**INCIDENT:**

Date:       Time:

Incident or Scene Description:

Address or Location:

City/Twp:

State:       Zip:

**RESPONDING AGENCY:**

Address:

City/Twp:

State:       Zip:

Contact Name:

Phone:       Fax:

Email:

Other agencies notified:

FBI  NJSP  NJDEP  USPIS

Other

**CONTACT WITH DOH:**

Date:       Time:

Name of Contact:

**SAMPLE INFORMATION:**

**Description**:

**Packaging:**  Box  Bottle/vial  Envelope

None  Other

**Solid**:  Soil  Powder Mass       g

**Liquid**: Volume       ml

**SCREENING RESULTS:**

**For BTRL USE ONLY:**

**PHILEP Incident Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHEL Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Radiological**: Screened? Yes No

Positive for emissions 2x background Yes No

α  β  γ

Background Reading

Rate Observed

Reading Distance

Instrument Used:

Calibration Date:

**VOC**: Screened? Yes No

Results:

Instrument/Test:

Calibration Date:

**PH:** Screened? Yes No

pH reading:

Taken using  Paper  Meter

Instrument or Assay:

Calibration or Expiration:

**Oxidizer**: Screened? Yes No

Results:

Instrument Used:

Calibration Date:

**Nerve, Blood, Blister and Alkylating agents:**

Screened? Yes No

Results:

Instrument or Assay:

Calibration or Expiration:

**Explosives:**  Screened? Yes No

Results:

Instrument Used:         
Calibration Date:

**Field Screening:**

Results:

Platform:

Calibration Date:

**NOTE:** All instruments should be calibrated at least once

every 12 months to ensure accurate readings

**BTRL USE ONLY:**

Threat Assessment Conducted  Yes No

Accepted by Lab for Testing  Yes No