

## ***BASIC EMERGENCY OPERATIONS PLAN***

City/Town of: **Chelsea** in **Orange** County

Date Approved: **2010** Date Updated: **2010**

Name of Senior Local Official Reviewing this plan: **Kenneth L Colby, Selectboard Chair** (← sign here)

Municipal Business Address: **301 VT Route 110, Chelsea, VT, 05038**

Telephone: **(802) 685-7801** Fax: **(802) 685-7801** E-mail: **chelseatreas@charterinternet.com**

### **Emergency Steps**

- 1) Establish an Incident Command Structure and make appropriate local decisions
- 2) Alert Vermont Emergency Management if additional help or resources may be needed (800-347-0488)
- 3) Alert the general population and evacuate as needed. (ex: siren, PA, Door-to-door, etc.)
- 4) Activate your Emergency Operations Center to support the Incident Commander as needed
- 5) Utilize your Delegation of Authority
- 6) Contact the Shelter Coordinator to arrange a shelter opening if needed
- 7) Expand the ICS Structure as needed
- 8) Determine if additional operational shift staffing is needed
- 9) Conduct damage assessment
- 10) Document emergency repairs
- 11) Conduct repairs
- 12) Conduct an after-action review and develop an improvement plan.

**Jurisdictions's Point of Contacts: Identify by priority the top three people who are to be the Point of Contacts for your Town; (ex: EMD, Town Manager, Selectboard Chair, Fire Chief)**

**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.**

	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Town Selectboard Chair</b>	<b>Ken</b>	<b>Colby</b>	<b>889-3200</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>kcolby@innevi.com</b>			<b>685-2245</b>
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Fire Chief</b>	<b>David</b>	<b>Farnham</b>	<b>685-3112</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>ccstore@78msn.com</b>			<b>685-3859</b>
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Emergency Coordinator</b>	<b>Mindy</b>	<b>Farnham</b>	<b>685-4551</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>mindyfarnham@yahoo.com</b>			

1) Establish an Incident Command Structure and make appropriate local decisions			
<input type="checkbox"/>	Time	a. Identify the Incident Commander	
<input type="checkbox"/>	Time	b. Identify the Incident Command Post	
c. Assess the Situation	<input type="checkbox"/>	Time	Start a log of actions taken.
	<input type="checkbox"/>	Time	Determine Type of Disaster
	<input type="checkbox"/>	Time	Determine Casualties
	<input type="checkbox"/>	Time	Secure a perimeter around affected area if needed
	<input type="checkbox"/>	Time	Reroute traffic if necessary
	<input type="checkbox"/>	Time	<b>Notify VEM Duty Officer for a "Heads Up" (800) 347-0488</b>
<input type="checkbox"/>	Time	<b>Request additional resources (Mutual Aid) if needed.</b>	
<input type="checkbox"/>	Time	d. Consider potential staffing needs (extended or multiple operational periods)	
<input type="checkbox"/>	Time	e. Complete necessary ICS Forms found at the end of this document	

2) Alert Vermont Emergency Management			
<input type="checkbox"/>	Time	Call Vermont Emergency Management Request activation of state resources such as SRAAT, VTtrans, Agency of Natural Resources, Dept. of Labor, National Guard, Health Dept., CERT, etc. to provide State resources. (i.e. Clean Drinking Water, Generators, Heavy Equipment, etc.)	<b>1-800-347-0488, 1-802-244-8721</b>
<input type="checkbox"/>	Time	HAZMAT Hotline (spills, etc.) VEM Duty Officer will make additional State agency notifications.	<b>1-800-641-5005</b>

3) Alert the General Population and Evacuate as Needed. (ex: siren, PA, Door-to-door, etc.)		
<input type="checkbox"/>	Time	<b>Alert the Public (including special needs or vulnerable populations) of the hazards of the event at the outset and during the event. Who will do this?</b> Methods of alert:
<input type="checkbox"/>	Time	Communicate protective actions to be taken and evacuation information Evacuation routes:

