

# Functional Checklists

for the

## EMERGENCY OPERATIONS PLAN (EOP)

FOR

\_\_\_\_\_  
(Name of Municipality)

in \_\_\_\_\_ County

Last Updated \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

*The contents of these Checklists are not subject  
to Pennsylvania's Right To Know Law.*

**DO NOT DISTRIBUTE**

## TABLE OF CONTENTS

Table of Contents	ii
Certification of Review	iii
#1 ELECTED OFFICIALS	1
#2 EOC MANAGER/EMERGENCY MANAGEMENT COORDINATOR	4
#3 PUBLIC INFORMATION OFFICER/EXTERNAL AFFAIRS (ESF #15)	9
#4 LIAISON OFFICER	12
#5 SAFETY OFFICER	13
#6 OPERATIONS SECTION CHIEF	14
Communications (ESF #2) Branch	15
Firefighting (ESF #4) Branch	17
Public Health and Medical Services (ESF #8) Branch	19
Search and Rescue (ESF #9) Branch	21
Oil and Hazardous Materials (ESF #10) Branch	22
Public Safety and Security (ESF #13) Branch	23
#7 PLANNING SECTION CHIEF	26
Emergency Management (ESF #5) Branch	26
#8 LOGISTICS SECTION CHIEF	28
Transportation (ESF #1) Branch	29
Public Works (ESF #3) Branch	30
Mass Care, Housing and Human Services (ESF #6) Branch	31
Resource Support (ESF #7) Branch	32
Agriculture and Natural Resources (ESF #11) Branch	33
Energy (ESF #12) Branch	34
#9 FINANCE AND ADMINISTRATION SECTION CHIEF	35
Long Term Recovery and Mitigation (ESF #14) Branch	35
BLANK FORMS	37
EOC Incident Message Form	38
Message Log	39
Unit Log (ICS 214)	40
Security Sign In/Out Log	42
Resource Request Form	43
Resource Request Status Log	44
Initial Damage Report	45

## **CERTIFICATION OF REVIEW**

**A regular (biennial or sooner) review of this Emergency Operations Plan has been done by the Emergency Management Agency and the review is hereby certified by the Municipal Emergency Management Coordinator.**

Date

Signature

(your municipality) Checklist # 1 - ELECTED OFFICIALS

**ELECTED OFFICIALS**

Responsible for: protection of the municipal government, its citizens and their property

*Reports to: the voters*

DATE OF ACTIVATION: \_\_\_\_\_ REASON FOR ACTIVATION: \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			<b>Materials and Information Inventory</b>
			Copy of the Municipal Emergency Operations Plan (EOP)
			Notification and Resource Manual
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address)
			Checklist reviewed.
			Established communication with other elected officials.
			<b>OPERATIONS</b>
			Community's response to the emergency monitored.
			Needs evaluated and municipal resources committed as needed.
			Assumed role of Incident Commander
			Delegated role of Incident Commander
			<b>Disaster Declaration</b>
			Determination made whether to declare a disaster emergency.
			Declaration prepared and signed by majority of the board of elected officials (see attachment to this checklist).
			<b>Protective Actions</b>
			Recommendation made to the population to evacuate or to shelter the population, as needed.
			<b>Continuity of Government</b>
			Chief Elected Official is _____.
			Next in Line is _____.
			Next in Line is _____.
			In the absence of the above, responsibility for municipal government goes to _____.
			If the EOC cannot be used, the EOC staff and functions relocated to the alternate facility at: _____.
			In case of evacuation, important documents collected to be transported to safe location.
			In case of evacuation, electronic documents "backed up" and the back-up transported to alternate location.

(your municipality) Checklist # 1 - ELECTED OFFICIALS

Completed or N/A	By (initials)	Time	Item
			<b>RECOVERY AND MITIGATION</b>
			<b>Federal Recovery Programs</b>
			Appointed an “Applicant’s Authorized Agent”.
			Signed Notice of Intent to apply for federal aid.
			<b>Mitigation</b>
			Modified land use/zoning plan.
			Enacted/enforced more stringent building codes.
			Construct/maintain storm water management system.
			Improve public information about hazards.

**(your municipality) Checklist # 1 - ELECTED OFFICIALS**

***ATTACHMENT 1 TO ELECTED OFFICIALS CHECKLIST***

**DECLARATION OF DISASTER EMERGENCY**

WHEREAS, on or about \_\_\_\_\_ a (disaster) has caused or threatens to cause injury, damage, and suffering to the persons and property of \_\_\_\_\_(City/Township/Borough); and

WHEREAS, the (disaster) has endangered the health, safety and welfare of a substantial number of persons residing in \_\_\_\_\_(City/Township/Borough), and threatens to create problems greater in scope than \_\_\_\_\_(City/Township/Borough) may be able to resolve; and

WHEREAS, emergency management measures are required to reduce the severity of this disaster and to protect the health, safety and welfare of affected residents in \_\_\_\_\_(City/Township/Borough):

NOW, THEREFORE, we, the undersigned Commissioners/Supervisors/Mayor of \_\_\_\_\_(City/Township/Borough), pursuant to the provisions of Section 7501 of the Pennsylvania Emergency Management Services Code, (35 PA C.S., Section 7501), as amended, do hereby proclaim the existence of a disaster emergency in \_\_\_\_\_(City/Township/Borough)

FURTHER, we direct the \_\_\_\_\_ (City/Township/Borough) Emergency Management Coordinator to coordinate the activities of the emergency response, to take all appropriate action needed to alleviate the effects of this disaster, to aid in the restoration of essential public services, and to take any other emergency response action deemed necessary to respond to this emergency.

STILL FURTHER, we authorize officials of \_\_\_\_\_ (City/Township/Borough) to act as necessary to meet the current demands of this emergency, namely: by the employment of temporary workers, by the rental of equipment, by the purchase of supplies and materials, and by entering into such contracts and agreements for the performance of public work as may be required to meet the emergency, all without regard to those time-consuming procedures and formalities normally prescribed by law, mandatory constitutional requirements excepted.

This Proclamation shall take effect immediately.

