

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

City/Town of: Stockbridge in Windsor County

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

Name of Senior Local Official Reviewing this plan: **Willis Whitaker, Selectboard** (← sign here)

Municipal Business Address: P.O. BOX 39, Stockbridge, VT, 05772

Telephone: (802) 746-8400 Fax: (802) 746-8400 E-mail: townofstockbridge@myfairpoint.net

### 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>Selectboard Chair</b>                 | <b>Mark</b>     | <b>Pelletier</b> |                 |
|                          | Date           | Email Address                            | Cell #          | Pager #          | Home #          |
|                          |                | <u>townofstockbridge@myfairpoint.net</u> |                 |                  | <b>746-8575</b> |
|                          | Time Contacted | Job Title                                | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Fire Chief</b>                        | <b>David</b>    | <b>Brown</b>     | <b>234-9371</b> |
|                          | Date           | Email Address                            | Cell #          | Pager #          | Home #          |
|                          |                | <u>stockbridgefire@aol.com</u>           | <b>353-9392</b> |                  | <b>746-8931</b> |
|                          | Time Contacted | Job Title                                | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Emergency Coordinator</b>             | <b>David</b>    | <b>Brown</b>     | <b>234-9371</b> |
|                          | Date           | Email Address                            | Cell #          | Pager #          | Home #          |
|                          |                | <u>stockbridgefire@aol.com</u>           | <b>353-9392</b> |                  | <b>746-8931</b> |

| 1) Establish an Incident Command Structure and make appropriate local decisions |                          |   |  |
|---|--------------------------|---|--|
| <input type="checkbox"/>  | Time                     | <b>a. Identify the Incident Commander</b>                                       |  |
| <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<br>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,<br/>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><br>Methods of alert: |
| <input type="checkbox"/>  | Time | Communicate protective actions to be taken and evacuation information<br>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>Stockbridge Fire Station</b>  | <b>1996 Blackmer Blvd</b> | <b>234-9371</b> |
| <input type="checkbox"/>  | Time         |  |                           |                 |
| <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>                   |
| Stockbridge Central School     |                        | 2933 VT Route 107, 234-9248                                       |
| <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>                              |
| Stockbridge Town Garage             |                        | 1996 Blackmer Blvd, 234-9371   |
| <input type="checkbox"/>            | Time Contacted         | Shelter Manager  |
| <b>Shelter Manager Cell. #</b>      |                        | <b>Shelter Manager Pager #</b>   |
|                                     |                        | <b>Other Contact #</b>   |
| <input checked="" type="checkbox"/> | Warming Shelter        | <input checked="" type="checkbox"/> Overnight Shelter                        |
|                                     |                        | <input type="checkbox"/> Red Cross Certified?                                |
| <input checked="" type="checkbox"/> | Has a Backup Generator | <input checked="" 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>                   |
| Stockbridge Town Office        |                        | 1722 VT Route 100, 746-8400                                       |
| <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 | Blackmer Blvd                       |             |         |
| <input type="checkbox"/>   | Time | Lilliesville Brook                  |             |         |
| <input type="checkbox"/>   | Time | Whitney Hill                        |             |         |
| <input type="checkbox"/>   | Time | Route 107                           |             |         |
| <input type="checkbox"/>   | Time | Chalet Village                      |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <input type="checkbox"/>   | Time |                                     |             |         |
| <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) |                    |                    |                              |                  |  |                             |                      |                               |                     |                          |                                      |             |                      |                         |
| 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            |                        |                        |                        |
| 1st Response / Rescue  |         |       |      |              |           |              |                    |                        | P                      |                           |                  |              |                        |                        |                        |
| Shelter Coordinator    |         |       |      |              |           |              | S                  |                        | S                      |                           |                  |              |                        |                        |                        |
| Animal Control Officer |         |       |      |              |           |              | S                  | P                      |                        |                           |                  |              |                        |                        |                        |
| Town Health Officer    |         |       |      |              |           |              | P                  | S                      |                        |                           |                  |              |                        |                        |                        |
| Town Clerk             |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Town Treasurer         |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify) |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify) |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify) |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| Other (Please Specify) |         |       |      |              |           |              |                    |                        |                        |                           |                  |              |                        |                        |                        |
| 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.**