4) Activate the Emergency Operations Center to Support the Incident Commander as Needed				
		Facility Name	Address	Phone Number
<input type="checkbox"/>	Time	<b>Orange Co. Sheriff's</b>	<b>11 VT Route 113</b>	<b>685-4875</b>
<input type="checkbox"/>	Time	<b>Chelsea Fire Dept.</b>	<b>324 VT Route 110</b>	<b>685-3112</b>
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time	Emergency management organization meets with an available elected official to determine if a Local Jurisdiction Request for Emergency Declaration is needed.		
<input type="checkbox"/>	Time	If so, an elected official signs the <b>Local Jurisdiction Request for Emergency Declaration</b> form located at the end of this document.		
<input type="checkbox"/>	Time	If a <b>Local Jurisdiction Request for Emergency Declaration</b> form has been drafted, FAX to Vermont Emergency Management <b>(802) 241-5556</b> .		
<input type="checkbox"/>	Periodically	Provide periodic situation update to the VEM Duty Officer or SEOC as the situation develops		

5) Delegation of Authority		
Who has been named and provided with a SIGNED and Executed Delegation of Authority		
Title	Name	Date Executed

6) Open Shelter If Needed		
<b>Shelter 1 Name</b>		<b>Physical Address/Location of the Shelter</b>
Chelsea Public School		6 School St, 685-4551
<input type="checkbox"/>	Time Contacted	Shelter Manager
<b>Shelter Manager Cell. #</b>		<b>Shelter Manager Pager #</b>
		<b>Other Contact #</b>
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/> Overnight Shelter
		<input type="checkbox"/> Red Cross Certified?
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/> Has wiring in-place for generator hookup
<input type="checkbox"/>	Time Opened	Capacity
<input type="checkbox"/>	Time Closed	Total Number of Occupants

<b>Shelter 2 Name</b>		<b>Physical Address/Location of the Shelter</b>
United Church		13 N. Common, 685-4874
<input type="checkbox"/>	Time Contacted	Shelter Manager
<b>Shelter Manager Cell. #</b>		<b>Shelter Manager Pager #</b>
		<b>Other Contact #</b>
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/> Overnight Shelter
		<input type="checkbox"/> Red Cross Certified?
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/> Has wiring in-place for generator hookup
<input type="checkbox"/>	Time Opened	Capacity
<input type="checkbox"/>	Time Closed	Total Number of Occupants

<b>Shelter 3 Name</b>		<b>Physical Address/Location of the Shelter</b>
<input type="checkbox"/>	Time Contacted	Shelter Manager
<b>Shelter Manager Cell. #</b>		<b>Shelter Manager Pager #</b>
		<b>Other Contact #</b>
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/> Overnight Shelter
		<input type="checkbox"/> Red Cross Certified?
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/> Has wiring in-place for generator hookup
<input type="checkbox"/>	Time Opened	Capacity
<input type="checkbox"/>	Time Closed	Total Number of Occupants

Northern Vermont Chapter American Red Cross (800) 660-9130

Central Vermont Chapter American Red Cross (802) 773-9159

Green Mountain Chapter American Red Cross (802) 442-9458

**7) Expand the ICS Structure as needed to the size and scope (Use ICS Forms).**

**8) If the incident expands over multiple operational periods, determine the next operational shift staffing. As the incident winds down, release excess resources as per demobilization plans.**

**9) As incident enters Recovery Phase, conduct a complete damage assessment for public and private damages. Meet with State and Federal Officials to map out next steps.**

**10) Document Emergency Repairs.**



Planning Task #2				
High Hazard and/or Vulnerable Sites List (Initial locations to check for damage)				
(ex: Dams, Low-lying areas, problem culverts & bridges, railway crossing, etc.)				
		Identified Sites (actual locations)	Checked by:	Status:
<input type="checkbox"/>	Time	Flood plain – annual flooding		
<input type="checkbox"/>	Time	Wastewater Treatment Plant, 234 VT Route 110		
<input type="checkbox"/>	Time	Jail Branch over VT Route 110 in village		
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
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<input type="checkbox"/>	Time			
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<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			