(COMMISSIONERS/SUPERVISORS/MAYOR/COUNCIL)

\_\_\_\_\_  
(Chairman/President/Mayor)

\_\_\_\_\_  
(member)

\_\_\_\_\_  
(Vice Chairman/President)

\_\_\_\_\_  
(member)

\_\_\_\_\_  
(Secretary)

\_\_\_\_\_  
(member)

Attest:\_\_\_\_\_

Date:\_\_\_\_\_

**(your municipality) Checklist # 2 – EOC MANAGER/EMERGENCY MANAGEMENT  
COORDINATOR  
EOC MANAGER/EMERGENCY MANAGEMENT COORDINATOR (EMC)**

Responsible for: overall emergency management program, activating and managing the EOC  
Reports to: the Elected Officials

DATE OF ACTIVATION: \_\_\_\_\_ REASON FOR ACTIVATION: \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			<b>EMERGENCY NOTIFICATION (METHOD _____)</b>
			Notification verified.
			Action Log Initiated. (see Attachment 1 to this checklist)
			Elected officials notified.
			<b>Increased readiness</b>
			Increased readiness received from Homeland Security Alert System (HSAS).
			Watch/Warning received from National Weather Service (NWS).
			Notification received from County Emergency Management Agency (EMA).
			Consulted with elected officials.
			Recommendation re: Emergency Operations Center (EOC) Activation made to elected officials.
			Affected Emergency Support Functions notified.
			Key staff put on stand-by.
			Partial mobilization of EOC begun.
			Critical facilities notified.
			HSAS procedures implemented.
			<b>EOC Materials Inventory</b>
			Copy of the County Emergency Operations Plan (EOP)
			Copy of the Municipal Emergency Operations Plan (EOP)
			Copy of EOC Checklists
			Notification and Resource Manual
			Action Log
			Sign-In/Out Log (see Attachment 2 to this checklist)
			Organization Chart
			EOC floor plan sketch
			Staff schedule for 24-hour operations (2 shifts)
			Action Status Board
			Municipal map
			Office supplies
			<b>EOC Activated</b>
			EMC present at EOC at _____ (name of facility and street address)
			Deputy EMC notified/present.

**(your municipality) Checklist # 2 – EOC MANAGER/EMERGENCY MANAGEMENT  
COORDINATOR**

Completed or N/A	By (initials)	Time	Item
			Elected official(s) notified/present (NAME _____).
			Elected official(s) notified/present (NAME _____).
			Elected official(s) notified/present (NAME _____).
			Public Information Officer (PIO) notified.
			Operations Section Chief notified.
			Planning Section Chief notified.
			Logistics Section Chief notified.
			Admin-Finance Section Chief notified.
			Liaison Officer notified.
			Branch Director(s) notified for _____ and _____.
			Security in place.
			Status Board initiated.
			Message Log initiated.
			County notified that EOC is operational.
			<b>Communications</b>
			Phone lines tested.
			Radios tested.
			_____ tested.
			Amateur Radio operator on site.
			Emergency Alert System (EAS) station monitored. (Station ID _____)
			<b>Operations</b>
			EMC Initial Briefing on situation conducted.
			Staff to maintain maps and status boards appointed.
			Municipal map posted with important information (affected area, Traffic Control Points (TCPs), Access Control Points (ACPs), evacuation routes, etc).
			Contact established with neighboring municipalities.
			<b>EOC Relocation</b>
			Alternate Site Open at _____. (name of facility and street address)
			Equipment & logs packed.
			County notified.
			Other EOCs notified.
			Responders notified.
			<b>EOC OPERATIONS</b>
			Elected Officials and EOC staff informed when things change.
			Verification complete that schools, businesses and other population concentrations are aware of the problem.
			Available resources monitored.
			Requirements reviewed and “unmet needs” reported to county.
			Route alerting accomplished (Firefighting Branch).
			Additional briefing of the county EOC conducted.

**(your municipality) Checklist # 2 – EOC MANAGER/EMERGENCY MANAGEMENT  
COORDINATOR**

Completed or N/A	By (initials)	Time	Item
			Established a “victim accountability system” to track missing citizens who are forced to leave their homes.
			Worked with Mass Care/Housing to identify location of displaced victims.
			<b>EOC Manager</b>
			Assumed responsibilities of IM/IC
			Deferred the role of EOC Manager to _____.
			Delegated the role of Operations Section Chief to _____.
			Delegated the role of Planning Section Chief to _____.
			Delegated the role of Logistics Section Chief to _____.
			Delegated the role of Finance Section Chief to _____.
			Branch Director(s) appointed for: _____ name _____  and _____ name _____.
			<b>PROTECTIVE ACTIONS</b>
			Protective Action Decision made by elected officials (EMC in their absence).
			Shelter in Place Recommended.
			Evacuation Recommended.
			<b>Shelter in Place</b>
			PIO Notified.
			Public announcement and instructions prepared.
			Non-English speaking citizens addressed.
			Announcement broadcast over EAS.
			Route alerting conducted (if appropriate).
			<b>Mass Care Shelter</b>
			County ESF # 6 contacted to set up mass care shelter.
			County unable to provide mass care. designated local emergency shelter at _____.
			Shelter Manager appointed.
			PIO announced location of temporary shelter.
			<b>Evacuation</b>
			Routes and other parameters (when, who, how many, to where) of the evacuation planned.
			Sirens and EAS (if practical) sounded.
			Non-English speaking citizens addressed.
			Assistance provided for mobility impaired residents
			Reviewed Traffic Control Points (TCPs) and Access Control Points (ACPs) for police in emergencies (Public Safety and Security (ESF #13) Branch).
			Notified the Route/Sector Alert Team leaders and assigned personnel to route alert teams (Firefighting (ESF #4) Branch).

**(your municipality) Checklist # 2 – EOC MANAGER/EMERGENCY MANAGEMENT  
COORDINATOR**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Reviewed and updated list of hearing impaired residents requiring special notification to ensure it is current (Public Health & Medical Services (ESF #8) Branch).
			Verified list of non-ambulatory residents requiring ambulance assistance to ensure it is current (Public Health & Medical Services (ESF #8) Branch).
			Reviewed transportation planning. (Transportation (ESF #1) Branch)
			Reviewed “unmet needs” of the municipality and reported them to the County EMA.
			Verified that emergency fuel supplies, towing and repair services are available for evacuees.
			Reviewed communication capabilities to maintain contact with TCPs and ACPs, Transportation Pickup Points and buses and Route/Sector Alert Teams (Communications Firefighting and Public Safety and Security Branches).
			Verified notification of major businesses and industries, camp sites, motels/hotels, and other transient sites once the siren alert sounded (Communications (ESF #2) Branch).
			Provided for sufficient buses and/or other transportation to pick up those residents without means of transportation (Transportation Branch)
			Designated guides for buses being used to pick up persons who do not have transportation (Transportation Branch)
			Establishment of TCPs and ACPs verified (1Public Safety and Security Branch).
			Evaluated selected TCPs and determined suitability and adequacy as evacuation routes (Public Safety and Security Branch).
			Monitored the process.
			Notified County EMA when Route alerting finished.
			After citizens have evacuated, relocated the EOC (if necessary).
			Notified County EMA when evacuation complete.
			<b>DAMAGE REPORTING</b>
			Obtained sufficient copies of the Initial Damage Report (see Attachment 5 to this checklist) for distribution to teams.
			Notified Damage Reporting Team leaders and placed them on alert.
			Obtained vehicles to conduct damage survey.
			Coordinated the need for radios to conduct damage reporting with the Communications Branch.
			Assembled all damage reporting personnel and dispatched in teams.
			Established a telephone number for call-in and established reporting time frames.
			Reviewed damage reporting plan and listed the "unmet needs".
			Coordinated damage survey plan with Red Cross.

**(your municipality) Checklist # 2 – EOC MANAGER/EMERGENCY MANAGEMENT  
COORDINATOR**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Assigned Damage Reporting Teams to conduct an initial damage survey (teams should consist of a minimum of two individuals and should be assigned to certain sectors).
			Instructed teams to keep the EMC informed of the damage survey status.
			As information is obtained, compiled the Damage Reports and provided same to the county.
			Provided liaison to the county for damage assessment.
			Provided tax and insurance information on the private and public sector buildings to the Federal/State Damage Assessment Teams.
			Assigned one member of the Damage Reporting Team, who is familiar with the location of the damage, to accompany each Federal/State Damage Assessment Team (as necessary).
			Maintained records of all expenditures related to damage reporting and assessment activities and submitted to the requesting authorities.
			<b>DISASTER PROCLAMATION</b>
			Assisted Elected Officials in preparation of the disaster proclamation document (see Elected Officials Checklist).
			Obtained signature of a majority of the membership of the board of elected officials.
			Sent copy of proclamation to county EMA.
			<b>DISASTER RECOVERY OPERATIONS</b>
			<b>Federal Recovery Programs</b>
			Maintained records to document expenditures by the municipality.
			Assisted county and state EMA in establishing a Disaster Recovery Center (DRC).
			<b>Returning evacuees and recovery</b>
			Adequate supplies of food arranged.
			Adequate supplies of fuel arranged.
			Assisted public utility with finding and repairing utility outages.
			Notified evacuees of status of return.
			Checked with county before closing the EOC Log, and the EOC.
			<b>DEVELOPED AN AFTER ACTION REPORT (AAR) FOR THE INCIDENT</b>
			FEMA form 95-44 submitted (as an AAR).
			Local or county format utilized.
			<b>INCORPORATED LESSONS LEARNED DURING EMERGENCIES OR EXERCISES INTO THE EXISTING PLAN AND PROCEDURES.</b>

(your municipality) Checklist # 3- PUBLIC INFORMATION OFFICER

**PUBLIC INFORMATION OFFICER (PIO)**  
**(External Affairs - ESF # 15)**

Responsible for: coordination with news media outlets, preparing press releases, rumor control

*Reports to: the EOC Manager (emergency management coordinator)*

DATE OF ACTIVATION: \_\_\_\_\_ REASON FOR ACTIVATION: \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			<b>Materials and Information Inventory</b>
			Copy of the Municipal Emergency Operations Plan (EOP)
			Copy of this checklist
			Notification and Resource Manual
			Action Log
			Listing of area news media
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) _____ (name of facility and street address)
			Reviewed the checklist.
			Notified the Deputy Public Information Officer and placed him/her on standby.
			Opened and maintained ESF # 15 Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Public Information Officer.
			Notified Emergency Management Coordinator (EMC) of "unmet needs" in External Affairs.
			<b>OPERATIONS</b>
			Kept the EOC Manager informed of External Affairs status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			If requested by EOC Manager, established and staffed rumor control line – reported patterns and recurring rumors to the EMC.
			Coordinated with all EOC staff sections for the latest information on the status of their operations.
			Monitored media coverage of the emergency.
			Responded to the Joint Information Center (w/other municipalities or the county) as needed.
			<b>News Media</b>
			Established a media reporting area for the PIO and chief elected official to meet with news media.

**(your municipality) Checklist # 3- PUBLIC INFORMATION OFFICER**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			<b>News Releases</b>
			Coordinated any public release of information with the County Public Information Officer prior to release.
			Used pre-formatted releases if practical. (See Attachment 2 to this checklist)
			EOC Manager informed of the public information status.
			Prepared to relocate with the EOC, if necessary.
			Recommended that victims contact their insurance carrier.
			<b>Returning evacuees and recovery</b>
			Notified evacuees of status of return.
			<b>DISASTER RECOVERY OPERATIONS</b>
			Notified evacuees of status of return.

(your municipality) Checklist # 3- PUBLIC INFORMATION OFFICER

ATTACHMENT 2 TO PIO CHECKLIST

SAMPLE RADIO/TV MESSAGES

ROADS CLOSED

**This is an emergency notification from the \_\_\_\_\_ Emergency Management Agency. The recent storm has caused severe flooding in many areas. As of 10:30 a.m. today, law enforcement officials closed the following roads/streets:**

1. All of River Road within \_\_\_\_\_ City/Township/Borough.
2. Norman St. from corner of First Ave. to Fifth Ave.
3. Mott St. from corner of Second Ave. to Fourth Ave.

