TRANSITION SAFETY SURVEY

Date:_____ **Address:**_____ **Inc.#:** _____

This safety/environmental survey shall be conducted and form completed during the ***transition phase*** of operations:

[ ] ☑ AFTER the IC declares the fire incident "under control"
[ ] ☑ BEFORE the IC transitions to "overhaul" operations
[ ] ☑ In 20 minute increments DURING "overhaul" operations
[ ] ☑ PRIOR to releasing the building back to its occupants.

The following items must be inspected for: (please check when completed)
STRUCTURAL
[ ] Cracked, displaced, damaged concrete or masonry walls / supports / chimney
[ ] Sagging, weak or heavily damaged floor or floor structure
[ ] Sagging, weak or heavily damaged roof or roof structure
[ ] Weak, leaning or heavily damaged walls
[ ] Sagging or heavily damaged cantilevers, balconies or facades
[ ] Overhead HVAC/utility equipment or storage
[ ] Water weighted floors/ceilings
[ ] Broken glass, jagged metal edges
[ ] Building/room/area lighting
FALL HAZARDS [ ] - Holes [ ] - Equipment [ ] - Building contents
[ ] Hazardous materials
[ ] Explosives, Fire arms ammunitions, etc.
[ ] **UTILITIES** [ ] ELECTRICITY [ ] LPG/NATURAL GAS
Before removal of SCBA protection, the following shall be completed:
Positive pressure ventilation (warning, gas powered fans will contribute to CO levels)
O2 level check _____ PPM
CO level check _____ PPM
free of other hazardous fumes No / Maybe
ASBESTOS CHECK
approx. age of building or year of construction. _____ (1940-1980)
possible asbestos dust from: _____ No / Maybe
[ ] ceiling material
[ ] siding material
[ ] insulation material
[ ] flooring material
[ ] pluming / pipe / utility material
A dust or fume type respirator may still be needed **No / Maybe**

List hazards found and their location

_____

_____

_____

_____

_____

_____

Mitigation

Hazards mitigation; what was done to minimize risk?
Post/ **R**emove/ **I**nform/ **F**ix/ **C**ontain

_____

_____

_____

_____

_____

_____

_____

_____

Acknowledgment (please initial)

Building inspection int. ___ Time: ____
Site inspection int. ___ Time: ____
Conducted Safety Briefing with Crews int. ___ Time: ____
Crews given adequate rest int. ___

_____
Incident Commander

_____
Safety Officer

_____
Operations or Division or Group Supervisor int.