



UNITED STATES MARINE CORPS  
CHEMICAL BIOLOGICAL INCIDENT RESPONSE FORCE  
II MARINE EXPEDITIONARY FORCE  
3399 STRAUSS AVENUE SUITE 219  
INDIAN HEAD, MD 20640

CO  
S-3  
OCT 27 2008

CHEMICAL BIOLOGICAL INCIDENT RESPONSE FORCE POLICY LETTER 06-08

From: Commanding Officer  
To: Distribution List

Subj: INCIDENT RESPONSE FORCE (IRF) STANDING OPERATING  
PROCEDURES (SOP) CHANGE REQUEST

Encl: (1) IRF SOP Change Request

1. Purpose. The objective of this policy is to ensure that all CBIRF personnel understand the proper procedures for requesting and approving a change to the IRF SOP.

2. Cancellation. This Policy Letter will remain in effect until revision or when indicated by the appropriate authority.

3. Information

a. If a Marine/Sailor feels that there is a need to make a change to the current IRF SOP, to include personnel/manning changes, the proper procedure is to fill out a formal IRF SOP Change Request (encl (1)).

b. The S-3 has a master copy of enclosure (1) posted on the Shared Files, under S-3. Refer all requests for copies to the S-3 if enclosure (1) can not be found.

c. Fill out enclosure (1) and send, via email through your chain of command, to the Assistant Operations Officer and the Operations Chief.

d. All IRF SOP change requests will be filed in a folder in the Shared Files/S3, titled Working IRF SOP Change Requests.

e. IRF SOP change requests will be reviewed, at a minimum, as a staff at the end of the month of each quarter.

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f. All IRF SOP change requests must be submitted during the first two months of the quarter in order to allow the staff to review and provide concur/non-concur comments during the last month.

g. The Company Commander/Executive Officer and the OIC/SNOIC of every section must provide concur/non-concur comments to each IRF SOP change request. The last month of the quarter is the prime opportunity to open all requests, review them, and provide concur/non-concur comments. These comments will be printed out and brought into the staff recommendation board at the end of the month in order to allow the Commanding Officer the basis to make his decision on each IRF SOP change request.

h. Sections that fail to provide concur/non-concur comments on all IRF SOP Change Requests before the quarterly staff recommendation board will forfeit all rights to vote and will accept the recommendation of the board and the decision by the Commanding Officer.

4. Scope. This Policy pertains to all personnel assigned to Chemical Biological Incident Response Force.



J. M. POLLOCK

Distribution: A

# CBIRF IRF SOP CHANGE REQUEST

## 1. Originator's Info

Name (Last, First, Initial)	Rank/Grade	Phone	Section/Company
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## 2. Type of Change (select one that best describes the request)

ADD a new portion that does not exist (go to #4)		REVISE an existing chapter/paragraph/sentence (go to # 3)	
REMOVE an existing chapter/paragraph/sentence (go to # 3)		OTHER any <u>minor</u> change not affecting CBIRF doctrine or TTP (grammatical, add pictures, etc.) Fill out only #3 & #4.	

## 3. Section Needing Revision/Removal (Indicate all applicable page numbers, then Cut/Paste section of IRF SOP)

## 4. Proposal - New IRF SOP description (Cut/Paste the proposed version of how this section will be printed in the IRF SOP. For complete revisions of SOP sections requiring multiple pages, attach that document with this correspondence to the S-3)

**5. Justification for Addition/Revision/Removal** - (If this issue is not Added/Revised/Removed from the IRF SOP, how does it affect your ability to perform the mission or task? Describe in detail why this Addition/Revision/Removal is necessary)

**S-1 Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**S-2 Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**S-3 Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**S-4 Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**S-6 Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**H&S Company Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES      NO      (NO recommendation requires comments):

**Alpha Company Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES      NO      (NO recommendation requires comments):

**Bravo Company Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES      NO      (NO recommendation requires comments):

**Technical Rescue Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES      NO      (NO recommendation requires comments):

**EOD Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES      NO      (NO recommendation requires comments):

**IDP Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES      NO      (NO recommendation requires comments):

**Medical Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES	NO	(NO recommendation requires comments):
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**Motor Transport Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES	NO	(NO recommendation requires comments):
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**Embark Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES	NO	(NO recommendation requires comments):
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**Engineer Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES	NO	(NO recommendation requires comments):
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**Supply Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
Date Received	Date Forwarded

Change Recommended: YES	NO	(NO recommendation requires comments):
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**Tech Cell Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES	NO	(NO recommendation requires comments):
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**KO Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES	NO	(NO recommendation requires comments):
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**NBC Warehouse Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES	NO	(NO recommendation requires comments):
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**DRTF Recommendation**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES	NO	(NO recommendation requires comments):
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**Battalion Commander Decision**

Name of Officer/SNCOIC (Last, First, Initial)	Rank/Grade
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Date Received	Date Forwarded
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Change Recommended: YES	NO	Comments (optional):
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