Functional Area/ State Support Function Review	
(For use in completing table associated with Planning Task #3)	
<p><b>1. Transportation</b> - Control of transportation assets in support of the movement of emergency resources, including the evacuation of people and distribution of food and supplies.</p>	<p><b>8. Health &amp; Medical Services</b> - Provides care and treatment for the ill and injured; mobilizes trained health and medical personnel and other emergency medical supplies, materials and facilities; provides public health and environmental sanitation services, disease and vector control, and the collection, identification, and protection of human remains. Coordinates special medical needs shelters.</p>
<p><b>2. Communications</b> - Provides emergency warning, information and guidance to the public and responders. Secures resources needed to provide backup capability for all means of communication.</p>	<p><b>9. Search &amp; Rescue</b> - Provides resources for activities to locate, identify and remove from a stricken area, persons lost or trapped in buildings and other structures.</p>
<p><b>3. Public Works &amp; Engineering</b> - Provides debris clearance, road, highway and bridge repairs. Repair and restoration of essential public works systems and services and the safety inspection of damaged public buildings.</p>	<p><b>10. Hazardous Materials</b> - Provides response, inspection, containment and cleanup of hazardous materials.</p>
<p><b>4. Firefighting</b> - Provides for mobilization and deployment, and assists in coordinating structural and wildfire fire fighting resources; provides incident management assistance for on-scene incident command and control operations.</p>	<p><b>11. Agriculture &amp; Natural Resources</b> - Provides coordinated response in the management and containment of communicable diseases in an animal health or plant emergency.</p>
<p><b>5. Emergency Management, Recovery &amp; Mitigation</b> - In support of the local Incident Commander, provides for the overall coordination of the town's emergency operations; collects, analyzes and disseminates critical information on emergency operations for decision making purposes; provides liaison with state/federal government.</p>	<p><b>12. Energy</b> - Coordinates with the private sector the emergency repair and restoration of critical public energy utilities. Coordinates the rationing and distribution of emergency power and fuel.</p>
<p><b>6. Mass Care, Food &amp; Water</b> - Manages and coordinates sheltering, feeding and first aid for disaster victims. Identifies, secures, prepares, and/or arranges for transportation of safe food and water supplies for mass feeding to affected areas following a disaster.</p>	<p><b>13. Law Enforcement</b> - Provides for the protection of life and property by enforcing laws, orders and regulations. Provides for area security, traffic and access control.</p>
<p><b>7. Resource Support</b> - Provides for coordination and documentation of personnel, equipment, supplies, facilities and services used during disaster response and initial relief operations.</p>	<p><b>14. Public Information</b> - Provides for effective collection, control and dissemination of public information to inform the general public of emergency conditions and available assistance.</p>

### Planning Task #3 - Functional Areas/State Support Functions

Agency	(1) Transportation	(2) Communications	(3) Public Works/Engineering	(4) Firefighting	(5) Emergency Mgmt, Recovery, Mitigation	(6) Mass Care, Food & Water	(7) Resource Support	(8) Health & Medical Services	(9) Search & Rescue	(10) Hazardous Materials	(11) Agriculture & Natural Resources	(12) Energy	(13) Law Enforcement	(14) Public Information
Road Crew / DPW	P	S	P	S	S		S			S		S		
Fire Department		P	S	P	S		S		P	P		S	S	
School	S				S	S		S		S				S
Town Selectboard	S	S	S		P	S	P	S		S	S	P	S	P
Constable / Police			S	S	S		S		S	S			P	
1st Response / Rescue				S	S	S			S	S				
Shelter Coordinator					S	P		S						
Animal Control Officer						S					P			
Town Health Officer			S		S	S		P						
Town Clerk									S					
Town Treasurer		S			S		S			S	S			S
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														

**P= Primary Agency, S= Support Agency**

**Planning Task #4 Disaster Lead Agency/Coordinator**

**Who or what agency will have coordination for each type of disaster**

Agency	Drought	Flood	Fire	Winter Storm	Ice Storm	Power Outage	Infectious Disease	Animal/Plant Emergency	Mass Casualty Incident	Hazardous Materials Spill	Public Gathering	Civil Unrest	Other (Please Specify)	Other (Please Specify)	Other (Please Specify)
Road Crew / DPW		S		P	P	P			S	S	S	S			
Fire Department		S	P	S	S	S			S	P	S	S			
School							S								
Town Selectboard	P	P					S				P	S			
Constable / Police		S	S	S	S	S			S	S	S	P			
1 <sup>st</sup> Response / Rescue									P						
Shelter Coordinator							S		S						
Animal Control Officer							S	P							
Town Health Officer							P	S							
Recreation Coordinator															
Town Clerk															
Town Treasurer		S	S	S	S	S	S	S							
Orange Co. Sheriff		S	S	S	S	S		S	P	S	S	P			
Water Sewer Dept.	P	P	S			P	S			S					
Health Center							P		S	S					
Animal Hospital								S							
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															