|                          |                |                               |                 |                  |                 |
|--------------------------|----------------|-------------------------------|-----------------|------------------|-----------------|
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>EM Director</b>            |                 |                  |                 |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  |                 |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>EM Coordinator</b>         | <b>David</b>    | <b>Brown</b>     | <b>234-9371</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               | <b>353-9392</b> |                  | <b>746-8931</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Road Crew / DPW</b>        | <b>David</b>    | <b>Brown</b>     | <b>234-9371</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               | <b>353-9392</b> |                  | <b>746-8931</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Fire Department</b>        | <b>David</b>    | <b>Brown</b>     | <b>234-9371</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               | <b>353-9392</b> |                  | <b>746-8931</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>School</b>                 | <b>Michelle</b> | <b>Ricci</b>     | <b>234-9248</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  |                 |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Town Selectboard Chair</b> | <b>Mark</b>     | <b>Pelletier</b> |                 |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               | <b>734-0010</b> | <b>741-1704</b>  | <b>746-8575</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Police</b>                 |                 |                  |                 |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  |                 |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>EMS</b>                    | <b>Harry</b>    | <b>Whitaker</b>  | <b>746-8974</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  | <b>234-5167</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Shelter Coordinator</b>    | <b>Michelle</b> | <b>Ricci</b>     | <b>234-9248</b> |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  |                 |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Animal Control Officer</b> | <b>Paul</b>     | <b>Buckley</b>   |                 |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               |                 |                  | <b>234-5983</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Town Health Officer</b>    | <b>Mark</b>     | <b>Pelletier</b> |                 |
|                          | Date           | Email Address                 | Cell #          | Pager #          | Home #          |
|                          |                |                               | <b>734-0010</b> | <b>741-1704</b>  | <b>746-8575</b> |
|                          | Time Contacted | Job Title                     | First Name      | Last Name        | Work #          |
| <input type="checkbox"/> |                | <b>Constable</b>              | <b>Paul</b>     | <b>Buckley</b>   |                 |

|                          |                |   |                  |                 |                 |
|--------------------------|----------------|---|------------------|-----------------|-----------------|
|                          | Date           | Email Address   | Cell #           | Pager #         | Home #          |
|                          |                |   |                  |                 |                 |
| <input type="checkbox"/> | Time Contacted | Job Title   | First Name       | Last Name       | Work #          |
|                          |                | <b>Town Clerk</b>   | <b>Catherine</b> | <b>Brown</b>    | <b>746-8400</b> |
|                          | Date           | Email Address   | Cell #           | Pager #         | Home #          |
|                          |                |   | <b>353-0708</b>  |                 | <b>746-8931</b> |
| <input type="checkbox"/> | Time Contacted | Job Title   | First Name       | Last Name       | Work #          |
|                          |                | <b>Town Treasurer</b>   | <b>Catherine</b> | <b>Brown</b>    | <b>746-8400</b> |
|                          | Date           | Email Address   | Cell #           | Pager #         | Home #          |
|                          |                |   | <b>353-0708</b>  |                 | <b>746-8931</b> |
| <input type="checkbox"/> | Time Contacted | Job Title   | First Name       | Last Name       | Work #          |
|                          |                | <b>Town Selectboard</b>   | <b>Mark</b>      | <b>Doughty</b>  |                 |
|                          | Date           | Email Address   | Cell #           | Pager #         | Home #          |
|                          |                | <u><a href="mailto:mdoughty@sover.net">mdoughty@sover.net</a></u>       |                  |                 | <b>746-7954</b> |
| <input type="checkbox"/> | Time Contacted | Job Title   | First Name       | Last Name       | Work #          |
|                          |                | <b>Town Selectboard</b>   | <b>Willis</b>    | <b>Whitaker</b> | <b>327-2190</b> |
|                          | Date           | Email Address   | Cell #           | Pager #         | Home #          |
|                          |                | <u><a href="mailto:wwhitaker@dewcorp.com">wwhitaker@dewcorp.com</a></u> | <b>363-4724</b>  |                 | <b>234-5693</b> |
| <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 #          |
|                          |                |   |                  |                 |                 |
| <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 #          |
|                          |                |   |                  |                 |                 |
| <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>Pittsfield</b>             |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Fire, Town of: <b>Bethel</b>                 |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Fire, Town of: <b>Rochester</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>White River Valley Amb.</b> | <b>243-6800</b>        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Public Works Town of: <b>Pittsfield</b>      | <b>746-8406</b>        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Public Works Town of: <b>Bethel</b>          |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Public Works Town of: <b>Rochester</b>       | <b>767-4732</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"/> Power Company: <b>CVPS</b>                   | <b>800-451-2877</b>    |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Power Company:                               |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Fuel Company: <b>CV Oil Co.</b>              | <b>746-8018</b>        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Fuel Company:                                |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Phone Company: <b>Fairpoint</b>              | <b>555-1515</b>        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> CERT:  | <b>(800) 347-0488</b>  |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Other:                                       |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Other:                                       |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Other:                                       |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Other:                                       |                        |                                |
| <input type="checkbox"/> | Time | <input type="checkbox"/> Other:                                       |                        |                                |
| <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<br><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<br>NFES 1325     |                  | 5. PREPARED BY (NAME AND POSITION) |                  |



| <b>INCIDENT OBJECTIVES</b><br><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> |                       |                         |