Please avoid these roads/streets. If you must travel, use alternate routes.

Again, those roads/streets that have been closed are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please stay tuned to this station for additional road closure information.

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EVACUATION RECOMMENDATION

**The following announcement has been released by the \_\_\_\_\_ Emergency Management Agency:**

The flooding continues and may worsen. For your safety, the (elected officials) recommend(s) that you leave the \_\_\_\_\_ area as soon as possible (give boundaries of local area, evacuation routes).

Be sure to take essential items--medicine, special foods, personal items, baby supplies, clothing, money and valuable papers--but do not overload your car. Secure your home before you leave. Be sure to check on any neighbors who may need assistance.

If you cannot stay with relatives or friends outside of the evacuation area, go to (one of) the Red Cross shelter(s) located at \_\_\_\_\_.

If you have no means of transportation or if you are physically unable to evacuate on your own, ask a neighbor to assist you or call \_\_\_\_\_. Otherwise, please do not use your telephone except to report an emergency.

I repeat. If you live in the \_\_\_\_\_ area (give boundaries), you are requested/required to evacuate for your own safety. Stay tuned to this station for more information and instructions.

(your municipality) Checklist # 4 - LIAISON OFFICER

**LIAISON OFFICER CHECKLIST**

Responsible for: Assisting and cooperating with agency representatives from outside agencies, including other governments, private organizations or voluntary organizations.

*Reports to: the EOC Manager*

**DATE OF ACTIVATION:** \_\_\_\_\_ **REASON FOR ACTIVATION:** \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of the Liaison Officer.
			Developed list of all outside agencies involved in the response (those beyond normal municipal responders).
			Established contact with outside agencies and made self available for liaison with each outside agency.
			Coordinate intergovernmental cooperation.
			Identified location for agency representatives from outside agencies to work in or near the EOC.
			Identified and attempted to resolve problems or complaints arising between agencies involved in the response.
			Incorporated lessons learned during emergencies or exercises into the existing plan and procedures.

(your municipality) Checklist # 5 - SAFETY OFFICER

**SAFETY OFFICER CHECKLIST**

Responsible for: identifying, monitoring and assessing hazardous and unsafe situations; developing measures to ensure personnel safety, correcting unsafe acts or conditions; stopping or preventing unsafe acts when immediate action is warranted.

*Reports to: the EOC Manager*

**DATE OF ACTIVATION:** \_\_\_\_\_ **REASON FOR ACTIVATION:** \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of the Safety Officer.
			Compiled list of potentially hazardous situations for presentation at planning meetings.
			Attended planning meetings to advise on safety matters.
			Reviewed field reports to identify safety concerns.
			Stopped unsafe operations – if warranted.
			Investigated accidents and prepared accident report.
			Recommended corrective action in case of unsafe situations.
			Incorporated lessons learned during emergencies or exercises into the existing plan and procedures.

(your municipality) Checklist # 6 – OPERATIONS SECTION

**OPERATIONS SECTION CHIEF CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government, its citizens and their property

*Reports to: the EOC Manager*

**DATE OF ACTIVATION:** \_\_\_\_\_ **REASON FOR ACTIVATION:** \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of Operations Section Chief
			Delegated the role of Communications (ESF # 2) Branch Director to_____.
			Delegated the role of Firefighting (ESF # 4) Branch Director to_____.
			Delegated the role of Public Health and Medical Services (ESF # 8) Branch Director to_____.
			Delegated the role of Search and Rescue (ESF # 9) Branch Director to_____.
			Delegated the role of HAZMAT (ESF # 10) Branch Director to_____.
			Delegated the role of Public Safety and Security (ESF # 13) Branch Director to_____.
			Retained the responsibilities of ESF # _____.
			Developed an after action report (AAR) for the incident.
			Incorporated lessons learned during emergencies or exercises into the existing plan and procedures.

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

**COMMUNICATIONS BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			<b>Communications (ESF # 2)</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Communications Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county Communication Branch Director.
			Notified Emergency Management Coordinator (EMC) of "unmet needs" in signal communications.
			<b>Operations</b>
			Kept the Operations Section Chief informed of Communication status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Established radio and telephone communication with responders and county.
			Checked with county for amateur radio operators.
			Set-up battery operated AM/FM radio to monitor the EAS.
			Portable or hand mobile radios available
			Supervised handling of message traffic via message forms (see Attachments 2 and 3 to this checklist).
			Notified schools, hospitals, nursing homes and other places where there may be a concentration of people who may be affected by the emergency (see Notification and Resource Manual) (NARM).
			Notified major businesses and industries, camp sites, motels/hotels and other transient sites before the siren alert has sounded, if possible (see Notification and Resource manual (NARM).
			<b><i>Sounding of sirens to alert citizens</i></b>

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Coordinated w/ Public Information Officer (PIO) if there was to be a message associated with the sounding.
			Coordinated w/ Fire Services if there was to be route alerting in conjunction with the siren sounding.
			Sirens & EAS (if practical) sounded to announce Protective Action Recommendation.
			Confirmed siren activation.
			Verified notification of major businesses and industries, camp sites, motels/hotels, and other transient sites once the siren alert sounded
			Non-English speaking citizens addressed
			Reviewed communication capabilities to maintain contact with TCPs and ACPs, Transportation Pickup Points and buses and Route/Sector Alert Teams

(your municipality) Checklist # 6 – OPERATIONS SECTION

**FIREFIGHTING (ESF #4) BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>FIREFIGHTING (ESF # 4) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Fire Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county ESF #4.
			Notified Operations Section Chief of "unmet needs" in Fire area.
			<b>Operations</b>
			Kept the Operations Section Chief informed of firefighting status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Monitored the status of firefighting and rescue organizations in the municipality.
			Kept the Operations Section Chief informed of the fire/rescue status.
			Assisted with/Identified personnel to assist with emergency shut-off of electric and gas utilities.
			Coordinated provision of emergency lights and power generation.
			Assisted with emergency debris clearance.
			Assisted with evacuation of affected citizens.
			Directed emergency fire & rescue workers to decontamination stations, when appropriate.
			<b>Route/sector alert</b>
			Notified, gathered and briefed route alert teams (2 persons per team).
			Prepared maps and messages for each team.
			Provided each team with list of hearing impaired and special needs citizens along their route.