**P= Primary Agency, S= Support Agency**

# EMERGENCY CONTACT LIST

**Emergency Management Contact List**  
**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.**

<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>EM Director</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>EM Coordinator</b>	<b>Mindy</b>	<b>Farnham</b>	<b>685-4551</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>mindyfarnham@yahoo.com</b>			
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Road Crew / DPW</b>	<b>Rick</b>	<b>Ackerman</b>	<b>685-4302</b>
	Date	Email Address	Cell #	Pager #	Home #
				<b>250-0970</b>	<b>685-7703</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Chelsea Fire Station</b>	<b>David</b>	<b>Farnham</b>	<b>685-3112</b>
	Date	Email Address	Cell #	Pager #	Home #
					<b>685-3859</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Chelsea Public School</b>	<b>Carol</b>	<b>May</b>	<b>685-4551</b>
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard Chair</b>	<b>Ken</b>	<b>Colby</b>	<b>889-3200</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>kcolby@innevi.com</b>			<b>685-2245</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Orange County Sheriff</b>	<b>Tracy</b>	<b>Simons</b>	<b>685-4875</b>
	Date	Email Address	Cell #	Pager #	Home #
					<b>685-4532</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>EMS</b>	<b>Linda</b>	<b>Kuban</b>	<b>476-3630</b>
	Date	Email Address	Cell #	Pager #	Home #
			<b>477-2383</b>		<b>685-2206</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Shelter Coordinator</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Animal Control Officer</b>	<b>Peg</b>	<b>Pelckmann</b>	
	Date	Email Address	Cell #	Pager #	Home #
			<b>272-5275</b>		<b>685-4613</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Health Officer</b>	<b>Melissa</b>	<b>Lathrop</b>	
	Date	Email Address	Cell #	Pager #	Home #
		<b>mlathrop@uvm.edu</b>	<b>802-299-9721</b>		<b>685-4475</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Constable</b>	<b>Jessica</b>	<b>Allen</b>	

	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Clerk</b>	<b>Karen</b>	<b>Lathrop</b>	<b>685-4460</b>
	Date	Email Address	Cell #	Pager #	Home #
		<a href="mailto:Town.clerk@charterinternet.com">Town.clerk@charterinternet.com</a>			<b>685-4475</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Treasurer</b>	<b>Jane</b>	<b>Cushman</b>	<b>685-7801</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>chelseatreas@charterinternet.com</b>	<b>793-0930</b>		<b>685-2254</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard Chair</b>	<b>Ken</b>	<b>Colby</b>	<b>889-3200</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>kcolby@innevi.com</b>			<b>685-2245</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard</b>	<b>Eric</b>	<b>Anderson</b>	<b>685-4551</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>eanderson@chelseaschoolvt.org</b>			<b>685-4617</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard</b>	<b>Ruben</b>	<b>Hook</b>	<b>685-0020</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>rubenhook@juno.com</b>			
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Water Dept.</b>	<b>Nolan</b>	<b>LaFrancis</b>	<b>685-7727</b>
	Date	Email Address	Cell #	Pager #	Home #
					<b>685-9917</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Water Dept.</b>	<b>Mike</b>	<b>Whipple</b>	<b>685-7727</b>
	Date	Email Address	Cell #	Pager #	Home #
					<b>685-2123</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Chelsea Health Center</b>			<b>685-4400</b>
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #

**Mutual-Aid List:** Contact phone numbers of specialty resources for use in disaster  
(This page can be removed if FA resource lists have been collected)

