

NOTIFICATION & RESOURCE MANUAL OF THE EMERGENCY OPERATIONS PLAN (EOP)

for

(Name of Municipality)

Lycoming County, Pennsylvania

LAST UPDATED: _____

*The contents of this Notification &
Resource Manual are not subject to
Pennsylvania's Right to Know Law.*

Updated: December 2021

DO NOT DISTRIBUTE

THIS PAGE LEFT INTENTIONALLY BLANK

TABLE OF CONTENTS

Table of Contents	i
Certification of Review	ii
MUNICIPAL NOTIFICATION LISTS	
Critical Personnel/EOC Staff	1
Critical Facilities	6
Special Facilities	7
Route Alert Team Personnel	9
Traffic Control Personnel	9
Damage Assessment Team Personnel	10
Transportation Personnel (Volunteer Drivers & Guides)	10
MUNICIPAL SPECIAL NEEDS RESIDENTS	
Residents requiring Ambulatory Assistance	11
Visually Impaired Residents	11
Hearing Impaired Residents	12
Non-English Speaking Residents	12
Other Residents Requiring Assistance	13
MUNICIPAL RESOURCE LISTINGS	
Equipment	14
Supplies	16
Services	17
PEMA RESOURCE REQUEST FORM	18

CERTIFICATION OF REVIEW

A regular (biennial or sooner) review of this Notification & Resource Manual has been done by the Emergency Management Agency and the review is hereby certified by the Municipal Emergency Management Coordinator.

Date	Signature	Title

CRITICAL PERSONNEL/EOC STAFF NOTIFICATION LIST

POSITION	NAME	ADDRESS	PHONE	EMAIL	CERTIFICATIONS
ELECTED OFFICIALS			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
ROADMASTER			H:		
			W:		
			C:		
EMC			H:		
			W:		
			C:		
Deputy EMC/ Alternate			H:		
			W:		
			C:		

DO NOT DISTRIBUTE

CRITICAL PERSONNEL/EOC STAFF NOTIFICATION LIST (cont.)

POSITION	NAME	ADDRESS	PHONE	EMAIL	CERTIFICATIONS
EOC STAFF					
Safety Officer			H: W: C:		
Deputy/ Alternate			H: W: C:		
Liaison Officer			H: W: C:		
Deputy/ Alternate			H: W: C:		
Public Information Officer (ESF #15)			H: W: C:		
Deputy/ Alternate			H: W: C:		
OPERATIONS SECTION CHIEF			H: W: C:		
Deputy/ Alternate			H: W: C:		
Communications (ESF #2)			H: W: C:		
Deputy/ Alternate			H: W: C:		
Firefighting (ESF #4)			H: W: C:		
Deputy/ Alternate			H: W: C:		

DO NOT DISTRIBUTE

CRITICAL PERSONNEL/EOC STAFF NOTIFICATION LIST (cont.)

POSITION	NAME	ADDRESS	PHONE	EMAIL	CERTIFICATIONS
EOC STAFF					
Public Health & Medical (ESF #8)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Search & Rescue (ESF #9)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Oil & Hazmat (ESF #10)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Public Safety & Security (ESF #13)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
PLANNING SECTION CHIEF			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Emergency Management (ESF #5)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		

DO NOT DISTRIBUTE

CRITICAL PERSONNEL/EOC STAFF NOTIFICATION LIST (cont.)

POSITION	NAME	ADDRESS	PHONE	EMAIL	CERTIFICATIONS
EOC STAFF					
LOGISTICS SECTION CHIEF			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Transportation (ESF #1)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Public Works/ Engineering (ESF #3)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Mass Care/ Housing/Human Services (ESF #6)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Resource Support (ESF #7)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Ag. & Natural Resources (ESF #11)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		

DO NOT DISTRIBUTE

CRITICAL PERSONNEL/EOC STAFF NOTIFICATION LIST (cont.)

