

N.H. Statewide Fire Mobilization

IMPLEMENTATION MASTER PLAN



Prepared for:

The New Hampshire Department of Safety

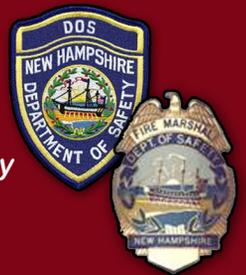
Office of the State Fire Marshal

Division of Fire Safety

New Hampshire Federation of Mutual Aid Districts

The New Hampshire Fire Service

Plan revised using Federal Homeland Security Funding



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Index

Section 1 AUTHORITY

Agreement	3
Purpose	3
Scope	4
Key Concepts & Incident Responsibility	4
Authority	5
Plan Maintenance	9

Section 2 OPERATIONAL CONCEPTS

Training Competencies/Physical Capabilities	10
Communications	10
Facilities/Personnel and Equipment	10

Section 3 OPERATIONS

Operations	12
Time Frame for Deployment	
Logistical Support	13
Self Contained	
Force protection	
Dispatch Methodology	14
Key Words/Definitions	
Summary	
Points to Remember	
Concept of Operation Flowchart	16
Requesting Community Procedures	17
Fire Mobilization Plan Control Center Procedure	17

Sending Mutual Aid District Procedure	17
Task Force/Strike Team Leader Procedure	18
Police Escort/Security Procedure	18
Task Force / Strike Team Organization	19
Recommended Practices	20
Code of Conduct	20
<u>Section 4</u> ADMINISTRATIVE FRAMEWORK	
Organizational Liability	22
Reimbursement	22
Severability	24
Duration	25
Memorandum of Agreement – Approval	26
Revision Log	27
<u>Section 5</u> ANNEX	28

NEW HAMPSHIRE STATEWIDE FIRE and ALL HAZARDS MOBILIZATION PLAN

Approved September 19, 2001

Revised - 07/01/14

AGREEMENT

This operating agreement is entered into, by and between the Border Area Mutual Aid Association, Interstate Emergency Unit, Southwestern New Hampshire District Fire Mutual Aid, Souhegan Mutual Fire Aid Association, Seacoast Fire Chief's Fire Mutual Aid District, Upper Valley Fire Mutual Aid Association, Capital Area Mutual Aid Fire Compact, North Country Fire Mutual Aid District, Twin State Mutual Aid Fire Association, Lakes Region Mutual Fire Aid Association, Kearsarge Mutual Aid, Ossipee Valley Mutual Aid Association, Division of Forests and Lands, and the State Fire Marshal pursuant to New Hampshire RSA Title 3, Chapter 53-A.

PURPOSE

The purpose of the State-wide Fire Mobilization Plan (hereafter known as the Plan) is to provide local first responders with easy access to large quantities of resources or specialties that may be needed in a major fire, disaster or other major emergency or event in the State of New Hampshire and elsewhere.

The Plan is based on a series of observed occurrences and shared experiences during recent disasters and major emergencies in the State of New Hampshire. It is also an evolution of our past experiences in dealing with the day-to-day incidents that continually challenge our resources and competencies. Most importantly, it is a practical approach to provide emergency service resources in quantities or specialties beyond the means of any single department. It is to the mutual advantage of the parties hereto to cooperate for the purpose of Fire and related incidents that are beyond the capabilities of local and regional emergency response organizations.

The Plan was developed to provide for the systematic mobilization, deployment, organization and management of emergency services resources to assist local agencies in a major fire, disaster or other major emergency. This enabling agreement is not obligatory and does not guarantee that any aforementioned parties will respond into other districts. Response will be provided based upon available resources.

SCOPE

New Hampshire is susceptible to natural and man-made disasters; therefore accentuating the need for this level of coordination and preparation. The effective management of emergency response personnel during the incipient stage of any major incident and throughout its extended operations will by far, have the most significant impact on life loss and the severity of injuries to the affected population. The Plan provides for the activation and sustained response of aid to a community in the event of a localized disaster. These events can include, but are not limited to, major fires, tornadoes, train derailments, hazardous materials incidents, wildland fires, domestic terrorism and other events that may overwhelm the local fire department serving the community and its normal mutual aid resources.

Requests for assistance are automatically approved and should be referred to the appropriate dispatch center. This Plan serves as the mechanism to commit local fire, EMS and special resources to emergencies beyond the scope of their normal mutual aid systems. It is important to understand that the control of an incident will remain in the hands of the local jurisdiction.

KEY CONCEPTS & INCIDENT RESPONSIBILITY

Responsibility for planning, initial response, direction and control rest with the affected local community. The Plan is directed toward enhancing disaster management at the local, county and state level of government by:

- Providing a simple method to immediately activate large quantities of fire, EMS and specialized personnel and resources.
- Establishing the positions, roles, and responsibilities necessary to activate and maintain this plan.
- Complimenting other disaster plans at the local and state level.
- Utilizing the Incident Command System (ICS) and the principles of the National Incident Management System (NIMS) which have been adopted by the State of New Hampshire.

This Memorandum of Agreement neither expands nor abridges any rights and responsibilities of any parties, including responsible parties, not signature to this agreement pursuant to RSA 154.

SECTION 1: AUTHORITY

Aid Outside District

Section 154:24

154:24 Outside Service by Local Fire Department. – Any city, town, village or fire district may authorize their respective fire department to go to the aid of another city, town, village or fire district within or without the state, for the purpose of extinguishing a fire, rendering other emergency assistance, or performing any detail as requested.

Source. 1949, 267:1. RSA 154:24. 1992, 154:15, eff. July 5, 1992.

Section 154:25

154:25 Rights, Privileges, Immunities. – While in the performance of their duties in extending such aid, firefighters shall be subject to the control and direction of the chief fire official of the municipality within which the fire or other emergency occurs, and they shall have the same immunities and privileges as if performing the same duties within their respective city, town, village or fire district.

Source. 1949, 267:1. RSA 154:25. 1992, 154:16, eff. July 5, 1992.

Section 154:26

154:26 Loss or Damage. – Any expenses incurred by any fire department, in rendering such aid outside the limits of its jurisdiction as provided hereunder, including loss or damage to equipment may be charged to the city, town, village or fire district whose officials requested such aid.

Source. 1949, 267:1, eff. June 22, 1949.

Section 154:27

154:27 Donation of Services. – Nothing contained herein shall be construed to prohibit any city, town, village or fire district extending such aid from donating their equipment and services and assuming the damage or loss to their equipment.

Source. 1949, 267:1, eff. June 22, 1949.

Section 154:28

154:28 Conditions and Restrictions. – The fire department may extend such aid outside the district, under this subdivision, subject to such conditions and restrictions as may be prescribed.

Source. 1949, 267:1. RSA 154:28. 1992, 154:17, eff. July 5, 1992.

Section 154:29

154:29 Compensation. – Any city, town, village or fire district aided under and in accordance with RSA 154:24-28 may compensate any city, town, village or fire district rendering aid to (a) employees for compensation during the time in which the rendering of their services prevented them from performing their regular duties at their place of employment, and (b) may reimburse in part or in whole for any payments lawfully made to any member of its fire department or to a spouse or other dependents on account of injuries or death suffered by the fire department member in the course of rendering aid outside the district or of death resulting from such injuries.

Source. 1949, 267:1. RSA 154:29. 1992, 154:18. 1998, 318:29, eff. Aug. 25, 1998.

Section 154:30

154:30 Duties of the State Fire Marshal. – At the request of any chief of an organized fire department within the state, the fire marshal shall provide help and assistance in coordinating the services of fire departments giving the mutual aid in the extinguishment of fires and other emergencies.

Source. 1949, 267:1. RSA 154:30. 1992, 154:19, eff. July 5, 1992.

District Fire Mutual Aid Systems

Section 154:30-a

154:30-a Formation. - I. Whenever 10 or more municipalities within the state shall have voted to authorize their respective fire departments to render outside aid as provided in RSA 154:24-30, they may, if they so desire, form a district fire mutual aid system, which shall be a public municipal corporation. They may petition the state fire marshal in writing to call the organizational meeting of the system.

II. Fewer than 10 municipalities which have complied with paragraph I of this section may petition the state fire marshal who may accept or reject the petition. The state fire marshal shall consider the fire protection needs of the applicants and the effect of the proposed system upon the fire protection of other municipalities.

Source. 1957, 277:1. 1992, 154:20, eff. July 5, 1992.

Section 154:30-b

154:30-b Organization. - I. Upon receipt of a petition under RSA 154:30-a, I, the state fire marshal shall call the first or organizational meeting of the system. Upon receipt of a petition under RSA 154:30-a, II, the state fire marshal may call such a meeting. The state fire marshal shall give written notice to the chief of each fire department in the system and may invite private fire departments within the designated area to join in the meeting by giving similar notice to them. Each fire department shall send one delegate to the organizational and subsequent meetings and shall be entitled to one vote in all proceedings. The delegate shall be the chief of each fire department or such alternate as the chief may designate. At the organizational meeting,

the members of the system shall adopt articles of association and bylaws and regulations for the future government and operation of the system which shall be effective upon submission to and approval by the attorney general, who shall cause the same to be recorded by the secretary of state. The system shall be deemed to have been formally established upon such recording. The organizational meeting shall also elect a board of directors consisting of such number as they may determine. Delegates and directors need not be residents. The board of directors shall be the governing body of the system and shall serve for terms of one year and until their successors are elected and qualify, provided that the organizational meeting, or any subsequent meeting, may vote to elect its directors for varying terms. If a meeting shall so vote for the first election under said vote one director shall be elected for a term of one year, one for a term of 2 years, one for a term of 3 years, one for a term of 4 years, and one for a term of 5 years, and thereafter there shall be elected at each annual meeting one director for a term of 5 years and until a successor is elected and qualified.

II. The directors shall choose from their number the officers of the system, who shall have such duties and powers them.

Source. 1957, 277:1. 1959, 198:1. 1992, 154:21. 1998, 318:30, eff. Aug. 25, 1998.

Section 154:30-c

154:30-c Powers and Duties. – I. A district fire mutual aid system shall coordinate the services of all municipalities and fire departments belonging to it so as to provide better and more efficient cooperation in the protection of life and property within the area which it comprises and toward this end shall cooperate with other state agencies including the division of homeland security and emergency management and local emergency management offices.

II. A district fire mutual aid system may:

- (a) Establish plans for the coordination of all municipal services performed by it;
- (b) Within the limits of available funds, acquire and operate property and equipment, including a dispatch center;
- (c) Provide communications service, radio repair, and maintenance service to its member municipalities and fire departments or persons and firms under contract with a member municipality or fire department;
- (d) Provide private fire, burglary, and supervisory alarm service;
- (e) Provide dispatch and communications service for police and emergency medical services of member municipalities and fire departments or for such services as are under contract with member municipalities and fire departments;
- (f) Extend the advantages of group purchasing for services performed by it to municipalities and fire departments in the system; and
- (g) Provide and operate training programs for firefighters and emergency medical technicians.

III. The state fire marshal may render advice, recommendations and assistance to any district fire mutual aid system.

Source. 1957, 277:1. 1981, 393:1. 1992, 154:22. 1993, 28:7, eff. Jan. 1, 1994. 2003, 319:126, eff. Sept. 4, 2003. 2004, 171:18, eff. July 24, 2004. 2008, 361:15, eff. July 11, 2008.

Section 154:30-d

154:30-d Joining and Withdrawal. – Additional municipalities within or outside the state may join the system, as provided in RSA 154:30-a through RSA 154:30-h, and shall be received as members subject to the approval of the board of directors. Municipalities which do not have active fire departments may be admitted as members upon such conditions as the board of directors may fix. Private fire departments within or outside the state may also be accepted as members, with equal voting rights, by the board of directors, under such arrangements as are mutually agreed upon. A municipality or private fire department may, by vote of its governing board, withdraw from the system but such withdrawal shall not be effective until 90 days after written notice of such withdrawal shall have been delivered to one of the officers of the system.

Source. 1957, 277:1. 1977, 321:1. 1992, 154:23, eff. July 5, 1992.

Section 154:30-e

154:30-e Limitation of Liability. – There shall be no liability imposed by law on the system or on any municipality, on the personnel of its fire department, nor on any private fire department or its personnel, belonging to such a system, for failure to respond or to respond reasonably for the purpose of extinguishing any fire. This immunity is not intended to be exclusive of other immunities existing by statute or at common law.

Source. 1957, 277:1, eff. Oct. 1, 1957.

Section 154:30-f

154:30-f Appropriations. – Municipalities belonging to such a system may raise and appropriate money for the purpose of the system. Counties in which a system is established may raise and appropriate money for the purposes of the system; provided however that where all the municipalities in the county do not belong to the system, such county appropriations may only be made by the affirmative vote of 2/3 majority of the county convention present and voting.

Source. 1957, 277:1, eff. Oct. 1, 1957.

Section 154:30-g

154:30-g Definition. – The term ""private fire department" as used in this subdivision shall include fire organizations operated by industries and establishments for self-protection and also nonprofit volunteer fire associations. Nothing contained in this subdivision shall be construed to interfere with the exclusive jurisdiction vested by law in the director, division of forests and lands, department of resources and economic development, and the director's subordinates over forest fires as provided in RSA 227-L, nor to affect the laws governing prevention or extinguishment of forest fires.

Source. 1957, 277:1. 1995, 299:9, eff. Jan. 1, 1996.

Section 154:30-h

154:30-h Gifts. – A district fire mutual aid system may receive, hold and use gifts, bequests and devises, either outright or in trust, for purposes consistent with this subdivision.

Source. 1959, 198:2, eff. Sept. 20, 1959.

PLAN MAINTENANCE

Federation of Fire Mutual Aids Mobilization Plan Working Group

The maintenance of the Plan, including its development, revision, distribution, training and exercising is the responsibility of the New Hampshire State Fire Marshal. (RSA 154:30, Charges the New Hampshire State Fire Marshal with the responsibility to coordinate Mutual Aid.)

The State Fire Marshal has given custody of the Plan to the New Hampshire Federation of Fire Mutual Aids in coordination with its member organizations.

Revision Process

The Plan will be reviewed on an annual basis by members of a stakeholders working group. The Federation in coordination with the stakeholders working group is authorized to publish changes to the Plan as necessary. During the interim period between the annual reviews, recommendations for revision will be forwarded to the Federation for distribution to and concurrence by the stakeholders working group.

All changes to the Plan will be documented and included in a Plan Revision Log. This log will be maintained by the Federation and incorporated as part of the Plan. Additionally, a record of those serving on each review process will be documented and included in the Plan Revision Log.

The State Fire Marshal and the Federation will maintain an updated version of the Plan, including all revisions.

SECTION 2: OPERATIONAL CONCEPTS

TRAINING COMPETENCIES/PHYSICAL CAPABILITIES

The sending agency has the responsibility to ensure that personnel are trained to a basic level of proficiency based upon the mission. In addition, all responding personnel must be NIMS compliant. All responding personnel should meet the minimum level of certification as provided by the appropriate state agency and/or meet the appropriate nationally recognized standards of the National Emergency Responder Credentialing System for the position to be filled.

Additionally, personnel responding to an activation of the plan shall be in physical condition commensurate with the expected tasks to be performed and conditions to be faced.

Such assurances for NIMS compliance, training competencies and physical ability must come from the authority sending the assistance and be capable of being proved by audit.

All parties to this agreement agree to exchange training opportunities, share planning documents, resource listings and standard operating guidelines.

COMMUNICATIONS

The key to the successful operation of the various resources in a region will depend heavily upon the ability of these agencies to communicate effectively with each other. It is realistic to assume that in the wake of a major disaster, the existing communication system in the affected area may have been impacted. By the terms of this agreement, each party agrees to permit the others to utilize radio frequencies, computers, telephones and pagers for emergency response. Primary communications for Task Force/Strike Team mobilization will be conducted on public safety interoperability zone "H". Utilization of Mobile Command Post and Vehicles will help to achieve interoperability.

NIMS requires the use of Plain Language for all voice transmissions. Adherence to this principle is especially critical when an incident involves multiple types of agencies. Use of codes that are not understood by all participants could lead to confusion and reduced effectiveness.