		<b>Resource</b>	<b>24 hour Phone #</b>	<b>Primary Radio Frequency</b>
<input type="checkbox"/>	Time	<input type="checkbox"/> American Red Cross: <b>Central VT</b>	<b>(802) 773-9159</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of: <b>Tunbridge</b>	<b>Radio Contact</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of: <b>Washington &amp; Williamstown</b>	<b>476-6613</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of: <b>Vershire</b>	<b>333-4347</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Police, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Vermont State Police:	<b>234-9933</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> EMS, Town of: <b>S. Royalton/ White River Valley Ambulance/Williamstown</b>	<b>295-2221/234-6800 (office) 728-9600 (emerg)</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of: <b>Tunbridge</b>	<b>889-3319</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of: <b>Williamstown</b>		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Power Company: <b>CVPS / WEC</b>		
<input type="checkbox"/>	Time	<input type="checkbox"/> Power Company:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fuel Company:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fuel Company:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Phone Company: <b>Fairpoint Communications</b>		
<input type="checkbox"/>	Time	<input type="checkbox"/> CERT:	<b>(800) 347-0488</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other: <b>Radio station WCVR/WDEV</b>	<b>728-4411/639-9938</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other: <b>Newspaper The Herald/Barre Times Argus</b>		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other: <b>Welder John Fraser/Tony Bullard</b>	<b>685-4358/685-7766</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other: <b>Plumber Steve Gallacher</b>	<b>685-3861</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other: <b>Hospital Gifford Medical Center</b>	<b>728-4400</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		

**Planning Task #5**

**Maps, Diagrams and Other Attachments**

**Please attach additional maps, including floodplain maps, locations of Critical Facilities, areas of concern, shelters and evacuation routes or diagrams to this document, and provide a reference and title for each below. IF you need to add any extra documentation please provide it as separate documentation and forward it with the EOP to VEM.**

<b>ICS Responsibilities Review</b>	
<b>Command Section</b>	
<b>Incident Commander</b>	<b>Overall responsibility for and management of the incident</b>
Public Information Officer	Central contact for gathering from and dissemination to the news media and other agencies and organizations
Safety Officer	Assess hazardous and unsafe situations and develop measures for assuring personnel safety
Liaison Officer	Point of contact at the incident for personnel from assisting or cooperating agencies. These agencies have pre-existing chains of command, and protocols. They work for the Incident Commander and are given assignment and tasks, through the Liaison Officer. These would include: Vermont Emergency Management, FEMA, American Red Cross, VT National Guard Units, VT HAZMAT Team, County Sheriff, Search and Rescue, Civil Air Patrol and the like.
<b>Operations Section</b>	
<b>Operations Section Chief</b>	<b>Responsible for the direction and coordination of all incident tactical operations,</b>
Divisions / Groups	
Law Enforcement	Traffic; law & order, alert and warning
Fire & Rescue	Fire & Rescue & Evacuation; alert and warning
Ambulance	Emergency Medical and Emergency Transportation
Public Works	Roads, Bridges, Sewer, Water
HAZMAT Team	Hazardous Materials, Radiological Hazards
Search and Rescue	Search and Rescue
Staging Areas	locations at an incident where resources are placed while awaiting tactical assignment
<b>Planning Section</b>	
<b>Planning Section Chief</b>	<b>Responsible for the collection and evaluation of incident situation information, preparing situation status reports, displaying situation information, maintaining status of resources, developing an Incident Action Plan, and preparing required incident related documentation.</b>
Units	
Resources Unit	Responsible for all check-in activity and for maintaining the status of all personnel and equipment resources assigned to the incident.
Situations Unit	Collects and processes information of the current situation, prepares situation displays and situation summaries, develops <b>maps</b> and projections.
Documentation Unit	Prepares the <b>Incident Action Plan</b> , maintains documentation, and provides duplication services.
Demobilizing Unit	Assists in ensuring that an orderly, safe, and cost-effective movement of personnel will be made when they are no longer required at the incident.
<b>Logistics Section</b>	
<b>Logistics Section Chief</b>	<b>Responsible for providing services and support to meet incident needs.</b>
Units	
Communications Unit	Develop Communications Plan, distribute and maintain communications equipment, and manage the Incident Communications Center
Medical Unit	Develop a Medical Plan, provide 1 <sup>st</sup> aid and light medical treatment <u>for personnel assigned to the incident,</u> develop emergency medical transportation plan and reports
Food Unit	Supplies feeding and potable water requirements at all incident facilities.
Supply Unit	Orders personnel, equipment, and other supplies as needed
Facilities Unit	Sets up and manages facilities in support of the incident. Also provides security support for the facilities and incident as required.
Ground Support Unit	Provides transportation, maintains and fuels vehicles assigned to the incident
<b>Finance / Administration Section</b>	
<b>Finance/Admin. Section Chief</b>	<b>Responsible for monitoring incident-related costs, and administering any necessary procurement contracts</b>
Units	
Time Unit	Ensures that all <b>personnel time</b> on an incident or event is recorded
Procurement Unit	Processes paperwork associated with equipment rental and supply contracts. Responsible for <b>equipment time</b> reporting.
Compensation/Claims Unit	<u>Compensation:</u> Is responsible for workers compensation claims and maintains files of injuries and/or illnesses associated with the incident <u>Claims:</u> Handles investigation of all claims involving damaged property associated with or involved in the incident.
Cost Unit	Responsible for providing all cost estimates and cost saving recommendations