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Dispatched Route/Sector Alert Teams on orders from the EMC.
			Kept Operations Section Chief informed of the alert notification status.
			Dispatched Route Sector Alert Teams a second time, if necessary.
			Coordinated the establishment and operation of chemical or radiological decontamination site for emergency workers or the general public.
			Assisted with rescue operations.
			Assisted public utility with finding and repairing utility outages.
			Assisted with rescue operations.

(your municipality) Checklist # 6 – OPERATIONS SECTION

**PUBLIC HEALTH AND MEDICAL SERVICES BRANCH DIRECTOR  
CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>PUBLIC HEALTH &amp; MEDICAL SERVICES (ESF # 8) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			Name and location of hospital(s) and ambulance services in the area
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Public Health & Medical Svcs Branch Director and placed him/her on standby.
			Opened and maintained Public Health & Medical Svcs Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county Public Health & Medical Svcs Director.
			Reviewed list of hearing impaired and special needs residents requiring special notification in the Notification and Resource Manual and verified that it is current.
			Contacted non-ambulatory and special needs citizens to confirm the status of their medical needs, including requirements for special equipment.
			Notified Operations Section Chief of "unmet needs" in Emergency Medical Services.
			<b>Operations</b>
			Kept the Operations Section Chief informed of the Community Medical status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Monitored and coordinated emergency medical resources.
			Notified hospitals and nursing homes by telephone of the emergency condition.
			Determined available hospital bed space and put medical facilities on standby.

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Coordinated the assignment of mass casualties to medical facilities.
			Ensured hospitals are prepared to receive contaminated injured victims.
			Directed emergency medical workers, when appropriate, to decontamination stations.
			Monitored the location of victims evacuated for medical treatment and reported their location to Operations Section Chief for inclusion in “victim accountability system.”
			Coordinated inoculation for the prevention of disease.
			Assisted county coroner with deceased (as needed).
			Kept the Operations Section Chief informed on the numbers and status of dead and injured handled by medical facilities.
			<b><i>Evacuation</i></b>
			Coordinated the pickup and evacuation of residents with special medical requirements.
			Coordinated transportation for the evacuation of hospitals, nursing homes, mental health/mental retardation facilities, daycare and adult care facilities.
			Verified the evacuation of hospitals, nursing homes, mental health/mental retardation facilities.
			Evacuation assistance provided for mobility impaired residents
			Reviewed and updated list of hearing impaired residents requiring special notification to ensure it is current
			Verified list of non-ambulatory residents requiring ambulance assistance to ensure it is current
			Reviewed communication capabilities to maintain contact with TCPs and ACPs, Transportation Pickup Points and buses and Route/Sector Alert Teams

(your municipality) Checklist # 6 – OPERATIONS SECTION

**SEARCH AND RESCUE BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>SEARCH AND RESCUE (ESF # 9) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Search and Rescue Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county Search and Rescue Branch Director.
			Notified Operations Section Chief of "unmet needs" in Search and Rescue.
			<b>Operations</b>
			Kept the Operations Section Chief informed of Search and Rescue status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Opened and maintained Operations Section Chief Action Log (see Attachment 1 to this checklist).

(your municipality) Checklist # 6 – OPERATIONS SECTION

**OIL AND HAZARDOUS MATERIALS BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>OIL &amp; HAZMAT RESPONSE (ESF # 10) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy HAZMAT Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Notified Operations Section Chief of "unmet needs" in HAZMAT response.
			<b>Operations</b>
			Kept the Operations Section Chief informed of HAZMAT response status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Monitored the status of Hazardous Materials (HAZMAT ) team and other specialized resources.
			Identified need for HAZMAT and (recommended) dispatch/request for support.
			Coordinated the establishment and operation of chemical or radiological decontamination site for emergency workers or the general public.
			Advised Operations Section Chief of the hazards posed by chemical or radiological HAZMAT.

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

**PUBLIC SAFETY AND SECURITY BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Operations Section Chief*

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			<b>PUBLIC SAFETY &amp; SECURITY (ESF # 13)BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			Map and listing of Traffic Control Points (TCPs) & Access Control Points (ACPs)
			Map of municipal and county evacuation routes
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Public Safety and Security Director and placed him/her on standby.
			Opened and maintained Public Safety and Security Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county ESF #13.
			Notified Operations Section Chief of "unmet needs" in Public Safety and Security.
			<b>Operations</b>
			Kept the Operations Section Chief informed of the Public Safety and Security status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Provided a security guard(s) for the EOC upon its activation and initiated sign-in logs (see Attachment 2 to this checklist).
			If requested, verified notification of major businesses and industries, camp sites, motels and other transient sites before the siren alert had sounded, if possible.
			Provided police security at critical locations.
			Restricted access to hazardous areas as necessary.
			Assisted ESF#4 in route alerting, if required.

**(your municipality) Checklist # 6 – OPERATIONS SECTION**

<b>Completed or N/A</b>	<b>By (initials)</b>	<b>Time</b>	<b>Item</b>
			Directed emergency Public Safety and Security workers to decontamination stations, when appropriate.
			Posted police at designated TCPs and ACPs.
			Requested/Coordinated towing services, as required.
			Checked on traffic flow and determined potential bottlenecks.
			Established mobile police (marked car) route patrols throughout the municipality to visibly show the public that police protection and assistance are available.
			<b><i>Evacuation</i></b>
			Supervised evacuation through Traffic Control Points and assisted the EMC in determining when the area being evacuated is clear of personnel. (See Attachment 3 to this checklist).
			Reviewed Traffic Control Points (TCPs) and Access Control Points (ACPs) for police during emergencies.
			Reviewed communication capabilities to maintain contact with TCPs and ACPs, Transportation Pickup Points and buses and Route/Sector Alert Teams
			Evaluated selected TCPs and determined suitability and adequacy as evacuation routes
			Consider use of PEMA Evacuation Guide

