

FOIA Requested Record #FA-13-0024 Released by Army National Guard Page 77 of 127



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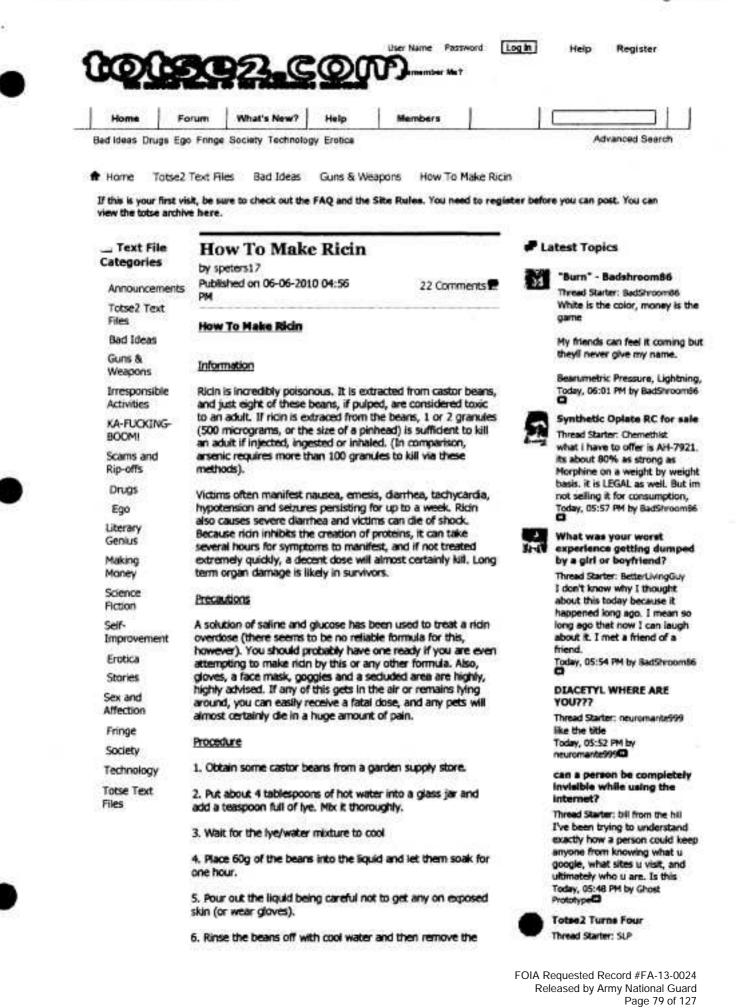
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Health Awareness information

Partamouth City Schools 724 Findlay Street, Portamouth, CH 45652 745-354-3603 CAPE 2011 E-Rate 2013-3013



FOIA Requested Record #FA-13-0024 Released by Army National Guard Page 78 of 127



outer husks with tweezers.

Put the bean pulp into a blender or coffee grinder (which you must dispose of after, preferably destroying it in the process) with 8 tablespoons of acetone for every 30g of beans.

Biend the pulp/acetone until it looks like milk.

Place the milky substance in a glass jar with an airtight lid for three days.

10. At the end of three days shake the jar to remix everything that's started to settle then pour it into a coffee filter. Discard the liquid.

11. When no more liquid is dripping through the filter, squeeze the last of the acetone out of it without losing any of the bean pulp.

12. Spread the filter out on a pan covered with newspaper and let it dry stand until it is dry.

The final product must be as free of acetone and other contaminants as possible. If it is not powdery but still sort of moist and pulpy it must be combined with the appropriate amount of acetone again and let sit for one day.

Then repeat steps 9-12 again until a nice dry powder is produced.

So now you have righ. I wouldn't recommend making this, and would argue strongly against using it if you do make it. This is merely for informational purposes only. If you're looking for revenge against someone, I would use something that will just make them violently III, rather than dead.

By InfernoMDM, edited and added to by speters17.