POSITION	NAME	ADDRESS	PHONE	EMAIL	CERTIFICATIONS
EOC STAFF					
Energy (ESF #12)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
FINANCE/ ADMIN CHIEF			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
Long-Term Recovery (ESF #14)			H:		
			W:		
			C:		
Deputy/ Alternate			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
Lycoming County EMA			H:		
			W:		
			C:		
Adjacent Municipal EMAs			H:		
			W:		
			C:		
			H:		
			W:		
			C:		
			H:		
			W:		
			C:		

DO NOT DISTRIBUTE

CRITICAL FACILITIES

FACILITY	ADDRESS	POINT OF CONTACT	PHONE
Emergency Operatons Center (EOC)			
Alternate Emergency Operations Center (EOC)			
Emergency Shelters/Warming Centers			
Logistics Points of Distribution (POD)			
Strategic National Stockpile (SNS) Points of Distribution			

SPECIAL FACILITIES

FACILITY TYPE	FACILITY NAME	ADDRESS	POINT OF CONTACT	PHONE
Utilities/ Public Works				
Hospitals				
Nursing Homes				
Personal Care Homes				
Group Homes				
Child Care Centers/Homes				
Schools				

DO NOT DISTRIBUTE

SPECIAL FACILITIES (cont.)

FACILITY TYPE	FACILITY NAME	ADDRESS	POINT OF CONTACT	PHONE
Prisons				
Camps				
Businesses				
Others				

**Criteria for industries/businesses are based on the number of employees/residents and the time required for evacuation or shut-down of facility*

DO NOT DISTRIBUTE

ROUTE ALERT TEAM PERSONNEL

NAME	ADDRESS	PHONE			CERTIFICATIONS
		Home	Work	Cell	

TRAFFIC CONTROL PERSONNEL

NAME	ADDRESS	PHONE			CERTIFICATIONS
		Home	Work	Cell	

DO NOT DISTRIBUTE

DAMAGE ASSESSMENT TEAM PERSONNEL

NAME	ADDRESS	PHONE			CERTIFICATIONS
		Home	Work	Cell	

TRANSPORTATION – VOLUNTEER DRIVERS & GUIDES

NAME	ADDRESS	PHONE			CERTIFICATIONS
		Home	Work	Cell	

DO NOT DISTRIBUTE

RESIDENTS REQUIRING AMBULATORY ASSISTANCE

NAME	ADDRESS	PHONE			ASSISTANCE NEEDED
		Home	Work	Cell	

VISUALLY IMPAIRED RESIDENTS

NAME	ADDRESS	PHONE			ASSISTANCE NEEDED
		Home	Work	Cell	

DO NOT DISTRIBUTE

HEARING IMPAIRED RESIDENTS

NAME	ADDRESS	METHOD OF NOTIFICATION

NON-ENGLISH SPEAKING RESIDENTS

NAME	ADDRESS	PHONE			PRIMARY LANGUAGE
		Home	Work	Cell	

DO NOT DISTRIBUTE

OTHER SPECIAL NEEDS RESIDENTS

NAME	ADDRESS	PHONE			ASSISTANCE NEEDED
		Home	Work	Cell	

DO NOT DISTRIBUTE

MUNICIPAL RESOURCE LISTINGS

Those resources listed with a “TYPE” are based on the definitions in FEMA’s Resource Typing Library Tool. TYPE generally refers to the capability or sustainability of the resource. Actual definitions can be found on the Resource Typing Library Tool website at: <https://rtlt.preptoolkit.fema.gov/Public>. If your municipality does not have a resource listed, simply put “County EMA/9-1-1” as your contact for that resource. To request resources from the County EMA, complete a Resource Request Form and forward it to the EMC.