(your municipality) Checklist # 6 – OPERATIONS SECTION

ATTACHMENT 1 TO OPERATIONS CHECKLIST

**(Sample) MUNICIPALITY TRAFFIC AND ACCESS CONTROL POINTS**

A. Traffic Control Points (TCP)

POST NUMBER	LOCATION	RESPONSIBLE POLICE ORGANIZATION	NUMBER OF OFFICERS
1			
2			
3	(others)		

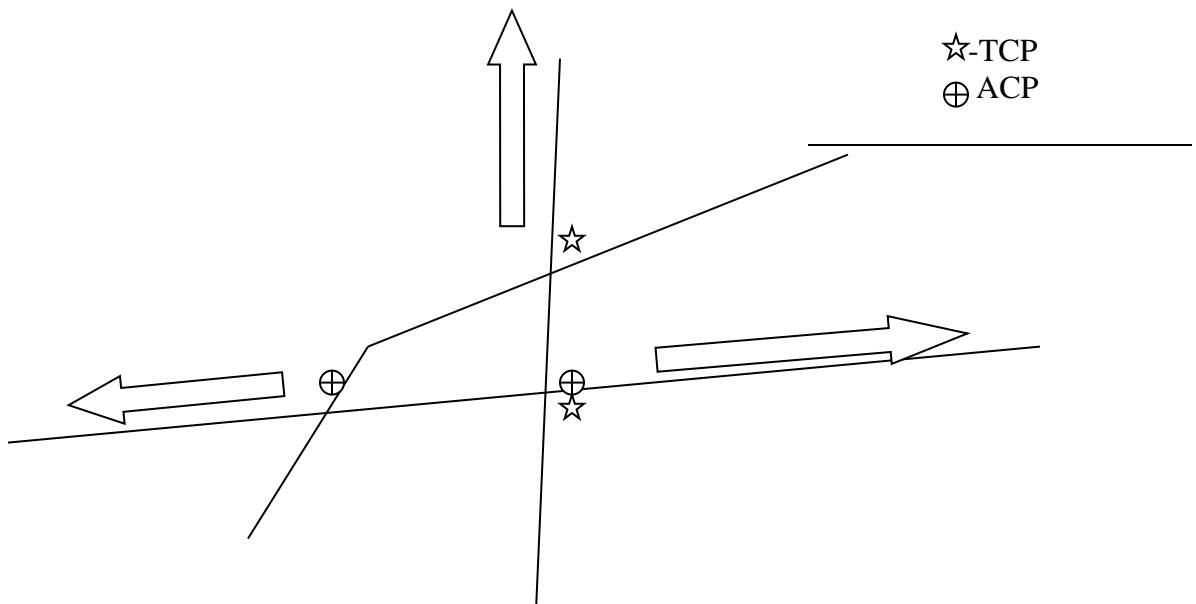
B. Access Control Points (ACP)

POST NUMBER	LOCATION	RESPONSIBLE POLICE ORGANIZATION	NUMBER OF OFFICERS
1			
2			
3			

- C. Police officers manning local TCPs should have the following:
1. Reflector vests;
  2. Lighted batons; and
  3. Radio communications with the EOC using a portable radio.

---

**SAMPLE EVACUATION MAP**



**(your municipality) Checklist # 7 - PLANNING SECTION**

**PLANNING SECTION CHIEF CHECKLIST**

Responsible for short term (operational) planning

*Reports to: the EOC Manager*

**DATE OF ACTIVATION:** \_\_\_\_\_ **REASON FOR ACTIVATION:** \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of planning Section Chief
			Delegated the role of Emergency Management (ESF # 5) Branch Director to_____.
			Emergency Management Organization Chart
			EOC floor plan sketch
			Staff schedule for 24-hour operations (2 shifts)
			Action Status Board
			Municipal map
			Staff to maintain maps and status boards appointed.
			Develop an after action report (AAR) for the incident
			Local or county format utilized.
			Incorporate lessons learned during emergencies or exercises into the existing plan and procedures.
			<b>EMERGENCY MANAGEMENT (ESF #5) BRANCH DIRECTOR</b>
			<b>Materials and Information Inventory</b>
			Copy of this Plan (EOP)
			Copy of this checklist
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) _____ (name of facility and street address)
			Reviewed the checklist.
			Notified the Deputy Emergency Management Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations within ESF.
			Notified EOC Manager/Emergency Management Coordinator (EMC) of "unmet needs" in ESF # 5

**(your municipality) Checklist # 7 - PLANNING SECTION**

Completed or N/A	By (initials)	Time	Item
			<b>OPERATIONS</b>
			<b>Prepared Incident Action plan for next ICS Operational Period</b>
			Assumed lead in developing an After Action Report (AAR) for the incident
			Incorporated lessons learned during emergencies or exercises into the existing plan and procedures.

(your municipality) Checklist # 8 - LOGISTICS SECTION

**LOGISTIC SECTION CHIEF CHECKLISTS**

Responsible for: provision of resources, personnel and material to aid in the protection of the municipal government, its citizens and their property

*Reports to: the EOC Manager*

**DATE OF ACTIVATION:** \_\_\_\_\_ **REASON FOR ACTIVATION:** \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of Logistics Section Chief
			Delegated the role of Transportation (ESF # 1) Branch Director to_____.
			Delegated the role of Public Works and Engineering (ESF # 3) Branch Director to_____.
			Delegated the role of Mass Care, Housing and Human Services (ESF # 6) Branch Director to_____.
			Delegated the role of Resource Management (ESF # 7) Branch Director to_____.
			Delegated the role of Agriculture and Natural Resources (ESF # 11) Branch Director to_____.
			Delegated the role of Energy (ESF # 12) Branch Director to_____.
			Retained the responsibilities of ESF #(s) _____
			Developed an after action report (AAR) for the incident
			Incorporated lessons learned during emergencies or exercises into the existing plan and procedures.