22 Comments



Amox- 06-10-2010, 03:55 AM

7 Reply

Indeed. This is very nasty stuff. My science teacher talked about its deadly properties in one of my old HS classes. If you somehow recieve an overdose of this crap then you WILL die. There is nothing anyone can do to save you. I haven't heard that there was any such solution to treat it though ...

stormyweathers - 06-13-2010, 08:48 Meply



cite your sources man, the info is copypasta from wikipedia



PuppetMaster - 07-02-2010, 02:21 A Reply

CE Originally Posted by ArnexC3

recieve an overdose of this crap then you WILL di

Happy birthday totse2. It looks like totse2 got tweakers for its birthday present like last year and the year before. #fourmoreyears Today, 05:37 PM by BigHarryDick



Self Esteem On E -

Thread Starter: BadShroom86 This event represents various concoctions of what is real, and what lies beyond the blood of the cerebullum and reality we find that we are only existing Today, 05:34 PM by BadShroom96



Shake n Bake Recipie #100 -My Detailed Contribution Thread Starter: U(NH3)4

The forthcoming post is a 100% hypothetical scenario that I've generated based on the information that I'vepicked up reading this thread... I have

never

Today, 03:48 PM by Hazza32

litle healp?

Thread Starter: medelin cartel can sombady teal me where I can post couple qwestions about drugs?





Dr. Hazza32 Diagnosed me as autistic

Thread Starter: Caligula According to an appointment 1 had with Hazza in IRC he told me I was autistic. I was quite unaware of this but upon closer inspection and consultation Today, 02:46 PM by POPS

14

It was used by the KGB to assassinate Georgi Markov..

> tt Originally Posted by Wikipediat2

On 7 September 1978, Markov walked across Waterloo Bridge spanning the River Thames, and was waiting at a bus stop on the other side, when he was jabbed in the calf by a man holding an umbrella. The man apologized and walked away. Markov would later tell doctors that the man had spoken with a foreign accent. The event is recalled as the "Umbrelia Murder" with the assassin claimed to be Francesco Gullino, codenamed "Piccadilly" Markov recalled feeling a stinging pain from where he had been hit, he assumed by the umbrella tip. When he arrived at work at the BBC World Service offices he noticed a small red pimple had formed and the pain from being jabbed had not stopped. He told at least one of his colleagues at the BBC about this incident. That evening he developed a fever and was admitted to a hospital where he died three days later, on 11 September 1978, at the age of 49. The cause of death was poisoning from a ricin-filled pellet

It takes about 3-5 days to die from it and im not positive but I believe it causes fever, diarrhea, and other things like that.



Setzy - 07-02-2010, 02:46 AM 7 Reply

isn't this stuff MENT to kill you? how the hell do you overdose?

Arriox - 07-02-2010, 03:16 AM 7 Reply



Overdose: taking more than is safe. In this

Overdose: taking more than is safe. In this case, very, very little. You guys got the wrong idea.



Seitzy - 07-02-2010, 03:18 AM 7 Reply

don't be an anal asshole (thats some nice aliteration) "Takeing more than blah blah" FUCK YOU, no dumbass should be taking any of that, no one is going to be like "If I take .00000001 Microgram It'll be AWSHOME!"

> Reply





seitzy for once i dont hate you

Hex535 - 07-02-2010, 07:03 AM 7 Reply

Because he is completely right.

Zaffron - 07-02-2010, 06:56 AM

Nobody in their right mind would ever ingest a poision t----

wait a minute. Never mind.

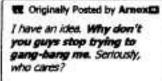


Arnox - 07-02-2010, 09:36 AM 🤊 Reply

I have an idea. Why don't you guys stop trying to gang-bang me. Seriously, who cares?



The Master - 07-02-2010, 02:13 PM 🤊 Reply



Don't flatter yourself. I have standards.

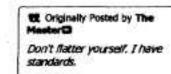
ludwiggiozer - 07-02-2010, 02:16 PMD Reply



I lofd

- 1

Amox - 07-02-2010, 09:14 PM 7 Reply



For what, having gay sex?

Amox - 07-02-2010, 09:30 PM



ludwiggiozer - 07-02-2010, 09:16 PMD Reply

That was a complete and utter fail at trying to insuit him.