EQUIPMENT RESOURCE LISTING

EQUIPMENT	TYPE	# AVAILABLE	POINT OF CONTACT	PHONE NUMBER
EMERGENCY MEDICAL				
Air Ambulance, Rotary Wing	I			
Air Ambulance, Rotary Wing	II			
Ground Ambulance	I			
Ground Ambulance	II			
Ground Ambulance	III			
Ground Ambulance	IV			
FIRE & HAZMAT RESPONSE				
Brush Patrol, Firefighting	I			
Engine, Fire (Pumper)	I			
Engine, Fire (Pumper)	II			
Engine, Fire (Pumper)	III			
Engine, Fire (Pumper)	IV			
Fire Truck (Ladder)	I			
Fire Truck (Ladder)	II			
Fire Truck (Platform)	I			
Engine, Fire (Pumper)	IV			
Foam Tender, Firefighting	I			
Foam Tender, Firefighting	II			
Hand Crew, Firefighting	I			
HAZMAT Entry Team	I			
HAZMAT Entry Team	II			
Mobile Communications Unit	I			
Water Tender, Firefighting (Tanker)	I			
Water Tender, Firefighting (Tanker)	II			
Water Tender, Firefighting (Tanker)	III			
Water Tender, Firefighting (Tanker)	IV			
Decontamination Strike Team				
LAW ENFORCEMENT				
Bomb Squad/Explosives Team				
Mobile Field Force, Law Enforcement				
SWAT Tactical Team				

DO NOT DISTRIBUTE

EQUIPMENT RESOURCE LISTING (cont.)

EQUIPMENT	TYPE	# AVAILABLE	POINT OF CONTACT	PHONE NUMBER
PUBLIC WORKS				
All Terrain Crane				
Backhoe Loader				
Concrete Cutter				
Dump Truck, On-Road	I			
Dump Truck, On-Road	II			
Dump Truck, On-Road	III			
Generator	I			
Generator	III			
Generator	V			
Hydraulic Excavator (LARGE)	I			
Hydraulic Excavator(Medium)	II			
Hydraulic Truck Crane	III			
Track Dozer	I			
Track Dozer	II			
Track Dozer	II			
Water Truck (Potable)	III			
Wheel Loader (Med)	III			
Wheel Loader (Small)	III			
SEARCH & RESCUE				
Canine Search and Rescue Team	III			
Swiftwater/Flood Search and Rescue Team	III			
Wilderness Search and Rescue Team	III			
VEHICLES				
All-Terrain Vehicles				
Buses				
Trucks (supply)				
Snow Plow				
Vehicles w/Loud Speakers				
Tow Trucks				
Fuel Dispensing				
Water Dispensing (Potable)				
Water Pumping				
Boats(row/motor)				
Farm Tractors				
Snowmobiles				
COMMUNICATIONS				
Radio: fixed				
Radio: handheld				
Telephone Remote Unit				
Other				

DO NOT DISTRIBUTE

SUPPLIES RESOURCE LISTING

ITEM	TYPE	# AVAILABLE	POINT OF CONTACT	PHONE NUMBER
Air Conditioning Units (Wheeled)				
Beds/Cots				
Bedding				
Barriers				
Body Bags				
Bull Horns				
Citizens Band Radio Sets				
Clerical				
Dry Ice				
Field Kitchen				
Flares				
Flashlights/Lantern				
Flashlight Batteries				
Flood Light Sets				
Freezer Bags				
Fuel (gas/oil, propane)				
Heaters				
Ice				
Loud Speaker sets				
Lumber				
Medical				
Sand Bags				
Special Clothing (wet/cold weather)				
Special Tools				
Tents				
Tools				
Portable Toilets				
Portable Telephones				
Water Coolers				
Water (bottled)				
Welding Equipment				

DO NOT DISTRIBUTE

SERVICES RESOURCE LISTING

[illegible]

DO NOT DISTRIBUTE

PEMA Resource Request Form

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY
RESOURCE REQUEST FORM

Refer to page 2 for instructions

I. REQUESTING ASSISTANCE (To be filled out by the Requesting Political Jurisdiction or State Agency)

(1) Date / Time:		(2) Incident Identification Number:	
(3) Name and Organization:		(4) Title:	
(5) Municipality:	(6) County:	(7) State Agency:	
(8) Phone No:	(9) Fax No:	(10) E-mail Address:	

II. REQUESTING ASSISTANCE – REQUESTED RESOURCE (To be filled out by the Requesting Political Jurisdiction or State Agency)