(your municipality) Checklist # 8 - LOGISTICS SECTION

**TRANSPORTATION BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>TRANSPORTATION (ESF # 1) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Transportation Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the county Transportation Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of transportation status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Gathered and provided information on availability and serviceability of transportation infrastructure
			Assisted in planning (route designation and clearance) for evacuation.
			Monitored status and availability of transportation assets (trucks, vans, buses, trains, vehicles for special needs victims)
			Coordinated the use and dispatch of transportation assets

(your municipality) Checklist # 8 - LOGISTICS SECTION

**PUBLIC WORKS AND ENGINEERING BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

Reports to: *the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>PUBLIC WORKS AND ENGINEERING (ESF # 3) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Public Works and Engineering Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Public Works and Engineering Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of Public Works and Engineering status.
			Be Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Coordinate & assist with debris removal.
			Coordinate the procurement of large equipment for search & rescue or other needs

(your municipality) Checklist # 8 - LOGISTICS SECTION

**MASS CARE, HOUSING AND HUMAN SERVICES BRANCH DIRECTOR  
CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>MASS CARE, HOUSING AND HUMAN SERVICES (ESF # 6) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____
			(name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Mass Care and Human Services Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Mass Care and Human Services Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of Mass Care and Human Services status.
			Be Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			<b>Mass Care Shelter</b>
			County ESF #6 contacted.
			County unable to help – Designated local facility at _____ as temporary shelter.
			Shelter Manager appointed.

(your municipality) Checklist # 8 - LOGISTICS SECTION

**RESOURCE SUPPORT BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>RESOURCE SUPPORT (ESF # 7) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			Adequate supply of Resource Request Forms (Attachment 2 to this checklist) on hand
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Resource Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established Logistics with the County Resource Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of Resource Management status.
			Be prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Resource Request Status Log established (see Attachment 3 to this checklist).
			Resource requests logged and acted on
			Resource requests followed through to completion.
			Verified that emergency fuel supplies, towing and repair services are available for evacuees.

(your municipality) Checklist # 8 - LOGISTICS SECTION

**ARICULTURE AND NATURAL RESOURCES BRANCH DIRECTOR  
CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>AGRICULTURE AND NATURAL RESOURCES (ESF # 11) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Agriculture and Natural Resources Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Agriculture and Natural Resources Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of agriculture and food supply status.
			Kept the Logistics Section Chief informed of cultural and natural resource issues.
			Be prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			<b><i>Returning evacuees and recovery</i></b>
			Adequate supplies of food arranged.

(your municipality) Checklist # 8 - LOGISTICS SECTION

**ENERGY BRANCH DIRECTOR CHECKLIST**

Responsible for: provision of emergency services to aid in the protection of the municipal government,  
its citizens and their property

*Reports to: the Logistics Section Chief*

Completed or N/A	By (initials)	Time	Item
			<b>ENERGY (ESF # 12) BRANCH</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Energy Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Energy Branch Director.
			<b>Operations</b>
			Kept the Logistics Section Chief informed of energy supply status.
			Be prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Adequate supplies of fuel arranged.
			Assisted public utility with finding and repairing utility outages.

(your municipality) Checklist # 9 - FINANCE/ADMIN SECTION

**FINANCE AND ADMINISTRATION SECTION CHIEF CHECKLIST**

Responsible for: maintaining records of personnel, resources and supplies used in the response to the emergency. Includes application for federal recovery funds and other similar programs.

*Reports to: the EOC Manager*

DATE OF ACTIVATION: \_\_\_\_\_ REASON FOR ACTIVATION: \_\_\_\_\_

Completed or N/A	By (initials)	Time	Item
			Assumed responsibilities of Finance and Administration Section Chief
			Delegated the role of Recovery and Mitigation (ESF # 14) Branch Director to _____.
			Develop an After Action Report (AAR) for the incident
			Incorporate lessons learned during emergencies or exercises into the existing plan and procedures.
			Maintained records of all expenditures related to damage assessment activities and submitted to the requesting authorities.
			<b>LONG TERM RECOVERY AND MITIGATION (ESF # 14) BRANCH DIRECTOR</b>
			<b>Materials and Information Inventory</b>
			Copy of this EOP
			Notification and Resource Manual
			Action Log
			<b>Notification</b>
			Reported to the Municipal Emergency Operations Center (EOC) at _____ (name of facility and street address).
			Reviewed the checklist.
			Notified the Deputy Recovery and Mitigation Branch Director and placed him/her on standby.
			Opened and maintained ESF Action Log (see Attachment 1 to this checklist).
			Developed shift schedule for possible 24-hour operations.
			Established contact with the County Recovery and Mitigation Branch Director.
			<b>Operations</b>
			Kept the Finance and Administration Section Chief informed of recovery & mitigation status.
			Prepared to relocate if necessary.
			Assisted with collecting, completing and forwarding damage reports and assessments.
			Notified Emergency Management Coordinator (EMC) of "unmet needs" in Recovery and Mitigation.

(your municipality) Checklist # 9 - FINANCE/ADMIN SECTION

Completed or N/A	By (initials)	Time	Item
			<b><i>Mitigation</i></b>
			Modify land use/zoning plan.
			Enact/enforce more stringent building codes.
			Construct/maintain storm water management system.
			Improve public information about hazards.
			<b><i>Damage reporting</i></b>
			Obtained sufficient copies of the Initial Damage Report (see Attachment 2 to this checklist) for distribution to teams.
			Notified Damage Survey Team leaders and placed them on alert.
			Obtained vehicles to conduct damage survey.
			Coordinated the need for radios to conduct damage survey with the Communications (ESF #2) Branch Director.
			Assembled all damage survey personnel and dispatched in teams.
			Established a telephone number for call-in and established reporting time frames.
			Reviewed damage reporting plan and listed the "unmet needs".
			Assigned Damage Survey Teams to conduct an initial damage survey (teams should consist of a minimum of two individuals and should be assigned to certain sectors).
			Coordinated damage survey plan with Red Cross.
			Instructed teams to keep the Finance and Administration Section Chief informed of the damage survey status
			As information is obtained, compiled the Damage Survey Reports and provided same to the county.
			Provided liaison between the municipality and the county for damage assessment.
			Provided available tax and insurance information on the private and public sector buildings to the County Damage Assessment Teams.
			Assigned one member of the Damage Survey Team, who is familiar with the location of the damage, to accompany each Federal/State Damage Assessment Team (as necessary).
			Maintained records of all expenditures related to damage survey activities and submitted to the requesting authorities.
			<b><i>Federal Recovery Programs</i></b>
			Maintained records to document expenditures by the municipality.
			Assisted county and state EMA in establishing a Disaster Recovery Center (DRC)
			Appoint an "Applicant's Authorized Agent"
			Signed Notice of Intent to apply for federal aid

## **BLANK FORMS**

### **BLANK FORMS**

The forms provided here are to support and document the activities outlined in the checklists. Recognizing that the needs of each municipality differ, the use of these particular forms is not mandatory. But it is strongly recommended.