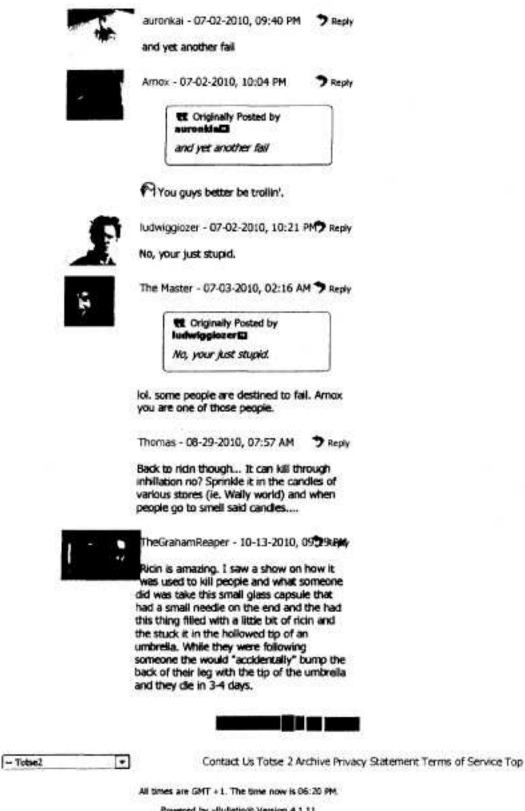


EL Originally Posted by IndwigglozerE2 That was a complete and utter

Reply

fail at trying to insult him.

Whatever	VOU Say	sicker.



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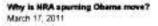
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GUN CONTROL

Why the NRA won't talk gun control with Obama

Rettramend

March 16, 2011 (By Jim Acosta and Evan Glass, CNN

The chief spokesman for the National Rife Association is expected to get an invitation any day now to ait down at the Justice Department for tails almed at reaching a consensus on new gun centrol legislation.

But don't put down NRA Executive Vice President Wayne LaPierre as a "yes."

In an interview with CNN, LaPierre accused the White House of trying to pull off a "political maneuver" aimed at weakening the Constitution's Second Amendment right to "keep and beer" arms.

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"What's happening is very transparent. The president's base, the anti-Second Amendment political base, is screeching. And he's trying to appeare them," said LaPierre.

Complicating the talks is the fact that the NRA is suing the federal government, forcing the Justice Department to invite officials with the powerful gun lobby through their atterneys, said DOJ spokesmen Matthew Miller.

The discussions are also to include backers of gun centrol legislation. Miller said the meetings scheduled for the next two weeks aim to include "stakeholders" in the gun control issue.

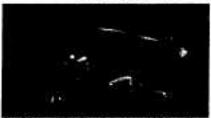
Noting on Tuesday that he had yet to receive an actual invitation from the Justice Department, LaPierre insisted the meetings aren't worth his time. "Why should I go sit down with a bunch of people that have spent their lives trying to destroy the Second Amendment? I understand what's going on," LaPierre said.

A top advocate for gun control in Congress, New York Democratic Rep. Carolyn McCanthy calls LaPierre's refusal to join the meetings "foolish." She introduced legislation in the House Tuesday that would require an instant background check for all gun buyers, including those who purchase firearms at gun shows.

"If you want to look at any poll ... the majority of Americans, the majority of gun owners, all feel people should go through background checks. That is undisputed by anybody," McCarthy said.

A new Newsweek/Deily Beast poli finds 86% of Americans support background checks for all gun buyers, an indication of strong backing for closing the so-called "gun show loophole."

McCarthy's legislation would also stiffen penalties for states that fail to forward criminal, mental health and other pertinent records to the National Instant Criminal Beckground Check System. The bill has the backing of New York Mayor Michael Bloomberg.



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The Obama administration is inviting the NRA to talks on gun control legislation.

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The bill is similar to measures backed by President Barack Obama who called for a new conversation on gun control in an op-ed that appeared in an Arizona newspaper last weekend.