(1) Description and Capability of Requested Assistance:			
(2) QTY:	(3) Date / Time Needed:	(4) Municipality or County Declaration of Emergency?	
(5) Priority: <input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> Property Preservation <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Planned Event			
(6) Was Mutual Aid Attempted?		(7) Was the Organization's Procurement Process Utilized?	
(8) Logistics (List any logistical needs associated with the request):			
(9) Delivery Site Location:		(10) Site Point of Contact (POC):	
(11) Site POC Phone No:	(12) Authorized Representative Signature: <i>(I understand that costs to the requestor may be incurred or associated with this request)</i>		

III. REVIEW (If Submitted by Municipal Jurisdiction, County Jurisdiction will Review Request)

(1) County EMC or Designee Signature:	Date / Time:
County EMC or Designee Print:	Phone No:
Comments / Justification:	
(2) PEMA Area Office or Designee Signature:	Date / Time:
PEMA Area Office or Designee Print:	Phone No:
Comments / Justification:	

IV. SOURCING THE REQUEST – REVIEW / COORDINATION (PEMA Headquarters Only)

(1) Review: <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> LOG Review by: _____ <input type="checkbox"/> Other Coordination: _____	(2) Source: <input type="checkbox"/> Procurement <input type="checkbox"/> Mission Assignment <input type="checkbox"/> Other	(3) Assigned to: ESF: _____ Other: _____
		(4) Costs: Costs Incurred by: _____
		(5) Mission Number: _____
		(6) Authorized PEMA Representative Signature:

V. ACTION TAKEN (PEMA Headquarters or Assignee Response)

<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Requestor Notified
Reason / Disposition:		
Requestor notified by whom: _____ Date / Time: _____		

Date Revised 9-16-14

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required. This form may be emailed or faxed to the SEOC. For life-saving requests, a verbal request via telephone or other communication device is sufficient with a follow-up resource request form within 30 days.

I. Who is requesting assistance? Completed by the requestor.

(2) Incident Identification Number: This number is the number assigned automatically by the emergency management platform or software upon creating an incident or event and will serve as the initial tracking number of the request during the review process and prior to the mission assignment if applicable. In other words, the requestor should have an incident or event created to reference the request.

(7) If the requestor is the municipality or the county, leave this field blank. This field will be the state agency making the request.

II. Requested Assistance or Resource. What needs to be done?

(6) and (7) are important in reflecting that the requesting jurisdiction or state agency making the formal request had exhausted all local, regional and commercial governmental avenues prior to submitting the request.

(8) List any logistical needs associated with your request. Example: Transportation requirements to deliver a request to a specific staging area.

(12) Authorized Representative Signature - Person authorized by the requesting entity with the ability to allocate funding if there is a cost share for the requesting entity. It is understood that costs to the requestor may be incurred or associated with this request.

III. Review

(1) If a municipality or other organization, other than a state agency, submits a request, the county will review and provide any supporting justification or comments. If the requesting political jurisdiction is the county, this field will be blank. If a state agency makes the request, it will be routed directly to the SEOC who will copy the PEMA Area Office.

(2) In most scenarios, the PEMA Area Office will be afforded the opportunity to provide coordinating assistance with the county political jurisdiction making the formal request. The PEMA Area Office or designee will review the request to ensure that the requestor exhausted all local level resources. Upon reviewing the request, the PEMA Area Office or designee, will sign and provide concurring or disapproving supporting justification and comments.

IV. Sourcing the Request – Review / Coordination

(1) The request will be reviewed and signed by OPS Chief or designee and the LOGS Chief prior to sourcing or assigning the request.

(2) Sourcing the Request. The determination to source the request and to whom or utilize the procurement process.

(4) Costs will identify any funds that the requestor may need to reimburse the provider. Or costs may be incurred by provider or another source to be determined.

(6) Authorized PEMA Representative Signature certifies that municipal and county governments and state agencies (if applicable) cannot perform the mission or actions related to life saving, life sustainment, property and environmental protection, stabilizing an incident or a planned event.

V. Action Taken

This serves where the assignee will indicate if the mission is accepted or rejected and indicate if the requestor was notified of the disposition of the request to the requestor, when and by whom. This information can be filled in by PEMA Headquarters on behalf of the assignee for tracking purposes.