<b>INCIDENT BRIEFING</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. MAP SKETCH			
ICS 201 NFES 1325		5. PREPARED BY (NAME AND POSITION)	



<b>INCIDENT OBJECTIVES</b> <small>ICS 202</small>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD (DATE/TIME)												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD												
7. GENERAL SAFETY MESSAGE												
8. ATTACHMENTS (√ IF ATTACHED) <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td> <td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</td> <td><input type="checkbox"/> INCIDENT MAP</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td> <td><input type="checkbox"/> TRAFFIC PLAN</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____	<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____										
<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____										
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____										
9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)											

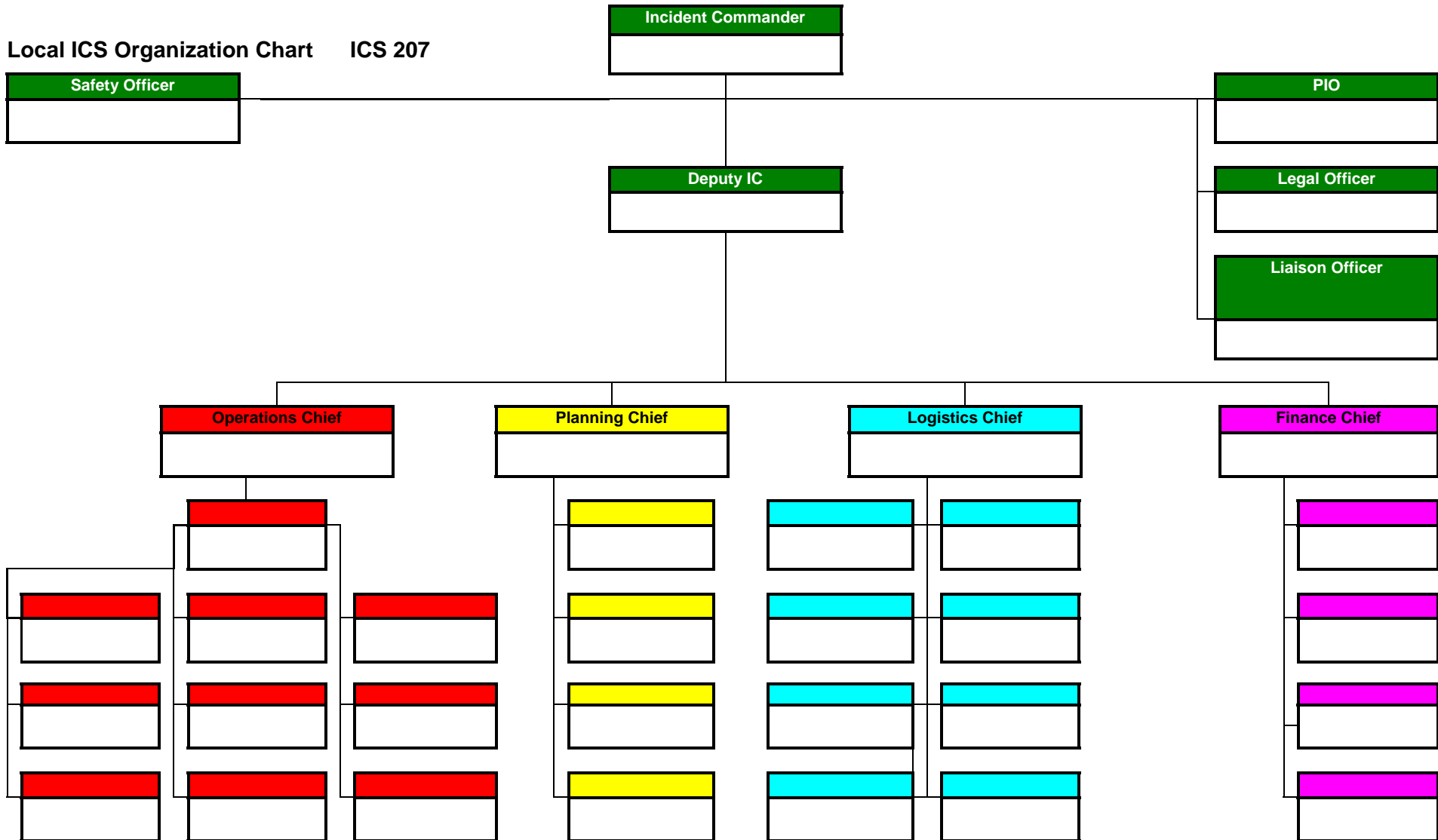


<b>RADIO COMMUNICATIONS PLAN</b> VT ICS 205		1. Incident Name	2. Date/Time Prepared		3. <b>Jurisdiction:</b>
<b>4. Radio Channel Utilization Chart</b>					
Agency/Organization	Function	Channel (P) (S)	Frequency	Type Portable/Mobile/Base	Remarks
		See remarks			P= Primary Channel S= Secondary Channel
5. Prepared by:					

<b>MEDICAL PLAN</b> VT ICS 206	1. Incident Name	2. Date Prepared	3. Jurisdiction:				
<b>4. Incident Medical Aid Station</b>							
Triage Centers/Medical Aid Stations	Location		Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Transportation</b>							
<b>A. Ambulance Services</b>							
Name	Address	Phone/Contact #	Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Incident Ambulances</b>							
Name	Location		Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>6. Hospitals</b>							
Name	Address	Travel Time Air Ground		Phone/Contact #	Freq.	Burn Center	Helipad
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Medical Emergency Procedures</b>							
Prepared by: _____				Reviewed by: _____			

Incident Name:	Date Prepared:	Time Prepared:	Operational Period Date: From: To:	Operational Period Time: From: To:
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**Local ICS Organization Chart ICS 207**



Prepared By:	ICS Position:	Approved By:	Community Name:
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**LOCAL JURISDICTION REQUEST FOR EMERGENCY DECLARATION**

The  Town  Village  City of \_\_\_\_\_  
has suffered property damage and/or injury or loss of life resulting from a disaster that exceeds our capability to respond to and recover from and that requires the assistance of the State to protect the health, well-being and public safety of our citizens. Therefore, as provided in 20 VSA Section 10, in my capacity as a:

Selectboard Member  Town/City Manager  Mayor  President of the Board of Trustees

**I request that the Governor declare a state of emergency for the jurisdiction of:**

\_\_\_\_\_

This disaster began on \_\_\_\_\_ (mm/dd/yyyy). We have activated and utilized our Rapid Response Plan (RRP) or Emergency Operations Plan (EOP), I request that the State of Vermont activate and utilize its Emergency Operations Plan, and authorize any resources needed to respond to, mitigate, and recover from this disaster.

I shall send the initial Local Emergency Disaster Situation Report to VEM as soon as it is completed;

OR,

The initial Local Emergency Disaster Situation Report is attached to this Request.

Dated at \_\_\_\_\_, Vermont this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature and title \_\_\_\_\_

Printed or typed name and title \_\_\_\_\_

Contact information for confirmation (email/ph/fax/radio): \_\_\_\_\_

**Telephone Vermont Emergency Management at (800) 347-0488  
or (802) 244-8721  
and fax this request as promptly as possible to VEM at 1-802-241-5556**

**Reference: 20 VSA §10.** - The all-hazards event provisions of this chapter shall not be brought into action, unless the municipal director of emergency management, a member of the legislative body of the municipality, the city or town manager, or the mayor of a city that is within the area affected by an all-hazards event shall declare an emergency and request the governor to find that a state of emergency exists and the governor so finds, or unless the governor declares a state of emergency under section 9 of this title. (Amended 2005, No. 209 (Adj. Sess.), § 11.)