The nation's porcus background-check system silowed Jared Lee Loughner, the suspect in January's mass shooting that wounded U.S. Rep. Gabrielle Giffords. D-Arizona, to purchase a handgun from a liconsed dealer despite indications he was mentally iii. His background check at the dealer came back clean.

LaPierre vehemently opposes any attempt to close the "gun show loophole," saying it wasn't a factor in Tuscon.

But the NRA's top advocate did indicate to CNN some support for strengthening the record keeping in the system.

Just don't expect him to sit down at the Justice Department to express those views.

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Details amongs on gan control proposal coming Wednesday CNN Politics

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(shafa 205)

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(PRECEDENCE: IMMEDIATE) FROM: 52ND CST (OH) THRU: OH JFHQ JOC TO: NGB JOC FOR: G-3 OPERATIONS INFO: INCIDENT COMMANDER / JFHQ-OH-JOC CLASSIFICATION/UNCLASSIFIED SUBJECT/SITUATION REPORT/ Period/171115Jan13

1. GENTEXT/SITUATION//

Exercise Exercise Exercise

52nd CST Responded to the incident at 2020 Charles St Portsmouth, OH. Portsmouth PD responded to the incident at 0300 17 Jan 13 after a report of shots fired. The team entered the building and identified a laboratory set up of an unknown nature. One off the officers tipped over a container and got some liquid on him. He did not show signs or symptoms until 40 minutes after exposure. Has been evacuated to the hospital. There is one victim in the hot zone his status is unknown, he was shot by the police.

Exercise Exercise Exercise

2. GENTEXT/INTELLIGENCE//CURRENT READINGS:

- Exercise SOMC reports a large influx of middle school aged children heing admitted for burns on the hands and on their buttocks.

-Portsmouth PD reports the man shot in the building this morning was a middle school employee, name USPER.

3. GENTEXT/OPERATIONS//

CST has accepted the mission as assigned the following tactical objectives:

- 1. Provide Periodic Plume Model and Weather Updates
- 2. Provide Continuous Monitoring of Perimeter
- 3. Identify Hazards, Source of Release, Extent of Contamination and Mitigation Techniques
- 4. Conduct Site Characterization/Recon of Target
- 5. Gather Important Information
- 6. Recommend Hazard Specific On-Scene Life Safety for Response Personnel and Affected Population
- 7. Preserve Evidence/Crime Scene Vigilance
- 8. Develop and Execute a Sampling Plan for Hazards
- 9. Provide Split Samples
- 10. Recommend Treatment Protocols
- 11. Brief Incident Commander on all Hot Zone Operations and Site Safety Criteria
- 12. Advise IC of Reach back Resources Utilized and Available
- First entry complete at 1115 found a laboratory set-up in the building.

4. GENTEXT/LOGISTICS// 52nd has enough equipment and supplies to maintain continuous operations for approximately 36 hours, without resupply.

Exercise Exercise Exercise

 GENTEXT/PERSONNEL (DETAIL SERVICE, LOCATION, MISSION AND NUMBERS)// 17 pax present, 15 Army, 2 Air Force (2 HRF Army Support).

7. GENTEXT/MEDICAL (MILITARY PERSONNEL HOSPITALIZED OR INJURED, REASON FOR HOSPITALIZATION/INJURY) NSTR

8. GENTEXT/INTERAGENCY COORDINATION// - Chief Bill Raison Portsmouth Fire

9. GENTEXT/DOMESTIC SUPPORT ACTIVITIES//

- Civil Authorities on ground:
 - Portsmouth PD
 - Portsmouth Fire
 - Scioto County Hazmat

10. GENTEXT/CDR'S COMMENTS//

 Last 4 Hours: Team arrived to the incident site at 0815 and and completed first entry at 1115.

b. Next 4 Hours: Backbrief the Incident commander to information from first entry and develop of plan for the second entry.

