

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.
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