

DEBRIEF / SHIFT SUMMARY (211A)

1. Job Name: _____	2. Operational Period: Date: / / Shift Start Time: _____ Shift End Time: _____
3. Shift Debriefing Notes:	
201A – Job Objectives	
a. Complexity assessment trending?	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> No Change Score: _____
b. Shift Details Changed?	<input type="checkbox"/> N/A Documented where? _____
c. Site Access Changed?	<input type="checkbox"/> N/A Documented where? _____
d. Resources Dispatched/Removed?	<input type="checkbox"/> N/A Documented where? _____
e. Objectives updated?	<input type="checkbox"/> N/A Documented where? _____
f. Risk Management Plan...	<input type="checkbox"/> Filed in shift/job box <input type="checkbox"/> Uploaded
202A – Personnel List	
a. All personnel/positions assigned are logged?	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. All timesheets complete?	<input type="checkbox"/> N/A <input type="checkbox"/> Signed by Client <input type="checkbox"/> Submitted to Office
203E – Activity Log	
a. Issues with resources assigned	<input type="checkbox"/> N/A Documented where? _____
204A – Communication Plan	
a. Any updates to the Comm. Plan?	<input type="checkbox"/> N/A Documented where? _____
b. Any Code 1-5 incidents?	<input type="checkbox"/> N/A Documented where? _____
205B – Assigned Resources	
a. Work area sketch or map	<input type="checkbox"/> N/A <input type="checkbox"/> Updated <input type="checkbox"/> No Changes
b. Span of Control tracked	<input type="checkbox"/> N/A <input type="checkbox"/> Hazard Spaces <input type="checkbox"/> Personnel
c. Sector Debriefing Notes completed?	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
206C – Job Hazard Assessment	
a. Were the JHAs/JSEAs audited?	<input type="checkbox"/> No <input type="checkbox"/> Yes & Updated <input type="checkbox"/> Yes with No Changes
b. Findings Documented Where?	_____
207C – Access and Energy Control	
a. Were the permits audited?	<input type="checkbox"/> No <input type="checkbox"/> Yes & Updated <input type="checkbox"/> Yes with No Changes
b. Was the LOTO procedure audited?	<input type="checkbox"/> No <input type="checkbox"/> Yes & Updated <input type="checkbox"/> Yes with No Changes
c. Were the zones audited?	<input type="checkbox"/> No <input type="checkbox"/> Yes & Updated <input type="checkbox"/> Yes with No Changes
d. Findings Documented Where?	_____
208C – HAZWOPER Rescue Plan	
a. Were the rescue plans audited?	<input type="checkbox"/> No <input type="checkbox"/> Yes & Updated <input type="checkbox"/> Yes with No Changes
b. Findings Documented Where?	_____
209C – Hazard Space Joint Safety Meeting	
a. Any change in the work practices as a result?	<input type="checkbox"/> ↑ <input type="checkbox"/> ↓ <input type="checkbox"/> No Change <input type="checkbox"/> Unknown
210A – Logistics Management	
a. Print Jobs...	<input type="checkbox"/> N/A <input type="checkbox"/> Need <input type="checkbox"/> Requested <input type="checkbox"/> Received
b. Rescue Equipment Completed O/R	<input type="checkbox"/> Check <input type="checkbox"/> Weekly Inspection <input type="checkbox"/> Demobilization from shift
c. Rescue Equipment staged at end of shift	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Documented Where?	_____
<input type="checkbox"/> See Addendum(s): _____	
4. Prepared by: _____ Name: _____	
211A	RMP Page _____ Position: _____