Exercise Exercise Exercise



(PRECEDENCE: IMMEDIATE) FROM: 52ND CST (OH) THRU: OH JFHQ JOC TO: NGB JOC FOR: G-3 OPERATIONS INFO: INCIDENT COMMANDER / JFHQ-OH-JOC CLASSIFICATION/UNCLASSIFIED SUBJECT/SITUATION REPORT/ Period/170900Jan13

1. GENTEXT/SITUATION//

Exercise Exercise Exercise

52nd CST Responded to the incident at 2020 Charles St Portsmouth, OH. Portsmouth PD responded to the incident at 0300 17 Jan 13 after a report of shots fired. The team entered the building and identified a laboratory set up of an unknown nature. One off the officers tipped over a container and got some liquid on him. He did not show signs or symptoms until 40 minutes after exposure. Has been evacuated to the hospital. There is one victim in the hot zone his status is unknown, he was shot by the police.

Exercise Exercise Exercise

2. GENTEXT/INTELLIGENCE//CURRENT READINGS:



CST has accepted the mission as assigned the following tactical objectives:

- 1. Provide Periodic Plume Model and Weather Updates
- 2. Provide Continuous Monitoring of Perimeter
- 3. Identify Hazards, Source of Release, Extent of Contamination and Mitigation Techniques
- 4. Conduct Site Characterization/Recon of Target
- 5. Gather Important Information
- Recommend Hazard Specific On-Scene Life Safety for Response Personnel and Affected Population
- 7. Preserve Evidence/Crime Scene Vigilance
- 8. Develop and Execute a Sampling Plan for Hazards
- 9. Provide Split Samples
- 10. Recommend Treatment Protocols
- 11. Brief Incident Commander on all Hot Zone Operations and Site Safety Criteria
- 12. Advise IC of Reach back Resources Utilized and Available

 GENTEXT/LOGISTICS// 52nd has enough equipment and supplies to maintain continuous operations for approximately 36 hours, without resupply.

5. GENTEXT/COMMUNICATIONS-CONNECTIVITY/POINTS OF CONTACT// 52nd POC is CPT (b)(6) 614-419-8996, (b)(6) mil@mail.mil (BB) or (b)(6) @oh1.ngb.army.mil (tactical)

Exercise Exercise Exercise

6. GENTEXT/PERSONNEL (DETAIL SERVICE, LOCATION, MISSION AND NUMBERS)// 17 pax present, 15 Army, 2 Air Force (2 HRF Army Support).

7. GENTEXT/MEDICAL (MILITARY PERSONNEL HOSPITALIZED OR INJURED, REASON FOR HOSPITALIZATION/INJURY) NSTR

8. GENTEXT/INTERAGENCY COORDINATION//

- Chief Bill Raison Portsmouth Fire

9. GENTEXT/DOMESTIC SUPPORT ACTIVITIES//

- Civil Authorities on ground:

- Portsmouth PD
- Portsmouth Fire
- Scioto County Hazmat

10. GENTEXT/CDR'S COMMENTS//

a. Last 4 Hours: Team arrived to the incident site at 0815 and preparing for first entry.

b. Next 4 Hours: Conduct first entry and review information, brief the incident commander and prepare for the second entry.

Exercise Exercise Exercise

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and the second	-mail, CIMS or I	and the constant of		Name: HQ	
RFI POC: CPT (b)(6)	POC Pho Call sign 3	ne/fax/e-mail: 30	RFI Assigned MAJ (D)(6)	to : Assigne	d Phone/fax/e-ma
Remarks:					
Answer: 1. He was	s the Janitor				

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Log Information:

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	User Date/Time	Log Type	Precedence	Message
1	17 Jan 13 0635	OPERATIONS	Routine	comsubcen/trojan notified
2	17 Jan 13 0650	OPERATIONS	Routine	update brief
3	17 Jan 13 0658	OPERATIONS	Routine	safety brief
4	17 Jan 13 0705	OPERATIONS	Routine	advon party
5	17 Jan 13 0800	OPERATIONS	Routine	main body departed
6	17 Jan 13 0830	OPERATIONS	Routine	main body occupied foot print
7	17 Jan 13 0840	OPERATIONS	Routine	mission update brief
8	17 Jan 13 0902	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 0900 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.9 oF Rel Hum: 76% Precip: None
9	17 Jan 13 0912	MEDICAL	Routine	Hospitals: Southern Ohio Medical Center, 1805 27th Street, Portsmouth, OH 45662, 740-356-5000; Our Lady of Bellefonte Hospital, 1000 Saint Christopher Drive, Ashland, KY 41101, 606-833-3333; Bethesda North Hospital, 10500 Montgomery Rd, Cincinnati, OH 45242, 513-865-1111
10	17 Jan 13 0913	OPERATIONS	Routine	Decon line certified
11	17 Jan 13 0715	OPERATIONS	Routine	advon arrived @ scene
2	17 Jan 13 0840	MEDICAL	Routine	Patient Update 1: 1 victim was shot in the building by local police, 1 police office (who touched the shot victim) stated showing signs and symptoms of red irritation and flue like symptoms about 40 minutes after touching him. All three officers who entered the building are at the hospital for observation. No other first repsonder or hospital staff are showing any signs and symptoms.
13	17 Jan 13 1000	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 1000 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.2 oF Rel Hum: 15% Precip: None
14	17 Jan 13 1001	OPERATIONS	Routine	survey pre entry brief
15	17 Jan 13 0945 MEDICAL Routine Pa		Patient Update 2: No information released from hospital POC yet.	
16	17 Jan 13 1033	OPERATIONS	Routine	survey recon team on air
17	17 Jan 13 1036	OPERATIONS	Routine	survey personel crossed hotline
18	17 Jan 13 1043	OPERATIONS	Routine	making entry into target bld
19	17 Jan 13 1049	MEDICAL	Flash	Patient Update 3: No change to police officers. Report of increase of victims (kids from local Jr High School) to local hospital with burns to hands and buttocks.
0	17 Jan 13 1051	OPERATIONS	Routine	Discovered lab set up on "Charlie" wall
21	17 Jan 13 1059	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 1100 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.2

	User Date/Time	Log Type	Precedence	Message
				oF Rel Hum: 1% Precip: None
2	17 Jan 13 1104	OPERATIONS	Priority	body found in #15
23	17 Jan 13 1113	OPERATIONS	Priority	found 3 coffee filters filled with white powder/ mortar and pestle. one coffee filter contained beans in rm 14
24	17 Jan 13 1124	OPERATIONS	Routine	recon team heading to decon
25	17 Jan 13 1126	OPERATIONS	Routine	Decon on air
26	17 Jan 13 1138	OPERATIONS	Routine	Meriweather off air
27	17 Jan 13 1139	OPERATIONS	Routine	Menth off air
28	17 Jan 13 1140	OPERATIONS	Routine	Roberts off air
29	17 Jan 13 1142	OPERATIONS	Routine	decon off air
30	17 Jan 13 1151	MEDICAL	Flash	Patient Update 4: No change with police officers. Jr High kids getting worsening conjunctivitis (eye swelling w/fluid build up) and those with buttock and hand burns have developed into blisters. Elevated urine thiodiglycol levels which indicates sulfur based blister agents. Mustard.
31	17 Jan 13 1157	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 1200 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.2 oF Rel Hum: 1% Precip: None
32	17 Jan 13 1245	OPERATIONS	Routine	back brief to IC
33	17 Jan 13 1256	OPERATIONS	Routine	sample brief to IC
4	17 Jan 13 1300	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 1300 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.2 oF Rel Hum: 1% Precip: None
35	17 Jan 13 1318	OPERATIONS	Routine	sample team on air
36	17 Jan 13 1321	OPERATIONS	Routine	sample team crossing hotline
37	17 Jan 13 1328	OPERATIONS	Routine	preparing to take sample #1 Lq 138851
38	17 Jan 13 1339	OPERATIONS	Routine	sample complete
39	17 Jan 13 1345	OPERATIONS	Routine	preparing to take grab sample GB01
40	17 Jan 13 1346	OPERATIONS	Routine	sample GB01 complete
41	17 Jan 13 1347	OPERATIONS	Routine	sample team heading back to decon line
42	17 Jan 13 1403	OPERATIONS	Routine	all personnel off air
43	17 Jan 13 1404	OPERATIONS	Routine	WEATHER: AS OF 17 JAN 13 1400 Wind Dir: From 00 Wind Spd: 0 Mph Temp: 34.2 oF Rel Hum: 1% Precip: None
14	17 Jan 13 1410	OPERATIONS	Routine	EndEX