FACILITIES/PERSONNEL AND EQUIPMENT

Each Mutual Aid District will maintain a list of personnel and equipment available to other Districts. This database will be the primary source for identifying potential equipment, vehicle and personnel resources. All resources available shall be kept up to

date in the Mutual Aid Network Program.

Participating Mutual Aid Districts agree to provide the New Hampshire Federation of Mutual Aid Districts with changes to task force components and District contact information.

Resource Typing: Resource typing will be consistent with the most current edition of FEMA/NIMS Integration Center's Resource Typing Definitions Library or State Resource Typing Document contained in Annex D.

SECTION 3: OPERATIONS

When any District requests assistance from another, the sending fire department shall dispatch only personnel who meet or exceed minimum requirements for certification and training and physical standards as set forth by the appropriate state agency and/or the appropriate nationally recognized standard.

At the time of the request the assisting District(s) shall dispatch the appropriate available resources in accordance with the Resource Typing specified in this plan's methodology.

All Districts will operate using the Incident Command System and NIMS Standards.

TIME FRAME FOR DEPLOYMENT

Rapid Response: In many emergency situations, a rapid deployment may be deemed necessary and authorized as a Rapid Response. Time frame for deployment of these missions shall be as soon as possible, preferably within 1 hour of notice of dispatch and authorization. Unless otherwise stated, the anticipated duration of the deployment will be up to 24 hours. The request will direct the deploying resources to respond to the designated Staging Area or check-in area identified by the IC. Responding units should plan to be self-sufficient for the length of the assignment.

Standard Deployment: Unless specified otherwise at the time of request, the standard for deployment of resources shall be within three (3) hours of notice from the Dispatch/authorization. Anticipated deployment should be expected to not exceed seventy-two (72) hours. Deployed resources shall report to the designated location identified in the deployment request. All personnel responding on a Standard Deployment should be self-supporting for up to twenty-four (24) hours.

Extended Deployment: Unless specified otherwise at the time of request, the standard for deployment of resources shall be within twenty four (24) hours of notice from the Dispatch/authorization. Anticipated deployment should be expected to exceed seventy two (72) hours. Deployed resources shall report to the designated location identified in the deployment request. Extended deployment of personnel shall not exceed fourteen (14) days exclusive of travel days.

Demobilization: It shall be policy to release assisting District(s) from duty as soon as practical and mutually agreed. Demobilization from incidents will be relayed through appropriate dispatch channels to notify home units of release of their resources. Demobilization should be coordinated and completed in accordance with the ICS principles of NIMS. A demobilized task force will be under the control of its Leader until arrival at its home jurisdiction.

Self-Dispatching: Fire Department, EMS units and/or individuals shall not self-dispatch to the Mobilization Plan activation. To ensure proper dispatch authorization the Staging Area shall have a record of requested resources to validate access to the incident. It is the responsibility of local officials and dispatch centers to take aggressive action to insure that such resources are not utilized. There shall be no funding support or reimbursement provided to self dispatched units or personnel.

POV's (personally owned vehicles): At no time shall personnel respond in POV's. All responses shall be in department vehicles designed and equipped for the intended use. This response method will help to assure that resources used will have the proper vehicle liability insurance coverage.

LOGISTICAL SUPPORT

The logistical support of resources is critical in the management of a disaster effort. Logistical support will be established as soon as possible and will be maintained by the agency requesting the resources. Responding resources on a Standard or Extended Deployment should be prepared to be self-contained for up to twenty-four (24) hours.

- The receiving agency should provide food, water, and shelter for up to seventy-two (72) hours for responding personnel.
- When responding to a deployment, personnel should bring medicine, clothing and personal hygiene items to support themselves for not less than the duration of deployment.

Force Protection

Protection of responders will be coordinated on the local level or with ESF 13 (Public Safety and Security) if it is available based on the nature of the mission and extent of risk to those responders. This protection shall include but not be limited to:

- Protection of personnel and equipment while in transit
- Perimeter and access security to the incident area
- Security at the Base of Operations
- Protection during search & rescue operations
- Protection during EMS triage, treatment and transport operations
- Protection during fire operations
- Detainment of self-dispatched apparatus and personnel

The primary mission of the force protection resources is to assess and detect hostile activity before it becomes a risk to operations. The law enforcement officer must assess, evaluate and then advise the Leader or the senior operations officer, regarding risk associated with criminal or hostile individuals or groups.

All security, incident status, risk information, and press releases will be directed to and disseminated from the Incident Information Officer.

DISPATCH METHODOLOGY

KEY WORDS/DEFINITIONS

Assembly Staging -	A location where task forces are designated to meet and form a convoy to respond to an incident.
Command Post -	Location of the Incident Commander and his supporting staff.
District Control Center -	The fire mutual aid control center for dispatching.
District Fire Coordinator -	The president or designee of each participating mutual aid district.
Incident Commander -	The Head of the Local Fire Department or his authorized subordinate responsible for the entire operation.
Staging Area -	A reception area designated to receive incoming forces assigned to the incident.
Strike Team -	A Strike Team Leader and a group of five single pieces of the same type of apparatus.
Task Force Leader-	A Task Force Leader in command and responding with a task force.
Task Force Disaster -	One (1) Task Force Leader, three (3) engines, one (1) ladder, one (1) heavy rescue.
Task Force Forestry -	One (1) Task Force Leader, one (1) Type I Engine, three (3) Forestry Engines and one (1) tender
Strike Team Forestry	One (1) Strike Team Leader, five (5) forestry engines.
Strike Team Forestry (Crew)	One (1) Strike Team Leader, five (5) four (4) person crews.
Strike Team EMS	One (1) Strike Team Leader, five (5) ambulances (EMS level as requested)
Task Force Structural -	One (1) Task Force Leader, four (4) engines, one (1) ladder truck.
Task Force Tender-	One (1) Task Force Leader, one (1) engine, four (4) tenders.

Dispatch Methodology Summary

The local incident commander requests aid through the local dispatch center as an incident escalates. The local dispatch center utilizes normal in-district mutual aid from surrounding communities. When this source of mutual aid is depleted and the local incident commander requires additional aid, the local dispatch center will request such aid from the Fire Mobilization Plan Control Center initial point of contact which is

Capital Area Mutual Aid Fire Compact. The Capital Area Mutual Aid Fire Compact, in concert with the other Fire Mobilization Plan Control Centers, (Lakes Region Fire Mutual Aid and Southwestern New Hampshire District Fire Mutual Aid) determines which Control Center will be the primary control center for this call up. The Primary Control Center, utilizing the State Fire Mobilization Plan, shall request the indicated task force(s) or strike team(s) from the appropriate Mutual Aid District(s), notifying them of the situation and the location of the staging area to which their task force or strike team is to report.

The responding Mutual Aid District, utilizing this plan, will activate the appropriate task force or strike team informing those units of an in-district assembly staging area. Once assembled, the task force or strike team shall respond in convoy to the incident staging area. The responding Mutual Aid District shall notify the primary control center of the departure and estimated time of arrival. The State Fire Marshal shall be notified of this status. All control centers and the Mutual Aid District (s) shall remain ready to provide logistical information until the task force or strike team arrives at the staging area and is under the control of the incident commander.

Points to Remember

- The Statewide Mobilization Plan only comes into effect when the local community resources and those of its normal mutual aid system are expended.
- The plan organizes apparatus and personnel in task forces or strike teams. Each has its own Task Force or Strike Team Leader.
- The task forces or strike teams meet at an assembly staging area and travel together. They report to a designated staging area for assignment.
- Task forces or strike teams cannot be used for routine cover assignments. Station coverage remains a local mutual aid system responsibility.
- The Incident Commander must initiate the request for the plan to be implemented. The Incident Commander assumes overall responsibility.
- Notification must be made to the State Fire Marshal's Office when the plan is activated.
- Task force or strike team apparatus must meet the FEMA Typing Standards. All Fire Departments and mutual aid control centers must issue procedures that reference this plan.
- Authority for this plan is pursuant to New Hampshire RSA Title 3, Chapter 53-A.
- Task Forces may be customized depending on the incident conditions but should follow NIMS best practices

OPERATIONAL FLOW CHART

When Local Incident Exceeds the Ability of the Local Mutual Aid District to Control and more resources are needed



The Incident Commander requests additional resources, utilizing the Mobilization Plan, from their Dispatch Center



The Dispatch Center requests a ST/TF from the Fire Mobilization Plan Point of Contact (Capital Area Mutual Aid Fire Compact)



The Fire Mobilization Plan Control Center (in concert with Lakes Region and Southwest) selects the Primary Control Center for the Sending TF/ST and contacts the Sending Mutual Aid District Dispatch Center



The Sending Mutual Aid District Dispatch Center contacts the TF/ST Leader, determines the Assembly Point and Dispatches the appropriate response assets



TS/ST Leader assembles assets, responds in convoy to Requesting Community



TF/ST Leader updates Sending Mutual Aid Dispatch; Sending Mutual Aid Dispatch updates Responding Departments and Primary Control Center

Requesting Community Procedures/Local Community Procedures:

- After all local mutual aid resources have been exhausted the local incident commander requests a Task Force/Strike Team via the local communications center.
- The local communications center contacts Statewide Fire Mobilization Plan Point of Contact (Concord Compact) with request for Task Force or Strike Team.
- Specify the Staging Area or Location where you want the requested assets to report.
- Relay incident type, location, your dispatch center phone number and your primary radio frequency.
- Maintain communications with the Primary Control Center on a designated frequency.

Fire Mobilization Plan Control Center Procedures:

- Gather all pertinent information of request. Verify request via phone
- Determine (with other Control Centers) which Center will be the Primary Control Center
- The Primary Control Center utilizing the Plan shall request the indicated resources from the appropriate Mutual Aid District
- The Primary Control Center shall contact the Area Mutual Aid District and relay all available information
- Confirm the Requesting Incident Staging Area location.
- Notify NH State Police
- Notify NH State Fire Marshal or ESF 4 if State EOC is open
- Maintain communication with Area Mutual Aid district and Requesting Agency Dispatch Center

Sending Mutual Aid District Procedures:

- Contact the Task Force/Strike Team Leaders
- Determine the Assembly Staging Area for the Sending Mutual Aid

- Dispatch all Companies to the Assembly Staging Area
- Confirm the deployment of all requested assets
- Maintain communication with the Leader, Primary Control Center and the requesting Dispatch Center as time permits

Task Force/Strike Team Leader Procedures:

- Determine/Advise Dispatch of TF/ST Assembly Staging Area
- Proceed to and set up Assembly Staging Area
- Assemble and inventory all Response Assets and Personnel
- Begin convoy under Security Escort to Incident Staging Area, advise primary Control Center by Radio or Phone
- Establish communications with Incident Dispatch Center
- Confirm the Team Assignment
- Confirm Logistical Support Needs (Personnel, Rehab, Food, Fuel, Shelter, etc)
- Provide Status Reports to area mutual aid district.

Police Escort/Security Procedure:

- Establish communications with Task Force/Strike Team Leader
- Monitor area security and traffic
- Determine travel route to Destination
- Lead Task Force/Strike Team convoy to Destination, advise State Police
- Establish communication with Destination Community Police agency
- Maintain communication with TF/ST Leader
- Coordinate/ Manage security needs of TF/ST
- Provide Progress Reports to NH State Police (Situation, Status, Logistic, Support Needs)

TASK FORCE / STRIKE TEAM ORGANIZATION:

Disaster Task Force

- One (1) Task Force Leader
- Three (3) Type I Engines
- One (1) Type I Ladder Truck (indicate ladder, platform or tower)
- One (1) Heavy Rescue

Task Force – Structural

- One (1) Task Force Leader
- Four (4) Type I Engines
- One (1) Type I Ladder Truck (indicate ladder, platform or tower)

Task Force Forestry

- One (1) Task Force Leader,
- One (1) Type I Engine
- Three (3) Forestry Engines and one (1) Tender

Tender Task Force

- (1)Task Force Leader
- Four (4) Tenders
- One (1) Engine Type 1

STRIKE TEAMS: Consists of five (5) resources of the same kind and type with common communications and a Strike Team Leader.

The following are available for deployment:

- Engine Strike Team – Structural (Type I or II)
- Engine Strike Team – Forestry (Type III – VII)
- Ladder Strike Team – (Type I – IV)
- Tender Strike Team – (Type I – III)
- Ambulance Strike Team – EMS Level as requested
- Forestry Crew – Five (5) four person crews (Type II or Type III)

Recommended Practices:

- Task Force or Strike Team Leaders are to have completed the requisite training, be experienced in handling multiple company operations and have exclusive interoperable mobile radio communications.
- Task Force or Strike Team apparatus shall meet the minimum typing requirements based on the resources requested.
- Transportation of manpower to the assembly point may be by private vehicle but use of official vehicles is preferred. Transportation in convoy to the scene must be by official vehicles.
- Units shall travel in convoy from the assembly point to the Incident Staging Area.
- Strike Team/Task Force Leaders should have an aide available.

CODE OF CONDUCT:

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the Plan. Each system member is both a representative of their response team and their sponsoring agency. Any violation of principles or adverse behavior demonstrated will be looked upon as unprofessional. Such behavior may discredit the good work that the resource completes and will reflect poorly on the entire team's performance and its' sponsoring agency.

General Responsibilities

- It is the responsibility of the sponsoring agency to prepare its system members before deployment regarding conduct expectations. Each deployed member is bound by their sponsoring agency's rules, regulations, policies and procedures.
- It is the responsibility of each agency to reinforce the Code of Conduct during all planning sessions, team meetings and briefings and to monitor compliance.
- At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.
- The Task Force/Strike Team leader has the authority to dismiss any member(s) of the deployed team if said member's behavior, attitude or ability is detrimental to the functional operations of the team.
- It is the responsibility of each system member to abide by this Code of Conduct.

Individual Responsibilities

As a basic guide, every responder will base all actions and decisions on the ethical, moral and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all system events. Accordingly system members will:

- Keep the value of life and welfare of the victim constantly in mind

- Remain cognizant of cultural issues including race, religion, gender and nationality
- Abide by all local law enforcement practices, including its policy regarding weapons.
- Abide by all regulations regarding the handling of sensitive information
- Follow local regulations and agency protocols regarding medical care and handling of patients and/or deceased
- Follow prescribed direction regarding dress code and personal protective equipment
- Not carry firearms unless authorized
- Not be in possession of non-prescribed or illegal substances
- Will not consume alcoholic beverages while deployed
- Only procure equipment through appropriate channels
- Follow State and Federal regulations or restrictions regarding taking and showing pictures of victims or structures
- Not remove any items from an operational work site as a souvenir
- Not deface any property
- Transit only via approved roadways and not stray into restricted area
- Demonstrate proper consideration for other teams' capabilities and operation practices
- Not accept gratuities to promote cooperation

SECTION 4: ADMINISTRATIVE FRAMEWORK

ORGANIZATIONAL LIABILITY

Workers Compensation Coverage

Each participating organization will be responsible for its own actions and those of its employees and volunteers and is responsible for complying with the New Hampshire Workman's Compensation laws.

Automobile/Vehicle Liability Coverage

Each participating organization will be responsible for its own actions and those of its employees and volunteers and will be responsible for complying with the New Hampshire Vehicle Insurance Laws

General Liability, Public Officials, and Law Enforcement Liability

NH RSA 154:25 Rights, Privileges, Immunities. – While in the performance of their duties in extending such aid, firefighters shall be subject to the control and direction of the chief fire official of the municipality within which the fire or other emergency occurs, and they shall have the same immunities and privileges as if performing the same duties within their respective city, town, village or fire district.

Failure to Respond

If a jurisdiction receives a request that they cannot fulfill, the jurisdiction has the right to refuse the request. The jurisdiction must immediately notify the local mutual aid communications center of the inability to fulfill the request. The local mutual aid communications center will complete the resource requirement by use of the listed alternates in the Resource Inventories.

REIMBURSEMENT

All reimbursement made under this agreement, if any, shall be in accordance with cost established by the Department of Safety under RSA 154 or by the Division of Forests and Lands under RSA 227-L.

