



**New Jersey Department of Health
Public Health Infrastructure, Laboratories and Emergency Preparedness
SAMPLE PRE-SCREENING WORKSHEET**

For BTRL USE ONLY:

PHILEP Incident Number: _____

PHLEP Number: _____

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:

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

HIP-5 (June 2017) CONTACT DOH AT 866-341-9788 or 609-341-4973, or email hccdutyoofficer@njlincs.net prior to submission of any sample. A completed copy of this form MUST accompany each sample. Please attach any additional screening forms for this sample, if applicable.