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ACTIVITY LOG (ICS 214)

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1. Incident Name:		2. Operational Period: Date From: 17 Star 17 Date To: 17 Jan 17 Time From: 016 Time To: 27.5		
Name: LTL Self Sure:		4. ICS Position:	5. Home Agency (and Unit): SZ 0 Car	
6. Resources Ass				
	me	ICS Position	Home Agency (and Unit)	
7. Activity Log:				
Date/Time	Notable Activities			
15- B 0675	Can Seb Co	/ Trajon Northod		
0650	Updall	Stiet		
Dirp	Selety 1	Suel		
0705	Advin De	art		
0715	Adian A	mind a sume		
0900	Ann Bary O	laited		
	Main 6.4. A	rned		
	100 000 0			
			the strange of the st	
Prepared by: Na	ame: TJ_((b)	Position/Title: Aur 0	of New Signature: (b)(6)	
CS 214, Page 1		Date/Time:		

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ACTIVITY	LOG	(ICS	214)	ĵ.
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1. Incident Name:		2. Operational Period: 1	Date From: Time From:	Date To: Time To:
Activity Log (cont	inuation):			
	Notable Activities			
				(2)
Prepared by: Nam		Position/Title:	Signatu	re:
S 214, Page 2		Date/Time:		

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, ruipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any aftertion report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period Date and Time From Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	• Name	Use this section to enter the resource's name. For all individuals, use a least the first initial and last name. Cell phone number for the individual can be added as an option.
	ICS Position	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	Home Agency (and Unit)	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log Date/Time Notable Activities	 Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. This block can also be used to track personal work habits by adding columns such as 14 field.
8	Prepared by Name Position/Title Signature Date/Time 	columns such as "Action Required," "Delegated To," "Status," etc. Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

Annex 2 (Advanced Party IC Link Up Questions) to Chapter 1 (Deployment) to 52d Civil Support Team SOG

Commander

Are you familiar with the mission of the 52nd Civil Support Team? YES Would you like a brief overview of our capabilities? YES

Please provide an update on the situation since our last phone call:

Has any agency made entry into the hot zone?

Has a HAZMAT team made entry into the hot zone?

Have any casualties been evacuated from the incident?

Is a decontamination line established? Define Incident Commander Objectives:

- 1. Provide Requested Communication Assets to ICP
- 2. Provide Periodic Plume Model and Weather Updates
- 3. Provide Continuous Monitoring of Perimeter
- 4. Identify Hazard(s)/Source of Release/Extent of Contamination
- 5. Conduct Site Characterization/Recon of Target
- 6. Gather Pertinent Information of Law Enforcement Value

 Recommend Hazard Specific, On-Scene Life Safety for Response Personnel and Affected Population

- 8. Preserve Evidence/Crime Scene Vigilance
- 9. Develop and Execute a Sampling Plan for Hazard(s)
- 10. Provide Split Sample(s)
- 11. Recommend Treatment Protocols
- 12. Brief IC on all Hot Zone Operations and Site Safety Criteria
- 13. Advise IC of Reach back Resources Utilized/Available
- 14. Other

What are your reporting requirements?

Entry Plan

Post Entry Back-briefs

Change in Wind Direction or Significant Change in Weather

Injury or Change in Health Status of 1st Responders

Injury or Change in Health Status of CST Members

Secondary Device Present

Change in Capabilities Status (Equipment/Personnel)

Victims in the Hot Zone

Attempted Contact by Media or Outside Agency

Identification/Detection of Hazards

Unreported Visitor in the Area

Other

What is the Primary means of Communication on-scene? Where is the work area for the CST (footprint)?

NO

NO

NO

NO

NO

NO

YES

YES

YES

YES

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Annex 2 to Chapter 1 Page 1

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