REIMBURSEMENT PROCEDURE

Upon the activation of this plan, this Reimbursement Procedure will be applicable to all on-scene and responding agencies. The requesting organization will reimburse the

responding organization for all deployment and operational costs to include those related to personnel, use of equipment, and travel. A responding organization may choose to assume or donate, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided to the requesting organization. Agencies responding to incidents under the Fire Mobilization Plan may or may not be reimbursed for their expenses. Reimbursement may be provided by the local entity requesting assistance or by the federal government if the incident occurs on federal land, or the incident may be covered by other statutes concerning reimbursement (e.g. hazardous materials incidents). In any case, by participating in the Plan, agencies assume full responsibility for tracking their costs. Furthermore, without valid documentation, no reimbursement will be made.

Documentation Requirements

Any reimbursement, local, state or federal, is based on the supporting documentation. The same documentation procedures are applicable to local, state and federal claims. The documentation must be able to stand the test of audit. The forms utilized are also available in a computerized version. Failure to properly document costs may result in part or the entire claim being ineligible for reimbursement. It is important to document the request for resources in addition to documenting costs.

Eligibility

To meet eligibility requirements for reimbursement, an item of work must:

- Be required as the result of the emergency or disaster event.
- Have been requested by the impacted jurisdiction.
- Have been properly dispatched according to the Plan.
- Be located within a designated emergency or disaster area.
- Be the legal responsibility of the eligible applicant.

Responding organizations activated by this plan must submit reimbursement claims to the impacted jurisdiction(s) within thirty (30) days.

Financial Assistance Availability

FEDERAL – When damages are so extensive that the combined local and state resources are not sufficient, the governor submits a request for an emergency or major disaster declaration to the President through Federal Emergency Management Agency (FEMA). A joint FEMA, State and local team will conduct a Preliminary Damage Assessment to determine if there is a need for federal assistance. If federal assistance is justified, the President issues an emergency or major disaster declaration and various emergency or disaster programs are made available. Federal assistance usually is based upon a shared cost basis (i.e. 75% federal funds and 25% non-federal funds).

Expenses for Personnel

During a federally declared disaster, only the actual hours worked beyond the regular duty time, either overtime or regular time hours, including Fringe benefits, can be claimed for FEMA category A and B (Emergency Work). Pay rates will be in accordance with the existing Collective Bargaining Agreement (CBA), pay ordinance or plan that is in effect at the time of the Plan activation. (It is imperative that all organizations requesting reimbursement have a pay rate for all participating personnel prior to plan activation.) Standby time is not eligible for reimbursement. If time and one-half or double time is paid to regular hourly employees for overtime or holiday work, these payments must be in accordance with rates established prior to the disaster.

In some cases, FEMA may approve reimbursement for overtime costs associated with “backfilling”. If approved, this option would allow the department to be reimbursed when personnel are called back to work on an overtime basis to replace existing employees already approved to perform disaster related activities elsewhere. To facilitate this reimbursement, the responding department must have a written policy concerning “backfilling” in existence prior to the disaster. Sample policies may be found in Annex D of this document.

Equipment Expenses

Each agency may be eligible for reimbursement of equipment which is owned by the agency which is used in disaster work. To assist in the reimbursement process, FEMA has developed an equipment rate schedule. Participating agencies should obtain the most recent version of the FEMA Equipment Rate Schedule prior to making a claim for reimbursement. A complete listing may be obtained at:

www.fema.gov/schedule-equipment-rates

Rented Equipment, Contracted Services and Materials

It is possible that a department may use some rented equipment, contracted services or consumable materials. These costs may also qualify for reimbursement.

SEVERABILITY

This plan shall be construed to effectuate the purposes stated in the Purpose and Scope. Should a court of competent jurisdiction rule any portion, section, subsection or provision of this Plan invalid, nullified or unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of this Plan and the applicability thereof to other persons and circumstances shall not be affected

It is intended that the provisions of this Plan shall be reasonably and liberally construed to effectuate the purposes thereof. If any part or application of this Plan, or legislation enabling the Plan, is held invalid, the remainder of the Plan or its application to other situations or persons shall not be affected. The validity of this Plan shall not be affected by any insubstantial difference in its form or language as adopted by the Authority Having Jurisdiction.

DURATION

This agreement will be effective on the date of signature and will remain in force until the party provides written notice of withdrawal. Member association withdrawal must be submitted to the State Fire Marshal and President of the New Hampshire Federation of Mutual Aid Districts and shall include the date when the withdrawal shall become effective. No withdrawal shall be effective in less than 90 days from the notice of withdrawal.

MEMORANDUM OF AGREEMENT - APPROVAL

AGENCY _____ ***SIGNATURE/TITLE*** _____ ***DATE*** _____

Border Area Mutual Aid Association _____

Interstate Emergency Unit _____

Southwestern New Hampshire District Fire Mutual Aid _____

Souhegan Mutual Fire Aid Association _____

Seacoast Chief Officer's Fire Mutual Aid District _____

Upper Valley Fire Mutual Aid Association _____

Capital Area Mutual Fire Aid Compact _____

North Country Fire Mutual Aid District _____

Twin State Mutual Aid Fire Association _____

Lakes Region Mutual Fire Aid Association _____

Kearsarge Mutual Aid _____

Ossipee Valley Mutual Aid _____

State Fire Marshal _____

Division of Forests & Lands _____

The official signature page(s) is on file at the office of the New
Hampshire State Fire Marshal

SECTION 5: ANNEX

TABLE OF CONTENTS

ICS Forms	Annex A
• ICS 201 Incident Briefing	A1
• ICS 202 Incident Objectives	A7
• ICS 203 Organizational Assignment	A10
• ICS 204 Assignment List	A13
• ICS 205 Communications Plan	A16
• ICS 205A Communications List	A17
• ICS 206 Medical Plan	A19
• ICS 208 Safety Message	A22
• ICS 211 Check-In Sheet	A24
• ICS 213 Resource Request Order	A28
• ICS 214 Activity Log	A29
• ICS 221 Demobilization Check-out	A32
Resource Manifest	Annex B
• Task Force/Strike Team Leader	B1
• Engine – Structural	B2
• Ladder	B3
• Tender	B4
• Engine – Wildland	B5
• Rescue	B6
• Ambulance	B7
• Crew/Team	B8
Mob Plan Worksheets	Annex C
• Statewide Control Center	C1
• Requesting Community Dispatch Center	C2
• Sending Mutual Aid Dispatch Center	C3
• Task Force/Strike Team Leader	C4
Resource Typing Document	Annex D
Specialized Teams	Annex E
• Incident Management Teams	E1
• Hazardous Materials Teams	E2
• Swift Water Rescue Teams	E4
• NH Ambulance Strike Team (private/3 rd service)	E5
• Collapse Search & Rescue Teams (pending)	

- Rope Rescue Teams (pending)
- Trench Rescue Teams (pending)
- Confined Space Rescue Teams (pending)

Sample Reimbursement Policy & Documents

Annex F

Emergency Management Assistance Compact – EMAC

Annex G

ANNEX A

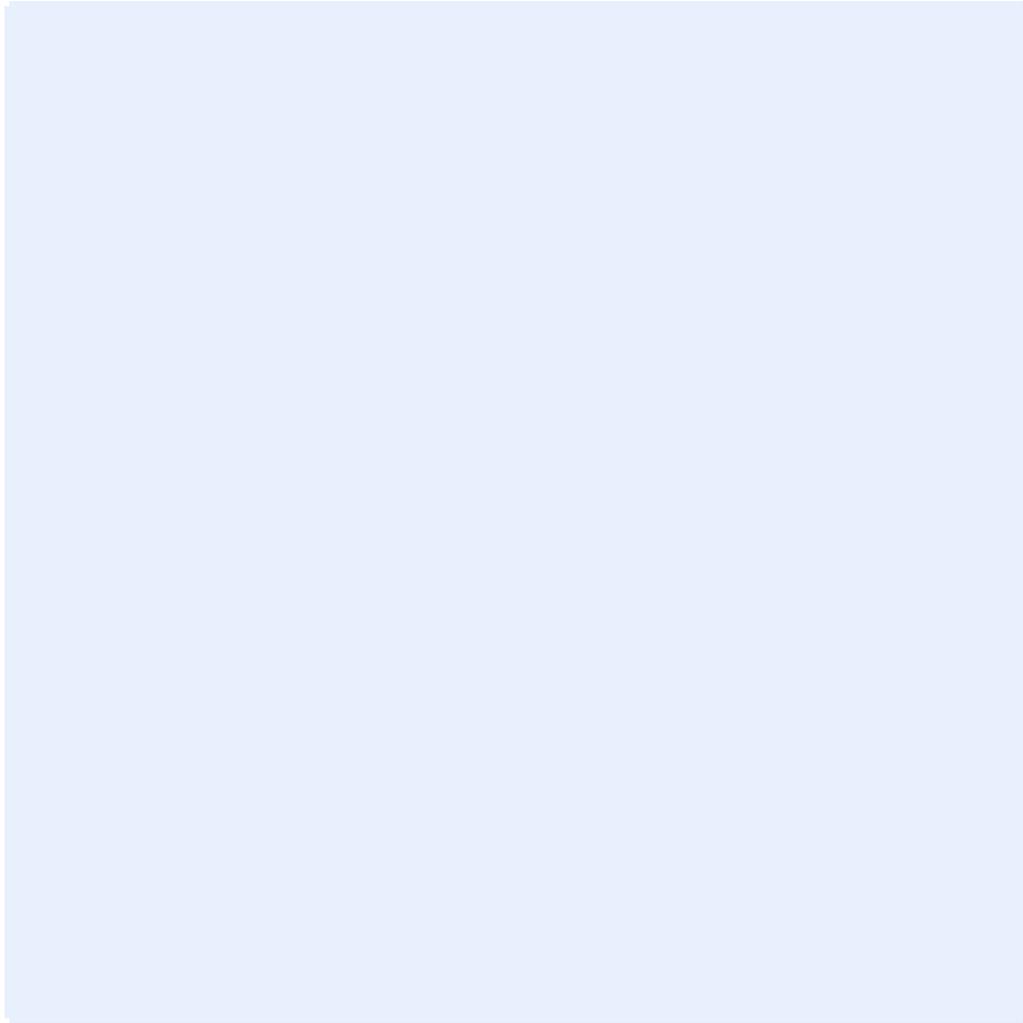
ICS FORMS

The ICS forms contained in this section are the ones typically found in an Incident Action Plan. The instructions for completing the forms are included. Personnel deploying under the guidelines of this plan should be familiar with each of the forms.

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
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4. Map/Sketch(include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):



5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

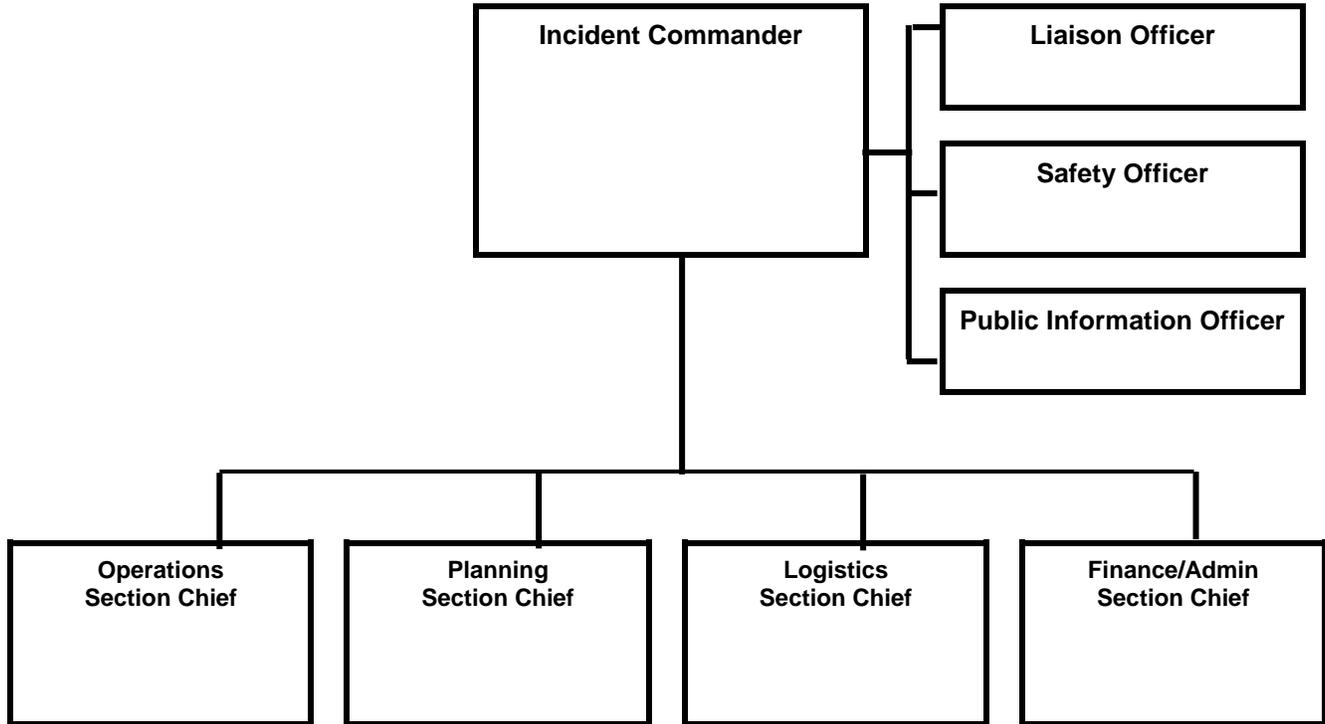
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1 Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: HHMM
-------------------	---------------------	---

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
ICS 201, Page 3	Date/Time: Date _____	

ICS 201 Incident Briefing

Purpose.The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation.The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The “Map/Sketch” and “Current and Planned Actions, Strategies, and Tactics” sections (pages 1–2) of the briefing form are given to the Situation Unit, while the “Current Organization” and “Resource Summary” sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated <ul style="list-style-type: none"> • Date, Time 	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> • Time • Actions 	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"> • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief 	<ul style="list-style-type: none"> • Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	<ul style="list-style-type: none"> • Resource 	Enter the number and appropriate category, kind, or type of resource ordered.
	<ul style="list-style-type: none"> • Resource Identifier 	Enter the relevant agency designator and/or resource designator (if any).
	<ul style="list-style-type: none"> • Date/Time Ordered 	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	<ul style="list-style-type: none"> • ETA 	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	<ul style="list-style-type: none"> • Arrived 	Enter an "X" or a checkmark upon arrival to the incident.
	<ul style="list-style-type: none"> • Notes (location/assignment/status) 	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		TimeFrom: HHMM	Time To: HHMM
3. Objective(s):			
4. Operational Period Command Emphasis:			
General Situational Awareness			
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Approved Site Safety Plan(s) Located at: _____			
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):			
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____	
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
8. Approved by Incident Commander: Name: _____ Signature: _____			
ICS 202	IAP Page	Date/Time: Date	

ICS 202 Incident Objectives

Purpose.The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation.The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution.The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident. If needed, an incident number can be added.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Objective(s)	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach: S pecific – Is the wording precise and unambiguous? M easurable – How will achievements be measured? A ction-oriented – Is an action verb used to describe expected accomplishments? R ealistic – Is the outcome achievable with given available resources? T ime-sensitive – What is the timeframe?
4	Operational Period Command Emphasis	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	<p>Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <p><input type="checkbox"/> ICS 203</p> <p><input type="checkbox"/> ICS 204</p> <p><input type="checkbox"/> ICS 205</p> <p><input type="checkbox"/> ICS 205A</p> <p><input type="checkbox"/> ICS 206</p> <p><input type="checkbox"/> ICS 207</p> <p><input type="checkbox"/> ICS 208</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> WeatherForecast/Tides/Currents</p> <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <p><input type="checkbox"/> ICS 203 – Organization Assignment List</p> <p><input type="checkbox"/> ICS 204 – Assignment List</p> <p><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</p> <p><input type="checkbox"/> ICS 205A – Communications List</p> <p><input type="checkbox"/> ICS 206 – Medical Plan</p> <p><input type="checkbox"/> ICS 207 – Incident Organization Chart</p> <p><input type="checkbox"/> ICS 208– Safety Message/Plan</p>
7	<p>Prepared by</p> <ul style="list-style-type: none"> • Name • Position/Title • Signature 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	<p>Approved by Incident Commander</p> <ul style="list-style-type: none"> • Name • Signature • Date/Time 	<p>In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.</p>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:		Date From: Date	Date To: Date
				TimeFrom: HHMM	Time To: HHMM
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		Branch			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:		Division/Group			
Agency/Organization	Name	Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:		Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief		Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name:		Position/Title:		Signature: _____	
ICS 203	IAP Page	Date/Time: Date			

