RESPONDING AGENCY CHECKLIST FORM 3

Date: ________________________  Time: ________________________

Requesting Agency: _______________________________________________________

Name/Title Contact: _______________________________________________________

Phone Number: ________________________  Fax Number: ________________________

Type of Emergency: _______________________________________________________

Estimated Duration Assistance will be needed: ________________________________

Review Mutual Aid Information Form 2

Clarify Need

___ Review types of damage and what Responding Agency employees can expect to deal with (safety, risk/hazards, weather, etc).

___ Review/validate types of equipment, materials and number/skills of employees that will be deployed

___ Confirm how long employees will be provided. Is/are relief crew(s) required or prepared?

___ Identify a communications plan for internal crews and linkage with Requesting Agency.

___ How will responding affect your agency’s current operations? What are the limiting factors?

___ If night work: is mobile lighting available?

Preparations

___ Identify your responding employees. Ensure they are briefed on their type of tasking and expected duration of support.

___ Identify supervisory chain of command for responders.

___ Review emergency operations procedures and required record-keeping documentation.

___ Complete an inventory of tools and equipment. Inspect vehicles and ensure all are fueled. Provide communication equipment (radios, phones) as required.

___ Set up reporting/status update schedule to home base.

___ Ensure purchasing and/or gas card(s) are available for required support.

___ Ensure sufficient food and water available as determined with Requesting Agency.