As Pennsylvania moved toward totally integrating the Incident Command System and the national Incident Management System, a large part of the standardization that is a hallmark for these systems will be reflected in the use of standardized forms. As standardized forms are developed and implemented, they will be distributed for the use of all emergency responders.

A first step in this process is the Unit Log (ICS 214) that is included as a form of Action Log. This form is designed for each unit, branch, section or even individual, in that it leaves space for a list of those persons who contribute to the efforts it describes, and their position in the organization. It provides space to record major activities, and serves the role of an EOC log. For that reason the second (and subsequent) page(s) are completely devoted to activity log. You will note that the ICS 214 has a place for the Operational Period, indicating that a new unit log should be started every shift.

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### EOC Incident Message Form

Incident No: \_\_\_\_\_

Message No: \_\_\_\_\_

Time: \_\_\_\_\_

**FROM:** Name \_\_\_\_\_ Address \_\_\_\_\_

Municipality \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**MESSAGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SECTION CHIEF AND ESF ROUTING INFORMATION:

☐ Action ☐ Info

##### COMMAND

A	I	Elected Official
A	I	EMC
A	I	Public Information (15)
A	I	County Dept Head
A	I	Liaison Officer

☐ Action ☐ Info

##### OPERATIONS

A	I	Communication/Warning (2)
A	I	Firefighting (4)___
A	I	Public Health and Medical Services (8)
A	I	Search & Rescue (9)
A	I	Hazardous Materials (10)
A	I	Public Safety and Security(13)

☐ Action ☐ Info

##### LOGISTICS

A	I	Transportation(1)
A	I	Public Works & Engineering (3)
A	I	Mass Care, Evac & Human Services (6)
A	I	Resource Support (7)
A	I	Agriculture and Natural Resources (11)
A	I	Energy (12)

☐ Action ☐ Info

##### PLANNING

A	I	Emergency Management (5)
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☐ Action ☐ Info

##### FINANCE/ADMINISTRATION

A	I	Finance
A	I	Administration
A	I	Long Term Recovery & Mitigation(14)

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ OPEN ☐ CLOSED (Time: \_\_\_\_\_ Initials: \_\_\_\_\_) A = Action I = Information

LOG Copy \_\_\_\_ EOC Mgr Copy \_\_\_\_ Section Chief Copy \_\_\_\_ ESF Copy \_\_\_\_ Close Out Copy \_\_\_\_

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# ICS 214

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**ICS 214 (Page 2)**

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## SECURITY SIGN-IN/OUT LOG

\_\_\_\_\_ Emergency Operations Center

### Visitors and Staff – Please sign in and out

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**BLANK FORMS**

**RESOURCE REQUEST FORM**

**RESOURCE REQUEST NUMBER** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUTHORITY:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**DESCRIBE RESOURCE BEING REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

**HOW MANY ARE NEEDED:** \_\_\_\_\_

**PURPOSE** (How will resource be used?) \_\_\_\_\_

\_\_\_\_\_

**LOCATION WHERE RESOURCES TO BE PICKED UP** \_\_\_\_\_

**RESOURCE USE LOCATION** (if different from delivery location): \_\_\_\_\_

**CONTACT PERSON:** (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

**HOW LONG WILL IT BE NEEDED?** \_\_\_\_\_

.....

**Agency Tasked** \_\_\_\_\_ **Date & Time** \_\_\_\_\_

**AVAILABLE FROM** \_\_\_\_\_

**E.T.A.** \_\_\_\_\_ **TIME DELIVERED** \_\_\_\_\_

\_\_\_\_\_

BLANK FORMS

RESOURCE REQUEST STATUS LOG <u>(name of municipality)</u>								
Resource Request #	Resource	Date/Time of Request	Date/Time Forwarded to County	Approved/ Disapproved	Date/Time notified of (dis)approval	Comments	Date Delivered	Date Returned
						1		

ATTACHMENT 3 TO OPERATIONS CHECKLIST

# Initial Damage Report Worksheet

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Disaster Declared: Yes/No Date & Time: \_\_\_\_\_ EOC Activated: Full/Partial/None Time: \_\_\_\_\_

Person Completing This Report: \_\_\_\_\_ Phone No: \_\_\_\_\_

<u>Casualties</u>	<u>IA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	<u>Affected</u>	<u>Inaccessible</u>
Fatalities _____	Single Family _____	_____	_____	_____	_____	_____
Major Injuries _____	Multi-Family _____	_____	_____	_____	_____	_____
Minor Injuries _____	Mobile Homes _____	_____	_____	_____	_____	_____
Missing _____	Businesses _____	_____	_____	_____	_____	_____

<u>Human Impact</u>	<u>PA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>
Hospitals _____	Bridges & Culverts _____	_____	_____	_____
No. Evacuated _____	Debris Removal _____	_____	_____	_____
No. Sheltered _____	Emergency Protective Measures _____	_____	_____	_____
No. Hospitalized _____	Fire/EMS Facility _____	_____	_____	_____
	Hospital _____	_____	_____	_____
	Nursing Home _____	_____	_____	_____
Comments: _____	Other _____	_____	_____	_____
_____	Park _____	_____	_____	_____
_____	Power Supply _____	_____	_____	_____
_____	Public Building _____	_____	_____	_____
_____	Roads _____	_____	_____	_____
_____	Sanitary Sewer _____	_____	_____	_____
_____	School _____	_____	_____	_____
_____	Sewer treatment _____	_____	_____	_____
_____	Storm Sewer _____	_____	_____	_____
_____	Water Control Facility _____	_____	_____	_____
_____	Water Supply _____	_____	_____	_____
_____	Water Treatment _____	_____	_____	_____

(Map attached – or Addresses or GIS Coordinates)