ICS 203

Organization Assignment List

Purpose.The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation.The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution.The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Incident Commander(s) and Command Staff <ul style="list-style-type: none">• IC/UCs• Deputy• Safety Officer• Public Information Officer• Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	Agency/Organization Representatives <ul style="list-style-type: none">• Agency/Organization• Name	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	Planning Section <ul style="list-style-type: none">• Chief• Deputy• Resources Unit• Situation Unit• Documentation Unit• Demobilization Unit• Technical Specialists	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	<p>Logistics Section</p> <ul style="list-style-type: none"> • Chief • Deputy <p>Support Branch</p> <ul style="list-style-type: none"> • Director • Supply Unit • Facilities Unit • Ground Support Unit <p>Service Branch</p> <ul style="list-style-type: none"> • Director • Communications Unit • Medical Unit • Food Unit 	<p>Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
7	<p>Operations Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Staging Area <p>Branch</p> <ul style="list-style-type: none"> • Branch Director • Deputy • Division/Group <p>Air Operations Branch</p> <ul style="list-style-type: none"> • Air Operations Branch Director 	<p>Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column.</p> <p>Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
8	<p>Finance/Administration Section</p> <ul style="list-style-type: none"> • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit 	<p>Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title.</p> <p>If there is a shift change during the specified operational period, list both names, separated by a slash.</p> <p>For all individuals, use at least the first initial and last name.</p>
9	<p>Prepared by</p> <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>

ICS 204 Assignment List

Purpose.The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation.The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution.The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	<ul style="list-style-type: none"> • Resource Identifier 	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	<ul style="list-style-type: none"> • Leader 	Enter resource leader's name.
	<ul style="list-style-type: none"> • # of Persons 	Enter total number of persons for the resource assigned, including the leader.
	<ul style="list-style-type: none"> • Contact (e.g., phone, pager, radio frequency, etc.) 	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	<ul style="list-style-type: none"> • Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information 	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell phone number. Add a secondary contact (phone number or radio) if needed.
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: <input type="text"/> Time: <input type="text"/>	3. Operational Period: Date From: <input type="text"/> Date To: <input type="text"/> Time From: <input type="text"/> Time To: <input type="text"/>
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>
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ICS 205	IAP Page <input style="width: 80%;" type="text"/>	Date/Time: <input style="width: 95%;" type="text"/>
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ICS 205 Incident Radio Communications Plan

Purpose.The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

Preparation.The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

Distribution.The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time Prepared	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	Basic Radio Channel Use	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talkgroup such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portablesubscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions. The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
4 (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portablesubscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
5	Special Instructions	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
6	Prepared by (Communications Unit Leader) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

ICS 205A Communications List

Purpose.The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation.The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution.The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none"> • Incident Assigned Position 	Enter the ICS organizational assignment.
	<ul style="list-style-type: none"> • Name 	Enter the name of the assigned person.
	<ul style="list-style-type: none"> • Method(s) of Contact (phone, pager, cell, etc.) 	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period:		Date From: <input type="text"/> Date	Date To: <input type="text"/> Date		
				Time From: <input type="text"/> HHMM	Time To: <input type="text"/> HHMM		
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader):				Name: _____		Signature: _____	
8. Approved by (Safety Officer):				Name: _____		Signature: _____	
ICS 206		IAP Page		Date/Time: <input type="text"/> Date			

ICS 206 Medical Plan

Purpose.The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation.The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution.The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations	Enter the following information on the incident medical aid station(s):
	<ul style="list-style-type: none"> • Name 	Enter name of the medical aid station.
	<ul style="list-style-type: none"> • Location 	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the medical aid station(s).
	<ul style="list-style-type: none"> • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	<ul style="list-style-type: none"> • Ambulance Service 	Enter name of ambulance service.
	<ul style="list-style-type: none"> • Location 	Enter the location of the ambulance service.
	<ul style="list-style-type: none"> • Contact Number(s)/Frequency 	Enter the contact number(s) and frequency for the ambulance service.
	<ul style="list-style-type: none"> • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> • Hospital Name 	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> • Address, Latitude & Longitude if Helipad 	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> • Contact Number(s)/ Frequency 	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> • Travel Time <ul style="list-style-type: none"> • Air • Ground 	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> • Trauma Center <input type="checkbox"/> Yes Level: _____ 	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> • Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> • Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> • Name • Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> • Name • Signature • Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		TimeFrom: HHMM	Time To: HHMM
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:			
5. Prepared by: Name:		Position/Title:	Signature: _____
ICS 208	IAP Page	Date/Time: Date	

ICS 208 Safety Message/Plan

Purpose.The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation.The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution.The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply):					4. Start Date/Time:
		<input type="checkbox"/> Base	<input type="checkbox"/> Staging Area	<input type="checkbox"/> ICP	<input type="checkbox"/> Helibase	<input type="checkbox"/> Other	Date: _____ Time: HHMM

Check-In Information (use reverse of form for remarks or comments)

5. List single resource personnel(overhead) by agency and name, OR list resources by the following format:							6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF											

ICS 211	17. Prepared by:	Name: _____	Position/Title: _____	Signature: _____	Date/Time: _____
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ICS 211 Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include...
4	Start Date/Time <ul style="list-style-type: none"> • Date • Time 	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

Block Number	Block Title	Instructions
	Check-In Information	Self explanatory.
5	List single resource personnel (overhead) by agency and name, OR list resources by the following format	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.	
6	Order Request #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
7	Date/Time Check-In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	Leader's Name	<ul style="list-style-type: none"> • For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead).
9	Total Number of Personnel	Enter total number of personnel associated with the resource. Include leaders.
10	Incident Contact Information	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	Home Unit or Agency	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	Departure Point, Date and Time	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	Method of Travel	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	Incident Assignment	Enter the incident assignment at time of dispatch.
15	Other Qualifications	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.

Block Number	Block Title	Instructions
16	Data Provided to Resources Unit	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:				2. Date/Time		3. Resource Request Number:	
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):						
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
					Requested	Estimated	
5. Requested Delivery/Reporting Location:							
6. Suitable Substitutes and/or Suggested Sources:							
7. Requested by Name/Position:				8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:	
Logistics	10. Logistics Order Number:					11. Supplier Phone/Fax/Email:	
	12. Name of Supplier/POC:						
	13. Notes:						
	14. Approval Signature of Auth Logistics Rep:					15. Date/Time:	
16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC							
Finance	17. Reply/Comments from Finance:						
	18. Finance Section Signature:					19. Date/Time:	
ICS 213 RR, Page 1							

ICS 214 Activity Log

Purpose. The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation, and a reference for any after-action report.

Preparation. An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing, or any notable events or communications.

Distribution. Completed ICS 214s are submitted to supervisors, who forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

Notes:

- The ICS 214 can be printed as a two-sided form.
- Use additional copies as continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Name	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team).
4	ICS Position	Enter the name and ICS position of the individual in charge of the Unit.
5	Home Agency (and Unit)	Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline.
6	Resources Assigned	Enter the following information for resources assigned:
	<ul style="list-style-type: none"> • Name 	Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option.
	<ul style="list-style-type: none"> • ICS Position 	Use this section to enter the resource's ICS position (e.g., Finance Section Chief).
	<ul style="list-style-type: none"> • Home Agency (and Unit) 	Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit).
7	Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities 	<ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc.
8	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ICS 221 Demobilization Check-Out

Purpose.The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation.The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution.After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to checkout. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	Finance/Administration Section <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to checkout. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to checkout. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to checkout. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time(using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.	
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).

ANNEX B

RESOURCE MANIFESTS

RESOURCE MANIFEST

LEADER/UTILITY-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

LEADER COMMAND VEHICLE () UTILITY UNIT ()

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN: _____ INTEROPERABILITY: YES () NO ()

CELL PHONE: _____

COMMAND VEHICLE: 4WD () UTILITY VEHICLE: 4WD ()

EQUIPMENT:

AC ELECTRIC POWER: () WATTAGE: _____

CHAIN SAW: () OTHER SAWS _____

PORTABLE PUMP: _____

OTHER INFORMATION: _____

PERSONNEL:

SPECIALTY

1. _____

2. _____

3. _____

4. _____

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZATION APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS () PLANNING: () LOGISTICS: ()

ENGINE-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN: _____

ENGINE: TYPE: _____

PUMP GPM: _____

TANK: _____

HARD SUCTION: YES () NO () SIZE _____ NUMBER _____

INTAKE FOR DRAFTING: FRONT () REAR ()

SUPPLY HOSE: SIZE _____ LENGTH _____

FOAM: A () B () CAFS ()

RESCUE EQUIP: () JAWS, () AIR BAGS, () ALS

ADDITIONAL RESOURCE INFORMATION: _____

PERSONNEL:

SPECIALTIES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()

AMBULANCE-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN: _____

CELL PHONE: _____ CMED RADIO: UHF () VHF ()

AMBULANCE TYPE: _____

OTHER INFORMATION: _____

PERSONNEL:

CREDENTIALS:

1. _____ EMT A EMT PARAMEDIC

2. _____ EMT A EMT PARAMEDIC

3. _____ EMT A EMT PARAMEDIC

4. _____ EMT A EMT PARAMEDIC

ADDITIONAL RESOURCE INFORMATION:

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES ()
NO () IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()

LADDER-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN _____

LADDER: TYPE: _____ LENGTH: _____
LADDER: () PLATFORM () TOWER: ()
PREPIPED WATERWAY: YES () NO ()
FLOW CAPACITY: _____
PUMP: GPM _____
() SUPPLY HOSE: SIZE _____ LENGTH _____
RESCUE EQUIP: () JAWS, () AIR BAGS, () ALS
ADDITIONAL RESOURCE INFORMATION: _____

PERSONNEL: _____ SPECIALTIES: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 Yes () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS ()

FORESTRY-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN _____

FORESTRY: TYPE _____

TANK: _____ GALLONS
PUMP: _____ GPM AT PRESSURE _____
FOAM: A () B () CAFS ()
HARD SUCTION SIZE: _____ SECTIONS: _____
HOSE: 1" () LENGTH _____ 1 1/2" () LENGTH _____
PORTABLE PUMP: _____ GPM FLOATING ()
CHAIN SAW: YES () NO () _____
HAND TOOLS: _____
INDIAN CANS/WATER BACKPACKS: NUMBER _____
OTHER: _____

PERSONNEL:

SPECIALTIES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()

TENDER-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN: _____

TENDER: TYPE: _____

TANK CAPACITY: _____
PUMP: _____ GPM. PRESSURE: _____ CLASS A ()
VACUUM: ()
DUMP VALVE: NUMBER: _____
SIZE: _____ LOCATION: _____
DUMP RATE: _____ GPM OR TIME: _____
FILL RATE: _____ GPM OR TIME: _____
FOLDING TANK: () SIZE: _____
OTHER: _____

PERSONNEL: _____ SPECIALTIES: _____

1. _____
2. _____
3. _____
4. _____
5. _____

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()

RESCUE-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___
TIME _____ HRS (24 HOUR TIME)
DEPARTMENT PROVIDING RESOURCE: _____
RADIO CALL SIGN _____

RESCUE TYPE: _____
HYDRAULIC RESCUE TOOL: _____
SPREADER _____ CUTTER _____ RAMS _____
AIR BAGS: LOW PRESSURE () HIGH PRESSURE ()
SAWS: TYPE _____ MATERIAL _____
JACKS: () HYDRAULIC; CAPACITY _____
() MECHANICAL; CAPACITY _____
CRIBBING () _____
STRUTS () AIR; CAPACITY _____
() HYDRAULIC; CAPACITY _____
COLLAPSE EQUIPMENT () _____
CONFINED SPACE () _____
ROPES () _____
OTHER: _____

PERSONNEL:	SPECIALTIES:
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

ASSIGNMENT: _____
DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___
DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()
IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()

ANNEX C

MOB PLAN WORKSHEETS

NH Statewide Fire Mobilization Plan

Task Force/Strike Team Leader Worksheet

Incident Type/Location: _____

Destination Dispatch Center Phone Number: Tel: _____

Incident Dispatch Center Radio Frequency: _____

Incident Staging Area: _____

Incident Commander Name: _____ Radio Frequency: _____

Type of Task Force/Strike Team Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Structural Task Force | <input type="checkbox"/> Engine Strike Team | <input type="checkbox"/> Forestry Strike Team—Engine |
| <input type="checkbox"/> Tender Task Force | <input type="checkbox"/> Aerial Strike Team | <input type="checkbox"/> Forestry Strike Team—Crew |
| <input type="checkbox"/> Disaster Task Force | <input type="checkbox"/> Tender Strike Team | <input type="checkbox"/> EMS Strike Team |
| | <input type="checkbox"/> Other Strike Team | |

Response Type Requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rapid Responses | <input type="checkbox"/> Standard Deployment | <input type="checkbox"/> Extended Deployment |
|--|--|--|

1. Determine and Advise Control Center of Task Force/Strike Team Assembly Staging Area
2. Proceed to and set up Staging Area
3. Assemble and Inventory all Response Assets and Personnel (See Reverse)
4. Begin Convoy, under Police Escort, to Destination, Advise Control Center By Phone or Radio
5. Establish Communications with Destination Dispatch Center
6. Confirm Response Destination Staging Area and/or Team Assignment
7. Establish Communications with Incident Commander
8. Manage and Operate to Best Advantage
9. Confirm Logistical Support Needs (Personnel Rehab, Food, Fuel, Water, etc)
10. Provide Status Reports to NH Control Center

Assembly Staging Area: _____

Primary Control Center — Capital Area Tel: 603-225-3355
Secondary Control Center — Lakes Region Tel: 603-524-1545
Secondary Control Center — South West Fire Mutual Aid Tel 603-352-1100

NH Statewide Fire Mobilization Plan

Task Force/Strike Team Assembled Response Assets

(Community, Asset Type/Designation, Company Officer, Assignment)

1. ID Tags Provided
 154.280 Capable

2. ID Tags Provided
 154.280 Capable

3. ID Tags Provided
 154.280 Capable

4. ID Tags Provided
 154.280 Capable

5. ID Tags Provided
 154.280 Capable

6. ID Tags Provided
 154.280 Capable

7. ID Tags Provided
 154.280 Capable

8. ID Tags Provided
 154.280 Capable

9. ID Tags Provided
 154.280 Capable

10. ID Tags Provided
 154.280 Capable

11. ID Tags Provided
 154.280 Capable

Notes:

NH Statewide Fire Mobilization Plan

Statewide Control Center Worksheet

Incident Type/Location: _____

Destination Dispatch Center Phone Number: Tel: _____

Incident Dispatch Center Radio Frequency: _____

Incident Staging Area: _____

Incident Commander Name: _____ Radio Frequency: _____

Type of Task Force/Strike Team Requested:

Structural Task Force

Engine Strike Team

Forestry Strike Team—Engine

Tender Task Force

Aerial Strike Team

Forestry Strike Team—Crew

Disaster Task Force

Tender Strike Team

EMS Strike Team

Other Strike Team

Response Type Requested:

Rapid Responses

Standard Deployment

Extended Deployment

Notes:

1. Gather all information above. Verify request via phone from requesting community.
2. Determine with other Control Centers which center will handle mobilization request.
3. Confirm the Incident Staging Area
4. The Primary Control Center utilizing the Statewide Fire Mobilization Plan shall request the indicated resources from the appropriate Mutual Aid District.
5. Contact District Mutual Aid System Dispatch Center & relay all above information
6. Notify NH State Police (603-271-3636)
7. Notify NH State Fire Marshal

Primary Control Center — Capital Area Tel: 603-225-3355

Secondary Control Center — Lakes Region Tel: 603-524-1545

Secondary Control Center — South West Fire Mutual Aid Tel 603-352-1100

NH Statewide Fire Mobilization Plan

Mutual Aid District Dispatch Center Mobilization Worksheet

Incident Type/Location: _____

Destination Dispatch Center Phone Number: Tel: _____

Destination Dispatch Center Radio Frequency: _____

Destination Staging Area: _____

Incident Commander Name: _____ Radio Frequency: _____

Type of Task Force/Strike Team Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Structural Task Force | <input type="checkbox"/> Engine Strike Team | <input type="checkbox"/> Forestry Strike Team—Engine |
| <input type="checkbox"/> Tender Task Force | <input type="checkbox"/> Aerial Strike Team | <input type="checkbox"/> Forestry Strike Team—Crew |
| <input type="checkbox"/> Disaster Task Force | <input type="checkbox"/> Tender Strike Team | <input type="checkbox"/> EMS Strike Team |
| | <input type="checkbox"/> Other Strike Team | |

Type Response Requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rapid Responses | <input type="checkbox"/> Standard Deployment | <input type="checkbox"/> Extended Deployment |
|--|--|--|

1. Contact the Primary & Secondary Task Force/Strike Team Leaders
2. Determine Task Force/Strike Team Assembly Staging Area
3. Dispatch all Task Force/Strike Team Companies to Assembly Staging Location
4. Confirm the deployment of all Task Force/Strike Team Required Assets
5. Maintain Communications with Team Leader
6. Confirm Response of Convoy from Staging Area to Destination
7. Provide Status Reports to District Mutual Aid Departments

Assembly Staging Area: _____

Primary Task Force Leader: _____

Secondary Task Force Leader: _____

Primary Control Center — Capital Area Tel: 603-225-3355
Secondary Control Center — Lakes Region Tel: 603-524-1545
Secondary Control Center — South West Fire Mutual Aid Tel 603-352-1100

NH Statewide Fire Mobilization Plan

Requesting Community Dispatch Center Worksheet

Incident Type/Location: _____

Task Force/Strike Team Staging Area: _____

I.C. Name/Phone Number: _____ Radio Frequency: _____

Directions to Location/Staging Area: _____

Type of Task Force/Strike Team Requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Structural Task Force | <input type="checkbox"/> Engine Strike Team | <input type="checkbox"/> Forestry Strike Team—Engine |
| <input type="checkbox"/> Tender Task Force | <input type="checkbox"/> Aerial Strike Team | <input type="checkbox"/> Forestry Strike Team—Crew |
| <input type="checkbox"/> Disaster Task Force | <input type="checkbox"/> Tender Strike Team | <input type="checkbox"/> EMS Strike Team |
| | <input type="checkbox"/> Other Strike Team | |

Type Response Requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rapid Responses | <input type="checkbox"/> Standard Deployment | <input type="checkbox"/> Extended Deployment |
|--|--|--|

Notes:

1. After all local mutual aid resources have been exhausted the local Incident Commander request a mobilization from the list above via the local communications center.
2. The local communications center contacts the Statewide Fire Mobilization Plan Statewide Primary Control Center
3. Specify the Staging Area or Location where you want the requested assets to report
4. Relay incident type, location, your dispatch center phone number and your primary radio frequency

Primary Control Center — Capital Area Tel: 603-225-3355
Secondary Control Center — Lakes Region Tel: 603-524-1545
Secondary Control Center — South West Fire Mutual Aid Tel 603-352-1100

ANNEX D

RESOURCE TYPING

ANNEX D

State of New Hampshire Fire & All-Hazards Mobilization Plan



Resource Typing Guidance Document

Resource Typing

Terminology

Resources are personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

RESOURCE MANAGEMENT OVERVIEW (FEMA-NIC)

Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, inventorying, organizing and tracking will facilitate the dispatch, deployment and recovery of resources before, during and after an incident.

Resource management should be flexible and scalable in order to support any incident and be adaptable to changes. Efficient and effective deployment of resources requires that resource management concepts and principles be used in all phases of emergency management and incident response.

The resource management process can be separated into two parts: resource management as an element of preparedness and resource management during an incident. The preparedness activities (resource typing, credentialing and inventorying) are conducted on a continual basis to help ensure that resources are ready to be mobilized when called to an incident. Resource management during an incident is a finite process with a distinct beginning and ending specific to the needs of the particular incident.

RESOURCE TYPING (FEMA-NIC)

Resource Typing is categorizing, by capability, the resources requested, deployed and used in incidents. Measurable standards identifying resource capabilities and performance levels serve as the basis for categories. Resource users at all levels use these standards to identify and inventory resources. Resource kinds may be divided into subcategories to define more precisely the capabilities needed to meet specific requirements.

ELEMENTS USED IN TYPING RESOURCES

Category- this is the function for which a resource would be most useful. Table 1 lists examples of categories used in a national resource-typing protocol

- Transportation
- Communications
- Public Works & Engineering
- Firefighting
- Information & Planning
- Law Enforcement & Security
- Mass Care
- Resource Management
- Health & Medical
- Search & Rescue
- Hazardous Materials
- Food & Water
- Energy
- Public Information
- Animals & Agricultural Issues
- Volunteers & Donations

Kind- refers to broad classes that characterize like resources, such as teams, personnel, equipment, supplies, vehicles, and aircraft. Some resources may meet the operational definition of more than one kind, i.e., Type I Engine /Type I Tender.

Components- is the elements that make up a resource. For example, an engine company may be listed as having the five components shown below:

- Personnel
- Hose 2 ½"
- Hose 1"
- Water Tank
- Pump

Measures (Metrics)- are standards that identify capability and/or capacity. The specific measures used will depend on the kind of resource being typed and the mission envisioned. Measures must be useful in describing a resource's capability to support the mission. As an example, one measure for a disaster medical assistance team is the number of patients it can care for per day.

Type- refers to the level of resource capability. Assigning the Type 1 label to a resource implies that it has a greater level of capability than a Type 2 of the same resource. Typing provides managers with additional information to aid in the selection and best use of resources. In some cases, a resource may have fewer than or more than four types; in such cases, either additional types will be identified, or the type will be described as "not applicable." The type assigned to a resource or a component is based on a minimum

level of capability described by the identified measure(s) for that resource.

Additional Information– the national resource-typing protocol will also provide the capability to use additional information that is pertinent to resource decision making. For example, if a particular set of resources can be released to support an incident only under particular authorities or laws, the protocol should alert responsible parties to such limitations.

NATIONAL AND STATE SPECIFIC RESOURCE TYPING

The National NIMS Resource Typing Criteria recognizes “Tier One” and “Tier Two” resource typing definitions:

- **Tier One:** Resources that are national in scope and consist of the current NIMS 120 resource typing definitions.
- **Tier Two:** Resources defined and inventoried by the states, tribal, and local jurisdictions that are not “Tier One” resources, but rather those that are specific and limited to intra-state mutual aid request.

Resources included in this document will be identified as either “Tier One” or “Tier Two” resources, and will be noted by including an entry of **Tier--I** or **Tier--II** in the resource definition. Some **Tier--II** resources may also meet or exceed **Tier-- I** resource capabilities, which can be noted within the resource definition.

Fire Engine

RESOURCE:		Engine, Fire (Pumper)						Tier-I	
CATEGORY:	Firefighting (ESF #4)				KIND:	Equipment			
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V	TYPE VI	TYPE VII	
COMPONENT	METRIC								
Equipment	Meets NFPA	1901	1901	1906	1906	1906	1906	1906	
Equipment	Pump Capacity	1,000 GPM	500 GPM	150 GPM	50 GPM	50 GPM	50 GPM	10 GPM	
Equipment	Tank Capacity	300 Gal.	300 Gal.	500 Gal.	750 Gal.	400 Gal.	150 Gal.	50 Gal.	
Equipment	Hose, 2.5 inch	800 ft.	800 ft.						
Equipment	Hose, 1.5 inch	400 ft.	400 ft.	1,000 ft.	300 ft.	300 ft.	300 ft.		
Equipment	Hose, 1 inch	200 ft.	200 ft.	500 ft.	300 ft.	300 ft.	300 ft.	200 ft.	
Equipment	Pump and Roll Capability	No	No	Yes	Yes	Yes	Yes	Yes	
Personnel	Staffing	4 1 Fire Officer 1 Fire Apparatus Driver, 2 Firefighter	3 1 Fire Officer 1 Fire Apparatus Driver 1 Firefighter	3 1 Wildland Fire Officer 2 Wildland Firefighters	2 1 Wildland Fire Officer 1 Wildland Firefighter				
COMMENTS:	<p>Typically Type I and II engines apply to structural engines. Type III-VII engines apply to Wildland engines.</p> <p>Type I-II engines must meet NFPA 1901 requirement at time of manufacture and tested and maintained in accordance with NFPA 1911.</p> <p>Personal protective equipment and other safety equipment will be determined by the AHJ consistent with existing standards and regulations.</p>								

FIRE ENGINE STRIKE TEAM

Resource:	FIRE ENGINE STRIKE TEAM					TIER-I
CATEGORY:	Firefighting (ESF #4)				Kind:	Team
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	Other
COMPONENT	METRIC					
Equipment	STL Vehicle	1	1			
Equipment	Engine, Fire	5	5			See Engine, Fire for details
Personnel	STL-Statewide Deployment	2	2			
Personnel	Engine	4	3			
Personnel	Total Crew- Statewide or EMAC Deployment	22	17			
COMMENTS:	<ul style="list-style-type: none"> •Strike Team defined as like number of resources, with common communications, and a leader in a separate vehicle. •Engine Strike Team Typing is based on individual Engine Typing. 					
EXAMPLE						

Water Tender (Tanker)

RESOURCE:		Water Tender, Tactical Fire (Tanker)				Tier-II
CATEGORY:	Firefighting (ESF #4)			KIND:	Equipment	
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V
COMPONENT	METRIC					
Equipment	Tank Capacity	2,000 gallon	1,000 gallon	2,000 gallon	1,000 gallon	
Equipment	Pump Capacity	300 GPM	250 GPM	No pump: < 250 GPM	No Pump: < 250 GPM	
Personnel	Staffing	2 1 Fire Apparatus Driver 1 Firefighter I	2 1 Fire Apparatus Driver 1 Firefighter I	2 1 Fire Apparatus Driver 1 Firefighter I	2 1 Fire Apparatus Driver 1 Firefighter I	
COMMENTS:	Must meet NFPA 1901 requirements at time of manufacture and tested and maintained in accordance with NFPA 1911.			Applies to tenders that have less than 250 GPM pump or are gravity feed dumping only.		
	All apparatus must be equipped with a minimum 6" quick dump capacity					

Aerial Ladder

RESOURCE:		Aerial Ladder, Fire				Tier-I	
CATEGORY:	Firefighting (ESF #4)					KIND:	Equipment
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER	
COMPONENT	METRIC						
Equipment	Meets NFPA	1901	1901	1901	1901		
Equipment	Aerial	76 – 100+ ft.	76-100+ ft.	55 – 75'	55 – 75'		
Equipment	Pump Capacity	750> GPM	No Pump	750> GPM	No Pump		
Equipment	Elevated Stream	500 GPM	500 GPM	500 GPM	500 GPM		
Equipment	Ground Ladders	115 ft.	115 ft.	115 ft.	115 ft.		
Personnel	Staffing	4 1 Fire Officer 1 Fire Apparatus Driver 2 Firefighter					
COMMENTS:	Must meet NFPA 1901 requirements at time of manufacture and tested and maintained in accordance with NFPA 1911. Quints shall be classified as an Aerial Ladder.						

Rescue Truck

Resource:		Rescue Truck		Tier-II	
Category:	Firefighting (ESF #4)			Kind:	Equipment
Minimum Capabilities:		Type I	Type II	Type III	
Component	Metric				
Equipment	Meets NFPA *	1901	1901	1901	
Equipment	Equipment	Carry Basic Kit, Vehicle & Machinery and Structural Collapse equipment**	Carry Basic Kit & Vehicle & Machinery equipment **	Carry Basic Kit**	
Equipment	Generator	Onboard, ≥10 kW	Portable, ≥ 5kW	Portable, ≥ 5kW	
Equipment	Winch	Fixed, 12,000 lb.	Portable, ≥ 9,500 lbs. w/mounted receiver	Portable, ≥ 1000 lbs.	
Equipment	Extrication	Powered Hydraulic	Powered Hydraulic	Powered Hydraulic	
Equipment	Shoring	Low, High pressure air bags	Cribbing	Cribbing	
Personnel	Minimum Staffing	1 Officer 1 Apparatus Driver 2 Rescuers	1 Officer 1 Apparatus Driver 2 Rescuers	1 Officer 1 Apparatus Driver	
	Examples				
Comments:	<p>All personnel must meet minimum training requirements specific to the capabilities of the apparatus and intended use of equipment.</p> <p>*Meets NFPA 1901 for Special Service Apparatus.</p> <p>**Minimum equipment capabilities should meet the chart titled “Minimum Rescue Equipment per Specialty (NFPA 1006)”</p>				

BRUSH/WOODS TRUCK

Resource:	BRUSH / WOODS TRUCK (SAME AS TYPE IV- VII ENGINES)					Tier-I
CATEGORY:	Firefighting (ESF #4)			KIND	Equipment	
MINIMUM CAPABILITIES:		Type III	Type IV	Type V	Type VI	Type VII
COMPONENT	METRIC					
Equipment	Meets NFPA	1906	1906	1906	1906	1906
Equipment	Pump	150	50	50	50	10
Equipment	Tank Capacity	500	750	400	150	50 Gal.
Equipment	Hose, 1.5 inch	1000	300	300	300 ft.	
Equipment	Hose, 1 inch	500	300	300	300	200 ft.
Equipment	Pump and Roll Capability	Yes	Yes	Yes	Yes	Yes
Equipment	Wheels X Drive	4X	4X	4X	4X	
Personnel	Staffing	2-Total 1- Wildland Fire Officer 1- Wildland Firefighter	2-Total 1-Wildland Fire Officer 1- Wildland Firefighter	2-Total 1-Wildland Fire Officer 1-Wildland Firefighter	2-Total 1-Wildland Fire Officer 1-Wildland Firefighter	2 – Total 1-Wildland Fire Officer 1-Wildland Firefighter
NIMS Compatible		Type III Engine, Fire	Type IV Engine, Fire	Type V Engine, Fire	Type VI Engine, Fire	Type VII Engine, Fire
COMMENTS:						
EXAMPLE						

BRUSH/WOODS TRUCK STRIKE TEAM

Resource:	BRUSH/WOODS TRUCK STRIKE TEAM				TIER-	
CATEGORY:	Firefighting (ESF #4)			KIND	Tea	
MINIMUM CAPABILITIES:		Type III	Type IV	Type V	Type VI	Type VII
COMPONENT	METRIC					
Equipment	STL Vehicle	1	1	1	1	1
Equipment	Brush Trucks	5-Type	5-Type IV	5- Type V	5-Type-VI	5- Type VII
Personnel	STL Statewide or EMAC	2	2	2	2	2
Personnel	Brush Truck Crew	10	10	10	10	10
Total Staffing	Statewide or EMAC	12	12	12	12	12
COMMENTS:	See Brush/Woods Truck Typing Definition for specific Crew staffing requirements					
EXAMPLE						

Hand Crew - Wildland

RESOURCE:	Hand Crew					TIER-II
CATEGORY:	Firefighting (ESF #4)				KIND:	Other - Crew
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	Other
COMPONENT	METRIC					
Personnel	Fireline Capability	Initial attack/can be broken up into squads, fireline construction, complex firing operations (backfire).	Initial attack/can be broken up into squads, fireline construction, firing to include burnout.	Initial attack, fireline construction, firing to include burnout.	Fireline construction, fireline improvement, mop-up and rehab.	
Personnel	Crew Size – In State	18 - 20	5	5	5	
Personnel	Crew Size – Federal/Out of State	18 – 20	18 – 20	18 – 20	18 – 20	
Personnel	Leadership Qualifications	Permanent Supervision Superintendent: TFLD, ICT4 Asst. Supt: STCR, ICT4 3 Squad Bosses: CRWB(T), ICT5	In-State deployment CRWB AND 4 FFT1	In-State deployment CRWB AND 4 FFT1	In-State deployment CRWB AND 4 FFT1	
			Federal/Out of State CRWB AND 3 ICT5	Federal/Out of State CRWB AND 3 ICT5	Federal/Out of State CRWB AND 3 ICT5	
Personnel	Experience	80% 1 season or more	60% 1 season or more	40 % 1 season or more	20 % 1 season or	
Personnel	Full-time Organized Crew	Yes	No	No	No	
COMMENTS:	Type I crews are not available in New Hampshire.					
EXAMPLE						

