

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

LEVEL "A" CHEMICAL RESPONSE SUIT TRACKING FORM

UNIT:

DATE:

NAME:

This form is to be submitted whenever a RESPONSE READY SUIT is donned or the number of RESPONSE READY SUITS has been permanently decreased. *(Do not submit this form for donning of training suits. Also this form need not be submitted for suits being temporarily removed from response ready status for repairs, etc., unless the number of suits is critical to mission performance.)*

REASON FOR SUIT TO BE DONNED OR REMOVED FROM RESPONSE READY STATUS *(check one)*:

- a. Used on response.
- b. Re-designated as a training suit.
- c. Used for training *(other than training suits)*.
- d. Damaged *(explain)*: _____

- e. Other *(explain)*: _____

IF A SUIT WAS USED ON A RESPONSE:

- a. Chemical(s) encountered: _____

- b. Duration of contact: _____
- c. Problems encountered with suit: _____

CHEMICAL RESPONSE SUIT INVENTORY:

Suits used this report: _____
Suits RESPONSE READY: _____
Designated Training Suits: _____
Other *(i.e. being repaired)*: _____

INDICATE SERIAL NUMBERS OF SUITS INVOLVED:

