**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