CREW TRANSPORT

Resource:	CREW TRANSPORT (FIREFIGHTING CREW)				TIER-I
CATEGORY:	Firefighting (ESF #4)			KIND:	Equipment
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
COMPONENT	METRIC				
Personnel	Passengers	30	20	10	
COMMENTS:	Vehicles may be buses, vans, and special crew carrying vehicles (CCV), and may be equipped to carry firefighting tools				
EXAMPLE					

HELICOPTERS, FIREFIGHTING

Resource:	HELICOPTERS, FIREFIGHTING				TIER-I
CATEGORY:	Firefighting (ESF #4)			KIND:	Aircraft
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
COMPONENT	METRIC				
Personnel	Seats, Including Pilot	16	10	5	3
Equipment	Card Weight Capacity	5,000 lbs	2,500 lbs	1,200 lbs	600 lbs
Vehicle	Gallons	700	300	100	75
Supply	Example	Bell 214	Bell 205	Bell 206	Bell 47
			Blackhawk UH60	Aka Jet Ranger	
COMMENTS:	Firefighting Helicopters may be equipped with rescue, medical, or other equipment.				
EXAMPLE					

AIR AMBULANCE (ROTARY-WING)

Resource:	AIR AMBULANCE (ROTARY-WING)					TIER-I
CATEGORY:	Emergency Medical Services (ESF-8)				KIND:	Aircraft/Team
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	Other
COMPONENT	METRIC					
Overall Function	Provides emergency medical care, evacuation, and transportation services via rotary wing aircraft. May also be utilized to import personnel and or equipment/ supplies into the area of need.	Capable of providing clinical and transportation services to a range of patient conditions, includes aircraft, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes aircraft, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes aircraft, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes aircraft, staff, equipment, and supplies.	Capable of transporting a patient who needs unique, specialty care support enroute, e.g. neonatal intensive care, heart-lung bypass support, critical/intensive care (usually one patient is transported but can be more depending upon support capabilities and lift of aircraft)
Team Request for Mutual Aid should specify care specialty services as needed.	Team experienced and actively involved in the care and transportation of air medical patients.	Advanced Life Support	Advanced Life Support	Advanced Life Support	Advanced Life Support	Specialty transport trained and qualified to care for the specific patient and associated supporting equipment

Personnel	Minimum staff	3 (pilot and 2 paramedics or 1 paramedic and 1 nurse or physician)	3 (pilot and 2 paramedics or 1 paramedic and 1 nurse or physician)	3 (pilot and 2 paramedics or 1 paramedic and 1 nurse or physician)	2 (pilot and 1 paramedic)	Appropriate level and number of staff/ specialists required for the mission and to meet the standards of care for the specific patient
Capability	Patient Care and Transport	2 or more litter patients	2 or more litter patients	1 litter patient	1 litter patient	Unique to the patient(s) being transported
Aircraft	Rotary-wing with these capabilities	Day and night operations IFR and Full SAR including hoist capabilities NOTE: NVG capability must be requested specifically	Day and night operations Plus IFR NOTE: NVG capability must be requested specifically	Day and night operations VFR only NOTE: NVG capability must be requested specifically	Day and night operations VFR only NOTE: NVG capability must be requested specifically	Tailored to fit the mission
Equipment and Supplies	Equipment needed to meet mission objectives	Range of equipment and supplies commensurate with the mission assignment PPE consistent with OSHA 1910.134 and 1910.1030 requirements	Range of equipment and supplies commensurate with the mission assignment PPE consistent with OSHA 1910.134 and 1910.1030 requirements	Range of equipment and supplies commensurate with the mission assignment PPE consistent with OSHA 1910.134 and 1910.1030 requirements		

<p>COMMENTS:</p>	<ol style="list-style-type: none"> 1. Security, transportation (including patient care crew to and from LZ of the sending and receiving medical facilities), requesting jurisdiction unless other arrangements have been made. 2. Additional staff, e.g., administrative, logistics, maintenance, is recommended to ensure the ongoing availability of resources required to safely and effectively support the mission assignment. 3. Ground safety assurance and traffic control are important support requirements for injury and crash prevention. This support may be significant depending upon the size and location of the incident. 4. Each team/unit can work a maximum of 12-hour shifts, depending upon individual policies and procedures. 5. The estimation of the quantity of air ambulance resources needed is based on many factors such as the nature of the mission, logistics, intensity of demand, duration of service activity, and allowance for rest periods. 6. Aircraft maintenance requirements may occur during deployment. Aviation maintenance must be planned. Hangar facilities should be planned for all extended operations. Fuel tankers or other supply points must be identified. Backup supplies and some equipment may be required depending upon number of patients and type of event. 7. Aircraft communication equipment may be programmable for interoperability but this capability must be verified. Provide communication frequencies of ground incident command and air operations coordination center. Plan for augmenting existing communication equipment. 8. Landing zones (space, clearance, and weight restrictions) must be considered. The typical civilian air ambulance requires an LZ of 150' x 150'. 9. A minimum of Td toxoid or Tdap (receipt of primary series and booster within the past 10 years) and a complete Hepatitis B Vaccination Series OR a waiver of liability. Also refer to immunization recommendations for emergency responders by Centers for Disease Control for additional guidance for specific responses. 						
<p>EXAMPLE</p>	<table border="1" style="width: 100%; height: 28px;"> <tr> <td style="width: 15%;"></td> </tr> </table>						

AMBULANCE (GROUND)

Resource:		AMBULANCE (GROUND)				TIER-I
CATEGORY:		Emergency Medical Services (ESF-8)		KIND:		Vehicle/Team
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	
COMPONENT	METRIC					
Overall Function	Provides out-of-hospital emergency medical care, evacuation, and transportation services via licensed EMS service	Capable of providing clinical and transportation services in hazardous material environments to a range of patient conditions, includes vehicle, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicle, staff, equipment, and supplies.	Capable of providing clinical and transportation services in hazardous material environments to a range of patient conditions, includes vehicle, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicle, staff, equipment, and supplies.	
Team Request for Mutual Aid should specify specialty services as needed.	Team experienced and actively involved in the care and transportation of EMS patients. Specialty care provided based on assessment of patient needs by the requesting state	Advanced Life Support	Advanced Life Support	Basic Life Support	Basic Life Support	

Personnel	<p>Minimum staff See Notes 3, 4.</p> <p>One of the ambulance staff may also meet the requirements as a qualified EVO but the highest level of credentialed caregiver MUST be physically located in the patient compartment</p>	<p>1 ALS practitioner and 1 EMT</p> <p>Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions</p> <p>All immunized in accordance with CDC core adult immunizations and specific threat as commensurate with the mission assignment.</p>	<p>1 ALS practitioner and 1 EMT</p>	<p>2(1EMT and1EMR)</p> <p>Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions All immunized in accordance with CDC core adult immunizations and specific threat as commensurate with the mission assignment.</p>	<p>2(1EMT and1EMR)</p>
Capability	Patient Care and Transport	2-litter patients	2-litter patients	2-litter patients	2-litter patients
Equipment & Supplies	Equipment needed to meet mission objectives	<p>Range of equipment and supplies commensurate with the mission assignment including personnel protective equipment appropriate to the hazardous material threat.</p> <p>Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions</p>	<p>Range of equipment and supplies commensurate with the mission assignment</p> <p>PPE consistent with OSHA 1910.134 and 1910.1030 requirements</p>	<p>Range of equipment and supplies commensurate with the mission assignment including personnel protective equipment appropriate to the hazardous material threat.</p> <p>Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions</p>	<p>Range of equipment and supplies commensurate with the mission assignment</p> <p>PPE consistent with OSHA 1910.134 and 1910.1030 requirements</p>

COMMENTS:	<p>Emergency medical services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and out-of-hospital emergency medical care.</p> <ol style="list-style-type: none"> 1. Security, housing, and food will be provided by the requesting jurisdiction unless other arrangements have been made 2. Recommend additional staff to ensure the ongoing availability of resources required to safely and effectively support the mission assignment. 3. Each team unit can work 12-hour shifts. If the ambulance is to be operational 24/7 for >5 days, a minimum of 6 persons will be required for staffing to meet 2 personnel minimum and to provide for crew rest. Backup supply and some equipment required according to number of patients and type of event. 4. The estimation of the quantity of ground ambulance resources needed is based on many factors such as the nature of the mission, logistics, intensity of demand, duration of service activity, and allowance for rest periods. 5. Ambulance communication equipment may be programmable for interoperability but this capability must be verified. Plan for augmenting existing communication equipment. 6. Any person driving must be qualified to operate an emergency vehicle. 7. Environmental considerations related to temperature control in patient care compartment and pharmaceutical storage may be necessary for locations with excessive ranges in temperature. 8. Security of vehicle support required for periods of standby without crew in attendance. Fuel supply and maintenance support must be available. 9. Decontamination supplies and support required for responses to incidents with potential threat to responding services or transport of infectious patients. 10. A minimum of Td toxoid or Tdap (receipt of primary series and booster within the past 10 years) and a complete Hepatitis B Vaccination Series OR a waiver of liability. Also refer to immunization recommendations for emergency responders by Centers for Disease Control for additional guidance for specific responses.
EXAMPLE	

AMBULANCE STRIKE TEAM

Resource:	AMBULANCE STRIKE TEAM				TIER-I
CATEGORY:	Emergency Medical Services (ESF-8)			KIND:	Vehicles/Team
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
COMPONENT	METRIC				
Overall Function	An operational grouping of 5 ambulances of the same type (ALS or BLS) with common communications and a leader, in a separate command vehicle, capable of out-of-hospital emergency medical care, evacuation, and transportation services	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicles, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicle, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicles, staff, equipment, and supplies.	Capable of providing clinical and transportation services to a range of patient conditions, includes vehicles, staff, equipment, and supplies.
Team	Team experienced and actively involved in the care and transportation of EMS patients.	Advanced Life Support	Advanced Life Support	Basic Life Support	Basic Life Support

Personnel	Minimum staff One of the ambulance staff may also meet the requirements as a qualified EVO but the highest level of credentialed caregiver MUST be physically located in the patient compartment	2 (minimum of 1 paramedic and 1 EMT) per ambulance/per shift 1 Strike Team Leader per team (5 ambulances), in a separate command vehicle.	2 (minimum of 1 paramedic and 1 EMT) per ambulance/per shift 1 Strike Team Leader per team (5 ambulances), in a separate command vehicle.	2 (1EMTand1EMR) per ambulance/per shift 1 Strike Team Leader per team (5 ambulances) in a separate command vehicle.	2 (1EMTand1EMR) per ambulance/per shift 1 Strike Team Leader per team (5 ambulances) in a separate command vehicle.
Capability		5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per ambulance)	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients	5 Type IV Ambulances; Minimum capability of 10 litter patients
Equipment and Supplies	Equipment needed to meet mission objectives	Range of equipment and supplies commensurate with the mission assignment including personnel protective equipment appropriate to the hazardous material threat. Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions	Range of equipment and supplies commensurate with the mission assignment PPE consistent with OSHA 1910.134 and 1910.1030 requirements	Range of equipment and supplies commensurate with the mission assignment including personnel protective equipment appropriate to the hazardous material threat. Meets or exceeds standards as addressed by EPA, OSHA and NFPA 471, 472, 473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions	Range of equipment and supplies commensurate with the mission assignment PPE consistent with OSHA 1910.134 and 1910.1030 requirements

COMMENTS:	<p>An Ambulance Strike Team is a group of five ambulances of the same type with common communications and a leader, in a separate command vehicle. It provides an operational grouping of ambulances complete with supervisory element for organization command and control. The strike teams may be all ALS or all BLS.</p> <ol style="list-style-type: none"> 1. Security, housing, and food will be provided by the requesting jurisdiction unless other arrangements have been made 2. Support elements needed include fuel, security, resupply of medical supplies, and support for a minimum of 11 personnel (e.g., if 2 crew per ambulance and only 1 personnel for lead responsibilities) or 17 (e.g. if 3 crew per ambulance and 2 personnel for lead responsibilities for 24 hour shift). If assigned for > 5 days, additional staff will be needed to provide for crew rest. See ALS and BLS Air or Ground Ambulance resources for staffing of individual ambulances. Temperature control support may be required for medical supplies in some environments. Vehicle maintenance support required. 3. Additional staff, e.g., administrative, logistics, maintenance, may be needed to ensure the ongoing availability of resources required to safely and effectively support the mission assignment. 4. Can be deployed to cover 12-hour periods or 24-hour ops depending on number of ambulances needed at one time. Should be self-sufficient for 72 hours. 5. The estimation of the quantity of ground ambulance resources needed is based on many factors such as the nature of the mission, logistics, intensity of demand, duration of service activity, and allowance for rest periods. 6. Any person driving must be qualified to operate an emergency vehicle. 7. Equipment and supplies to address out-of-hospital patient needs as defined by the deploying State agency that provides regulation. 8. Supervisor/leader must meet or exceed criteria for Ambulance Strike Team Leader. Communications capabilities must support communications, both enroute and at scene, with all other units under the leader's supervision. Mobility and coordination of tactical support of the Ambulance Task Force necessitates a separate command vehicle for the leader. 9. A minimum of Td toxoid or Tdap (receipt of primary series and booster within the past 10 years) and a complete Hepatitis B Vaccination Series OR a waiver of liability. Also refer to immunization recommendations for emergency responders by Centers for Disease Control for additional guidance for specific responses.
EXAMPLE	

AMBULANCE TASK FORCE

Resource:		AMBULANCE TASK FORCE			TIER-I
CATEGORY:		Emergency Medical Services (ESF-8)		KIND:	Vehicles/Teams
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
COMPONENT	METRIC				
Overall Function	<p>Any combination of 5 ambulances of different types (ALS and BLS) with common communications and a leader, in a separate command vehicle.</p> <p>This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force (any combination of resources).</p>	<p>Capable of providing clinical and transportation services to a range of patient conditions, includes vehicles, staff, equipment, and supplies.</p>			

Personnel	Team experienced and actively involved in the care and transportation of EMS patients.	EMS Staff (2 per vehicle) AND Supervisor/ Leader, in a separate command vehicle. (1 per 5 ambulances) See Note 6			
Vehicle	5 Ambulances See Note 8	Any combination of 5 ambulances			
COMMENTS:	<p>1. Security, housing, and food will be provided by the requesting jurisdiction unless other arrangements have been made</p> <p>2. Support elements needed include fuel, security, resupply of medical supplies, and support for a minimum of 11 personnel (e.g., if 2 crew per ambulance only 1 personnel for lead responsibilities) or 17 (e.g., if 3 crew per ambulance and 2 personnel for lead responsibilities for 24 hour shift). If assigned for > 5 days, additional staff will be needed to provide for crew rest. See ALS and BLS Air or Ground Ambulance resources for staffing of individual ambulances. Temperature control support may be required for medical supplies in some environments. Vehicle maintenance support required.</p> <p>3. Additional staff, e.g., administrative, maintenance, logistic, may be needed to ensure the ongoing availability of resources required to safely and effectively support the mission assignment.</p> <p>4. Can be deployed to cover 12-hour periods or 24-hour ops depending on number of ambulances needed at one time. Should be self-sufficient for 72 hours.</p> <p>5. The estimation of the quantity of ground ambulance resources needed is based on many factors such as the nature of the mission, logistics, intensity of demand, duration of service activity, and allowance for rest periods.</p> <p>6. Supervisor/leader must meet or exceed criteria for Ambulance Task Force Leader. Communications capabilities must support communications, both enroute and at scene, with all other units under the leader's supervision. Mobility and coordination of tactical support of the Ambulance Task Force necessitates a separate command vehicle for the leader.</p> <p>7. Any person driving must be qualified to operate an emergency vehicle.</p> <p>8. A minimum of Td toxoid or Tdap (receipt of primary series and booster within the past 10 years) and a complete Hepatitis B Vaccination Series OR a waiver of liability. Also refer to immunization recommendations for emergency responders by Centers for Disease Control for additional guidance for specific responses.</p>				

MOBILE COMMUNICATIONS CENTER

Resource:	Mobile Communications Center				Tier-I
Category:	Communications (ESF-2)			Kind:	Vehicle
Minimum Capabilities:	Type I		Type II	Type III	Type IV
Component	Metric				
Vehicle	Chassis	48'-53' custom trailer, bus chassis, conventional cab/van chassis, or diesel motorhome chassis with or without slide-out room	35'-40' motorhome chassis with or without slide-out room	25'-35' Gas or diesel motorhome chassis, or custom trailer (trailer does require additional tow vehicle)	Converted SUV or Travel Trailer, or 25'-40' custom built trailer (trailer does require additional tow vehicle)
Equipment	Interior	6-10 workstations, with private meeting area for Command personnel	4-6 workstations, with private meeting area for Command personnel	2-4 workstations	1-2 workstations
Equipment	Radio Frequency Transceivers	RF Communications with adjoining agencies, State agencies through mutual aid transceiver and any other frequencies	RF Communications with adjoining agencies, State agencies through mutual aid transceiver and any other frequencies	RF Communications with adjoining agencies, State agencies through mutual aid	RF Communications with adjoining agencies, State agencies
Equipment	Internet Access Speed High-Speed Fax Speed	High bandwidth capabilities via satellite such as INMARSAT or V-Sat	High bandwidth capabilities via satellite such as INMARSAT or V-Sat; Faxing through cell or satellite system (4,800 bps)	Cellular system; Faxing through cell or satellite system (4,800 bps)	Via cellular system (portable)
Equipment	Type of system. See Note-1	PBX office-style telephone system & Cellular PBX System (ML500 or similar)	PBX office-style telephone system & Cellular PBX System (ML500 or similar)	PBX office-style telephone system	Through individual cell phones only

Equipment	On-Scene Video Monitoring	Through camera/video system	Through camera/video system		
Equipment	Computer Assisted Dispatch	Yes	Yes	Yes	
Equipment	Computer/Server Capabilities	Same as Type III	Same as Type III	Hardwired and wireless LAN. Workstations should have Ethernet connection and 120 vac protected. All computer based software packages pre-installed	Basic computer systems only (power source must be provided from outside vehicle)
Personnel	Function	Same as Type II except: Driver/Operator with CDL certification	Same as Type III plus: IT Support Communications Support		

Comments:	<p>Radio Frequency Transceivers- Every agency has their assigned RF equipment in use. These frequencies should be distributed throughout the unit along with the most used adjoining agency transceivers. A central Communications rack should be built near the Communications Officer position. This rack should contain less used adjoining agency radios and programmable radios, giving the unit the ability to communicate with as many agencies as possible. Type I & II units should have an Interoperability Module installed in addition to the central rack. This module will allow for different frequency transceivers to communicate commonly.</p> <p>Satellite Systems- NMARSAT system can be utilized for telecommunications and DOD secure data transfer. For a MCC the unit should be roof mounted and auto-tracking. Useful for video-teleconferencing, high quality voice transmission, faxing, and dial-up Internet access. V-Sat systems use roof-mounted auto-deploy, auto-tracking dishes, and allow large downloads of bandwidth. This bandwidth can be managed to provide Internet access, voice communications, and video transfer for sending live on-scene video back to an EOC or other location. The FCC continues to approve new technology for this system. Iridium, Global Star, or other Sat-phones are ideal for in-the-field communications.</p> <p>Microwave Units- Some States and jurisdictions have microwave-capable facilities and equipment installed for quality video transfer.</p> <p>Server Computers- A rack-mounted Server should be installed in Type I, II, and III units. This Server can be designed to mimic many of the operations and software in use at the EOC. A hard-wired LAN and a wireless LAN should also be installed to enable all workstations access to the Server.</p> <p>Telephone System- An office-style PBX system should be installed in Type I, II, and III units. This system can be integrated with landlines, cell lines, and satellite telephones. Each workstation should have a telephone unit as well as units on-hand for exterior operations.</p> <p>Cellular PBX System (ML500 or similar)- This unit is used for multiple cell lines (suggest 5). It is tied into the main PBX for distribution throughout unit. The unit has auto-detect sensors that check for landline first and then switch to cell if landline is not available.</p> <p>Camera and Video Systems- The unit should have an installed mast (no taller than 30' without exterior supports) and camera system with monitors in both the conference and communications area. The video system controls the multiple inputs and distributes them to the monitors. The system should support the mast and camera, display Server Computer programs, helicopter downlink, DSS, and have the capability to receive signals from additional units by plugging into exterior console.</p> <p>Video Teleconferencing N/A</p> <p>Note 1: Voice Communications through Landlines, Cell Lines, and Satellite. Note 2: All types should be capable of:</p>
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TELECOMMUNICATOR EMERGENCY RESPONSE TASKFORCE (TERT)

RESOURCE:		TELECOMMUNICATOR EMERGENCY RESPONSE TASKFORCE (TERT)				TIER-I
CATEGORY:		Communications Resources (ESF-2)			KIND:	Taskforce
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	Other
COMPONENT	METRIC					
Personnel	Team Leader	1	1	1	1	1
Personnel	Supervisor	6	6	4	2	0
Personnel	Telecommunicator	42	36	28	14	7
Personnel	EMD Certified (see note 1)	Same as Type II	25% of Telecommunicators	See Note 2	See Note 2	See Note 2
Taskforce	Duration of Operations	Same as Type II	Long; Greater than 1 week	Same as Type IV	Same as Type IV	Short; up to 1 week
Equipment	Laptop Computer w/ wireless internet connection	Same as Type II	1 Laptop	None Specified	None Specified	None Specified
COMMENTS:	<p>Note 1: During out-of-state Emergency Management Assistance Compact (EMAC) requests at the Type I and Type II levels, the request will automatically include a 25% contingent of EMD certified Telecommunicators. TERT State Coordinators are responsible for identifying such members. A multi-state response may be requires to fill this requirement.</p> <p>Note 2: EMD certification is not a requirement for TERT team membership. However, if a requesting agency specifies that they wish to have EMD qualified TERT members respond, the TERT State Coordinator should make every effort to fulfill the request by identifying EMD qualified team members.</p> <p>Note 3: Requests for special certifications or qualifications, such as EMD, Incident Dispatchers, law enforcement dispatchers, fire service/EMS dispatchers, call takers, familiarity with a specific CAD system, etc., can be specified during the request process, however increasing the specific requirements may slow the deployment process and/or may not be able to be accommodated.</p> <p>Note 4: The default configuration calls for public safety Telecommunicators. Requests for public safety call takers and/or public safety radio dispatchers must be specified when making the request.</p>					

Air Supply Unit

Resource:		Air Supply Unit				Tier-II	
Category:	Firefighting (ESF #4)				Kind:	Equipment	
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Type V	
Component	Metric						
Equipment	Mobile Compressor	6,000 psi					
Equipment	Mobile Cascade		6,000 psi	3,000 psi			
Equipment	Cylinder Tender				Min. 20 4,500 psi cylinders	Min. 20 2,250 psi cylinders	
Equipment							
Personnel							
Comments:							

PORTABLE FIRE PUMP

Resource:		PORTABLE FIRE PUMP			TIER-II
CATEGORY:	Firefighting (ESF-4)			KIND:	Equipment
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
COMPONENT	METRIC				
Equipment	Pump Capacity	500 GPM	250 GPM	100 GPM	50 GPM
	NIMS Equivalent	Type-I	Type-II		Type-III
COMMENTS:	These are normally trailer mounted units				
EXAMPLE					

Lighting/Generator Unit

Resource:		Light/Generator					Tier-II	
Category:	Firefighting (ESF #4)				Kind:	Equipment		
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Type V	Type VI	Type VII
Component	Metric							
Equipment	Generator	≥ 10 Kw	≥ 5 Kw					
Equipment	Light Tower Boom	Yes						
Equipment	Portable Lights	Yes	Yes					
Comments:								

All-Terrain Vehicle

Resource:		ATV					Tier-II		
Category:	Firefighting (ESF #4)				Kind:	Equipment			
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Type V	Type VI	Type VII	TYPE VIII
Component	Metric								
Equipment		Firefighting Multi-Purpose Utility Vehicle	EMS Multi-Purpose Utility Vehicle	Firefighting Multi-Purpose Utility Vehicle	EMS Multi-Purpose Utility Vehicle	Firefighting ATV Utility Straddle Type	EMS ATV Utility Straddle Type	Golf Cart	Amphibious Vehicle
Equipment	Chassis	6 X 6	6 X 6	4 X 4	4 X 4	4 X 4	4 X 4	4 X 2	6 x 6/8 x 8, or tracked
Equipment	Winch	2500 lb. Fixed	2500 lb. Fixed	2500lb fixed	2500lb fixed	2500lb fixed	2500lb fixed	N/A	8,000 fixed
Equipment	Compartment	Bed	Bed	Bed	Bed	N/A	N/A	Bed	N/A
Equipment	PT Transport System		Backboard, first aid kit, oxygen,		Backboard, first aid kit, oxygen,		Trailer for PT transport: Backboard, first aid kit, oxygen,	Backboard, first aid kit, oxygen,	
Equipment	Firefighting	50 GPM gas driven pump, 55 gallon tank, 50 ft 1" hose, 5 gallon foam. Or CAF system.		50 GPM gas driven pump, 55 gallon tank, 50 ft. 1" hose, 5 gallon foam. Or CAF system.		Trailer with 50 GPM gas driven pump, 55 gallon tank, 50 ft. 1" hose, 5 gallon foam. Or CAF system.		N/A	
Personnel		One Operator One Rider	One Operator One Rider	One Operator One Rider	One Operator One Rider	One Operator	One Operator	One Operator One Rider	One Operator 5 Riders
Comments:	<p>All personnel are required to wear all safety apparatus including seat belts and helmets Cannot find anything in NFPA about ATV's. Any of the Type I and Type III can be utilized for PT transport or firefighting or equipped for both. Amphibious vehicle may have tracks for additional traction. Various vehicle configurations. Example: Hydratrek, which also has props for water.</p>								

Rescue Boats

Resource: Rescue Boats Tier-II									
Category:		Search and Rescue (ESF #9)				Kind:		Equipment	
Minimum Capabilities:		Type I	Type II	Type III	Type IV	Type V	Type VI	Type VII	
Component	Metric								
Equipment	Minimum Victim Transport Per Trip	5+	3 to 5	3	3	3	2	2	
Equipment	Special Needs and Notes	May Need a Ramp	May Need a Ramp	Hand Launch	May Need a Ramp	May Need a Ramp	Hand Launch	Hand Launch	
Equipment	Motor Size	100hp+	60hp+	30hp+	25hp+	25hp+		No Motor	
Equipment	Type Boat	V-Hull	Inflatable/RIB	Inflatable/RIB	Flat	V-Hull	Personal Water Craft (PWC)	Raft	
Team	Personnel	2	2	2	2	2	1 per watercraft	3	
Comments:	<p>Swiftwater Rescue Team must be activated immediately if the following occur:</p> <ol style="list-style-type: none"> 1. Water current >1 knot 2. Ropes required in order to achieve rescue 3. If water is rising too fast to retrieve all victims in safely manner 								

FOAM BULK, AR-AFFF

Resource:	FOAM BULK, AR-AFFF				TIER-II
CATEGORY:	Hazardous Materials (ESF-10)			KIND:	
MINIMUM CAPABILITIES:		265 Gal Tote	55-Gal Drum	5-Gal Pal	Other
COMPONENT	METRIC				
Foam	Minimum number to report	1	2	20	
COMMENTS:	Foam must be transportable, and may be contained in one or more size containers (ex: 265-Gal Tote, 55-Gal Drum, 5-Gal Pal).				
EXAMPLE					

FOAM BULK, CLASS-A

Resource:	FOAM BULK, CLASS-A				TIER-II
CATEGORY:	Hazardous Materials (ESF-10)			KIND:	
MINIMUM CAPABILITIES:		265 Gal Tote	55-Gal Drum	5-Gal Pal	Other
COMPONENT	METRIC				
Foam	Minimum number to report	1	2	20	
COMMENTS:	Foam must be transportable, and may be contained in one or more size containers (ex: 265-Gal Tote, 55-Gal Drum, 5-Gal Pal).				
EXAMPLE					

Minimum Rescue Equipment per Specialty (NFPA 1006)

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Air-monitoring equipment			X			X	X	
Assorted 4x4 cribbing					X	X	X	
Assorted 2x2 cribbing	X				X	X	X	
Assorted wedges					X	X	X	
Audio-visual signaling device	X	X	X	X	X	X	X	X
Binoculars	X	X	X	X	X		X	X
Boards, short-and long-spine	X	X	X	X	X	X	X	X
Boogie board				X				
Buoyancy control devices								X
Camera							X	
Camming devices		X	X	X		X	X	
Carabineers locking	X	X	X	X		X	X	
Chain saw, electric or gas						X	X	
Chain sling, 9 ft					X	X	X	
Chain sling, 5 ft					X	X	X	
Charged 1 1/2 in. hose line					X			
Clamp "Ellis"							X	

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Class B foam application supplies	X	X	X	X		X	X	
Come-along					X		X	
Communication devices, fixed and portable	X	X	X	X	X	X	X	X
Community resources lists				X	X	X	X	X
DECON equipment			X	X			X	X
Descending/ ascending devices (friction or mechanical)	X	X	X	X		X	X	
Detector, electrical energy	X	X	X	X	X	X	X	X
Dewatering pumps						X	X	
Edge protection, hard and soft	X	X	X	X		X	X	
Extension cords			X		X	X	X	
Fins, swim				X				X
Fire extinguisher	X	X	X	X	X	X	X	X
First aid and oxygen kits	X	X	X	X	X	X	X	X
Flathead ax	X			X	X		X	
Food, packable								
Generator	X		X		X	X	X	
Gloves	X	X	X	X	X	X	X	X

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Halligan bar	X				X		X	
Hammer, demolition, 45 lb, bull and chisel							X	
Hammer, demolition, 60 lb, bull and chisel							X	
Hammer, 1 1/2 in. rotary with carbide-tipped bits 1/8 in. to 2 in., and bull point bit							X	
Hand tools kit	X		X		X	X	X	X
Heavy excavating equipment resources						X	X	
Helmets	X	X	X	X	X	X	X	X
Hose inflator				X				X
Hydraulic cutters					X		X	
Hydraulic rams					X	X	X	
Hydraulic shores					X	X	X	
Hydraulic spreaders					X	X	X	
Jacks, screw, scissor, and /or hydraulic						X	X	
Junction box, electrical	X				X	X	X	
KED or equivalent	X	X	X		X	X	X	
Knife, rescue	X	X	X	X	X	X	X	X
Lighting, flood	X			X	X	X	X	

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Lighting, hand and/or helmet (Factory Mutual approved)	X	X	X	X	X	X	X	
Line gun				X			X	X
Lumber and timber (assorted)					X	X	X	
Lockout/ tagout kit			X			X		
Marking kit, paint, chalk, crayon, pencil					X	X	X	
Navigational instruments-compass, GPS	X			X				X
Packs								
Pen/ pencils	X	X	X	X	X	X	X	X
Perimeter or scene-marking devices	X	X	X	X	X	X	X	X
Personal flotation devices (PDFs)	X			X				X
Personal accountability system	X	X	X	X	X	X	X	X
Personal alarm device			X			X	X	
Pickets, steel stakes	X	X		X	X	X	X	
Pneumatic bags					X	X	X	
Pneumatic chisels					X	X		
Pneumatic shores					X	X	X	

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Pneumatic soil knife						X		
Pneumatic soil vacuum (hand and/or truck)						X		
PPE- bunker gear					X	X	X	
PPE- HazMat, Levels B and C			X					
PPE- helmet water rescue				X				X
PPE- knees pads			X				X	
PPE- mask and snorkel								X
PPE- SABA			X					
PPE- SCBA	X		X	X	X		X	
PPE- SCUBA with console, secondary								X
PPE-suit, dry				X				X
PPE-Personal escape pack			X					
PPE- suit, wet				X				X
Preplans/ maps	X	X	X	X	X	X	X	X
Prusik cord	X	X	X	X		X	X	
Pulleys, selection of	X			X				X
Reach extension devices								X
Rope- life safety	X	X	X	X	X	X	X	X
Rope- utility	X	X	X	X	X	X	X	X

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Rope- water rescue				X				X
Safety glasses and hearing protection	X	X	X	X	X	X	X	X
Saw, circular, carbide tip, metal cutting, and continuous rim diamond blades					X	X	X	
Saw, reciprocating with wood and metal blades					X	X	X	
Sheeting						X		
SKED or equivalent and/ or rigid litter		X	X	X	X	X	X	X
Spring-loaded center punch	X			X	X		X	X
Tactical worksheets	X	X	X	X	X	X	X	X
Tarps						X	X	X
Thermal imager			X				X	
Throw bags				X				X
Torch, kit, oxyacetylene					X		X	
Torpedo buoy, ring buoy or equivalent				X				X
Traffic control devices	X	X	X	X	X	X	X	X
Trench box, shield						X		
Tripod			X		X		X	

Kit Contents	Basic Kit	Rope Rescue	Confined Space Rescue	Water Rescue	Vehicle and Machinery Rescue	Trench Rescue	Structural Collapse	Dive Rescue
Victim protective coverings	X	X	X	X	X	X	X	X
Watercraft- manual or motorized				X				X
Water	X	X	X	X	X	X	X	X
Webbing	X	X	X	X	X	X	X	
Weight belt and weights								X
Winches	X				X			

ANNEX E

SPECIALIZED TEAMS

Incident Management Team

Seacoast Chief Fire Officers mutual Aid district

Incident Management Team

Activate through: New Market Communications Center, 659-3950

Primary Contact: Chief Steven Achilles

Portsmouth Fire Department, 170 Court Street, Portsmouth, NH

Portsmouth Fire: 610-7344

Hazardous Materials Response Team

Central NH HazMat Team

Activate through: Capital Area Dispatch: 224-2545

Primary Contact: Battalion Chief Bill Weinhold
Concord Fire Department, 24 Horseshoe Pond Lane, Concord, NH 03301
Concord Fire: 225-8650 Fax: 225-5833

Keene Fire HazMat Team

Activate through Southwestern NH Mutual Aid: 352-1100

Keene Fire Department, 31 Vernon Street, Keene, NH 03431
Keene Fire: 357-9861 Fax: 357-9869

Manchester Fire HazMat Team

Activate through: Manchester Fire: 669-2256

Primary Contact: Deputy Chief Nick Campasano
Alternate Contact: Chief James Burkish: 669-2256
Manchester Fire Department, 100 Merrimack Street, Manchester, NH 03101
Manchester Fire: 669-2256 Fax: 669-7707

North Country Emergency Response Team

Activate through Emergency Dispatch: 466-2334

Primary Contact: Chief Rick Eichler
Gorham Fire Department, 347 Main Street, Gorham, NH 03581
Gorham Fire: 466-2549 Fax: 466-3120
Alternate Contact: Donald Poulin, 752-3577
Alternate Contact: Chief Chris Milligan, 788-3282
Jefferson Fire Department, P.O. Box 173, Jefferson, NH 03583
Alternate Activate through Lancaster Dispatch: 788-3282

Seacoast Technical Assistance Response Team

Activate through: Hampton Fire, 926-3316

Primary Contact: Captain Michael Hogan
Portsmouth Fire Department, 170 Court Street, Portsmouth, NH 03801
Portsmouth Fire: 427-1515 FAX: 427-1555
Portsmouth Dispatch: 427-1565

Souhegan Mutual Aid Response Team

Activate through: Nashua Fire: 594-3636

Primary Contact: Deputy Chief Karl Gerhard

Nashua Fire: 594-3637 Fax: 596-3654

Alternate Contact; Chief Brian Morrissey, 594-3651 or 594-3637

Nashua Fire Rescue, 70 Hollis Street, Nashua, NH 03060

South Eastern New Hampshire hazardous Materials

Mutual Aid District

Activate through: Derry Fire Dispatch, 432-6121

Primary Contact: Jim Stone

Windham Fire Department, 3 Fellows Road, (PO Box 514) Windham, NH 03087

Windham Fire: 434-4907 Fax: 437-6715

Midwestern New Hampshire Regional HazMat Team

Activate through: Lebanon Fire Department: 448-1212

Primary Contact: Chief Chris Christopoulos

Lebanon Fire Department, 12 south Park Street, Lebanon, NH 03766

Lebanon Fire: 448-8810 Fax:448-8811

Carroll County MazMat Team

Activate through: Carroll County Dispatch: 539-2261

Primary Contact: Chief Peter Solomon

Conway Fire Department, 128 West street, Conway, NH 03818

Conway Fire: 447-2681

New Hampshire National Guard – 12th CST

Activate through: NH National Guard Joint Operations Center: 227-1555 (24 hours)

Primary Contact: Major Fortier

New Hampshire National Guard, 1 Minuteman Way, Concord, NH 03301-5652

Swiftwater/Flood Rescue Teams

Three Rivers Water Extrication Team

Activate through: Lakes Region Mutual Aid, 524-1545

Primary Contact: Chief Kevin LaChapelle

Franklin Fire Department, 59 West Bow Street, Franklin, NH 03235

Franklin Fire: 934-2205

Pemi River Extrication Team

Activate through: Lakes Region Mutual Aid, 524-1545

Primary Contact: Chief Casino Clogston

Plymouth Fire Department, 42 Highland Street, Plymouth, NH 03264

Plymouth Fire: 5361253 Fax: 536-0036

Soughegan Water Extrication Team

Activate through:

Primary Contact:

Ambulance Strike Teams

(Commercial 3rd Party)

7/23/14

Northern Ambulance Strike Team:

Activate through: Lincoln PD Communications Center, 745-2238

Agencies:

Canaan FAST, Inc. (Canaan)	Dispatch: (603)-448-1212 (Hanover PD) Station (Vol.) (603)-523-8808 (Carol Goodman, President)
Care Plus Ambulance Service, Inc. (North Conway Station)	Dispatch: (603)-424-8910 (Care Plus Ops) (Eric Damon, President)
Linwood Ambulance Service (Lincoln)	Dispatch: (603)-745-9000 (Lincoln PD) Quarters: (603)-745-3904 (Robert Wetherell, Director)
LIFESTAR EMS (Ossipee)	Dispatch: (603)-539-2284 (Carroll Cty. Sheriff's Dept.-Ossipee) Quarters: (603)-539-9074 (Brian Johns, Operations Manager)
Milan & Dummer Ambulance (Milan)	Dispatch: (603)-752-3131 (Berlin PD) Station (Vol.): (603)-449-3407
Upper Valley Ambulance, Inc.	Dispatch: (802)-643-3424 (Hanover PD) Station: (802)-333-4043 (John Vose, Administrator)

Southern Ambulance Strike Team:

**Activate through: Hillsboro County Sheriff's Dept. Dispatch,
627-0168**

Agencies:

American Medical Response (AMR) (Newburyport, MA)	Dispatch: 1-800-899-3434 (Newburyport, MA) (Chris Stawasz, Operations Manager) (603)-882-5330
Brookline Ambulance Service (Brookline)	Dispatch: (603)-465-3636 (Hollis PD Communications Ctr.) Station (Vol.): (603)-672-6216 (Wesley Whittier, Director)
McGregor Memorial EMS (Durham)	Dispatch: (603)-862-1392 (UNH PD) Station (Vol.): (603)-862-3674 (Harry Mueller, Operations Manager)
Milford Ambulance Service (Milford)	Dispatch: (603)-673-1414 (Milford Area Communications Ctr.) Station: (603)-249-0610 (Eric Schelberg, Director)

ANNEX F

SAMPLE REIMBURSMENT POLICY & DOCUMENT

Labor Costs - Emergency Work

Recovery Policy 9525.7

- I. **TITLE:** Labor Costs - Emergency Work
- II. **DATE:** November 16, 2006
- III. **PURPOSE:** Provide guidance on the eligibility of labor costs for an applicant's permanent, temporary, and contract employees who perform emergency work under Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), 42 U.S.C. 5121-5206, as amended.
- IV. **SCOPE AND AUDIENCE:** This policy applies to all emergencies, major disasters, and fire management assistance declarations, declared on or after the publication date of this document.
- V. **AUTHORITY:** Sections 403, 407, 420 and 502 of the Stafford Act and 44 Code of Federal Regulations (CFR) §204.42, §206.224 and §206.225.
- VI. **BACKGROUND:**
 - A. On October 14, 1993, FEMA published a regulation that made the force account labor straight-time salary for work under Section 403 and 407 ineligible under the Public Assistance Program. The 1993 regulation did not include emergency work accomplished under Section 502 (Federal Emergency Assistance) of the Stafford Act. The ineligibility of straight-time salaries for emergency work under Section 502 is included as a provision of the FEMA-State Agreement.
 - B. Labor (straight-time, overtime, and fringe benefits to the extent the benefits were being paid before the disaster) performed under Section 406 (permanent work) of the Stafford Act remains eligible for reimbursement.
- VII. **POLICY:**
 - A. Under Sections 403, 407, and 502 of the Stafford Act, eligible emergency work labor costs are those costs incurred by an eligible applicant while performing eligible work. The cost of straight-time salaries and benefits of an applicant's permanently employed personnel is not eligible in calculating the cost of eligible emergency work. The FEMA-State Agreement will stipulate the ineligibility of straight-time salaries and benefits of an applicant's permanently employed personnel performing emergency work (Categories A and B). For the purpose of this policy, "permanently employed personnel" will refer to those employees whose positions are already included in the applicant's budget.

- B. Fixed-term employees, such as seasonally employed personnel, when covered under existing budgets and used for a disaster during the season of employment, are considered permanently employed for the purpose of cost eligibility.
- C. Straight-time and overtime will be determined in accordance with the applicant's pre-disaster policies, which should be applied consistently in both disaster and non-disaster situations. For example, one applicant may define labor exceeding 8 hours a day as overtime, while another might define labor exceeding 40 hours a week as overtime. However, all costs, including premium pay, must be reasonable and equitable for the type of work being performed.
- D. The actual costs of salaries and benefits for individuals sent home or told not to report due to emergency conditions are not eligible for reimbursement. Extraordinary costs for essential employees who are called back to duty during administrative leave to perform disaster-related emergency work are eligible if the costs were provided for in written policy prior to the disaster.
- E. The costs for contract labor, mutual aid in accordance with an existing agreement, or temporary hires needed to accomplish emergency work are eligible for reimbursement. However, straight-time salary and benefits of force account labor overseeing contractors performing emergency work are not eligible in calculating the cost of eligible emergency work.
- F. The reimbursement of force account or temporary labor to backfill regular staff who are performing eligible emergency work may be eligible. Backfill cost is defined as the straight-time salary and benefits and overtime of replacement personnel who perform the regular duties of other personnel while they are performing eligible emergency work under the Public Assistance Program. There are several circumstances which affect the eligibility of the backfill employee.
 - 1. If the backfill employee is a contract or extra hire, the cost of this extra person represents an extra cost to the applicant. Regular and overtime are eligible. If the employee is permanently employed, straight time is not eligible. Only overtime costs are eligible.
 - 2. The cost of straight-time salaries and benefits of an applicant's permanently employed personnel, of any department, regardless of any inter-departmental agreements, are not eligible.
 - 3. If the backfill employee is a regular employee who is called in on his/her day off (weekend or other off day), there may be an extra cost to the applicant. Regular and overtime costs may be eligible.
 - 4. If the backfill employee is called in from scheduled leave, there should be no extra cost as the leave can be rescheduled. Only the overtime is eligible.
 - 5. Generally, exempt employees (i.e. those who are exempt from minimum wage and overtime provisions of the Fair Labor Standards Act) are not eligible for overtime, unless specified in an applicant's pre-disaster policy.

- G. Permanent employees who are funded from an external source (e.g., by a grant from a Federal agency, statutorily dedicated funds, rate-payers, etc.) to work on specific non-disaster tasks may be paid for emergency work. However, the FEMA Region is to consult with FEMA headquarters before approving payment.
- H. Reimbursement of labor costs for employees performing emergency work is limited to actual time worked, even when the applicant is contractually obligated to pay for 24 hour shifts. It is not reasonable for a person to work more than 48 hours continuously without an extended rest period. Therefore, FEMA will reimburse up to 24 hours for each of the first two days, and up to 16 hours for each of the following days for emergency work. All requested hours must be for actual time worked. Standby time is not eligible under the Public Assistance Program or Fire Management Assistance Grant Program. Pre-positioning under the Fire Management Assistance Grant Program is eligible if the resources were actually used to suppress a declared fire.
- I. The value of volunteers accomplishing eligible emergency work can be credited toward the non-Federal cost share of the applicant's emergency work in accordance with Donated Resources Policy #9525.2.

VIII. **ORIGINATING OFFICE:** Recovery Division (Public Assistance Branch)

IX. **SUPERSESSION:** This policy updates and replaces all relevant provisions of previous Public Assistance policy documents or guidance on this subject.

X. **REVIEW DATE:** Three years from date of publication.

//signed//

David Garratt
Acting Director of Recovery
Federal Emergency Management Agency

Recovery Policy 9525.7 - Labor Costs - Emergency Work ([PDF](#) 1.1MB)

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STATION COVERAGE, BACKFILLS & TRANSFERS

- A. Station Coverage, Backfills and Transfers shall be initiated upon indication to the Incident Commander that there is a long duration incident, a working fire, or an excessive number of incidents in a geographic area.
- B. An engine company, special service, tender (if the incident occurs in a non-hydrant area), and BLS ambulance from the departments listed among the second alarm assignment shall be transferred to the first due station. Normally, this shall involve the next due engine company, special service, tender (if non-hydrant), and BLS ambulance. However, the probability of the incident requiring multiple alarms (and the additional request for apparatus/equipment) should be considered during this process.
- C. Station Coverage, Backfills & Transfers shall be dispatched as a call for service. Refusal to take a transfer when dispatched will be considered a refusal to take a call for service.
- D. Subsequent “move up” and/or “backfill” transfers shall be made at the discretion of the Incident Commander/ Dispatch Center. These transfers shall be made after considering the following factors:
 - Geographical area left uncovered.
 - Available special services in the area.
 - Available engine companies in the area.
 - Other fire/EMS activity in the area.
 - Stations that have multiple crews available.
- E. In addition to the above, BLS ambulances and ALS ambulances shall be transferred at the discretion of the Incident Commander/Dispatch Supervisor to fill significant voids in EMS coverage due to above average call volume and/or a significant incident.
- F. Transfers to other jurisdictions shall be made using the next due units as listed in the established dispatch sequence with subsequent “move up” and/or “backfill” transfers made at the discretion of the PSC Supervisor.

Personnel Cost

- A. To be eligible for any form of personnel time reimbursements, the individual's employing agency must have experienced an actual cost beyond normal operations personnel expenses. Qualified expenses may include overtime, backfill or loss of salary/compensation by the individual attending the training.
- B. Reimbursement may only be requested by the individual(s) employing or sponsoring agency.
- C. Requests for reimbursement must be accompanied by a letter on department letterhead signed by the department head or certifying officer verifying the actual wages that were paid to each of the individuals for whom the department is requesting backfill and/or overtime
- D. Only those career, on-call, and volunteer personnel listed on the Department roster on file prior to the event are eligible to receive backfill and/or overtime reimbursement.
- E. Reimbursements shall not exceed one and one half times (1.5) the individual's hourly wage (excluding calculation of benefits and longevity pay).
- F. All reimbursement requests must be received within 60 days of the event.

ANNEX G

EMERGENCY MANAGEMENT ASSISTANCE COMPACT

EMAC