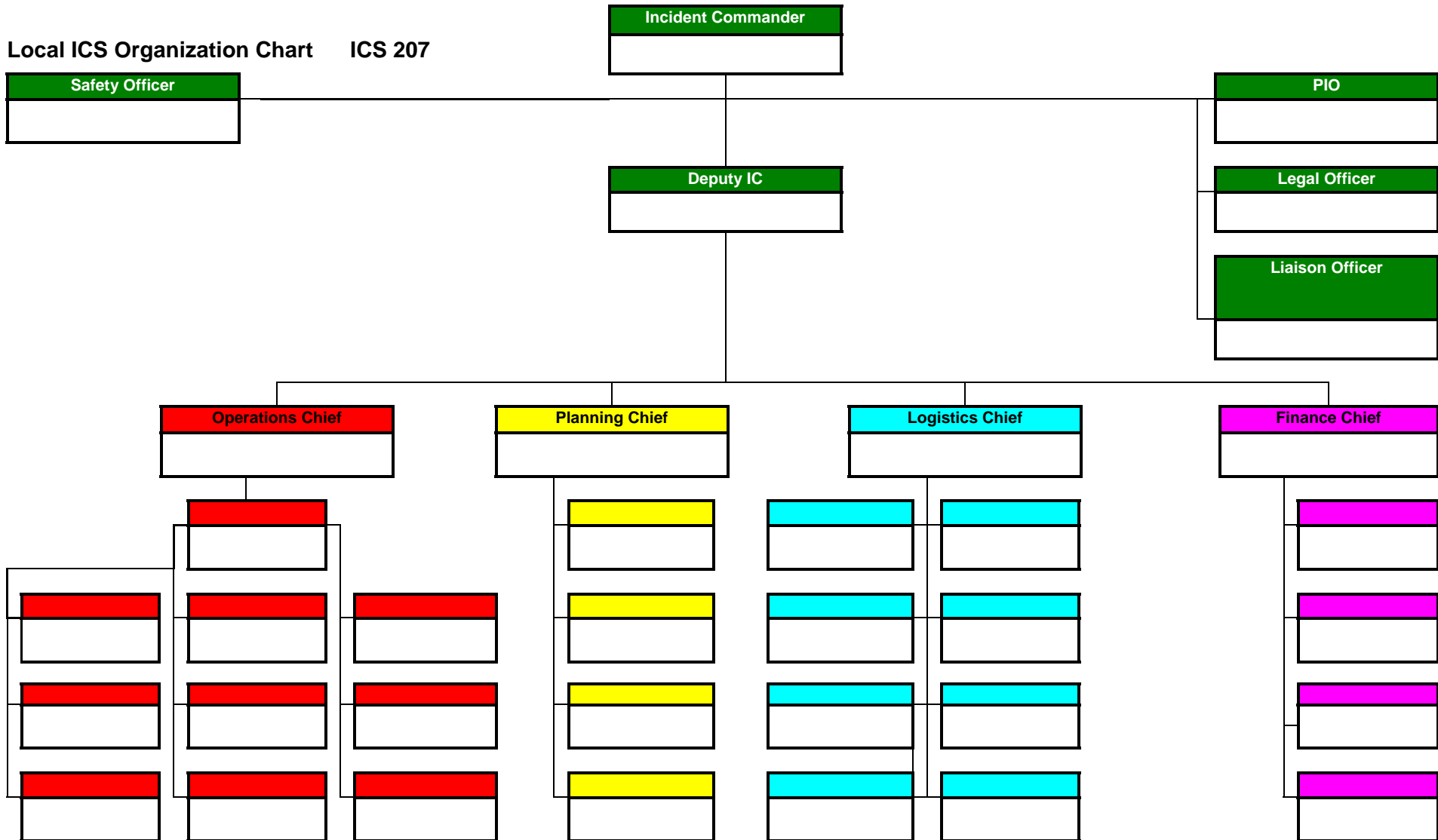
| Agency/Organization | Function | Channel (P) (S) | Frequency | Type Portable/Mobile/Base | Remarks                                    |
|---------------------|----------|-----------------|-----------|---------------------------|--|
|                     |          | See remarks     |           |                           | P= Primary Channel<br>S= Secondary Channel |
|                     |          |                 |           |                           |  |
|                     |          |                 |           |                           |  |
|                     |          |                 |           |                           |  |
|                     |          |                 |           |                           |  |
|                     |          |                 |           |                           |  |
|                     |          |                 |           |                           |  |

|                 |
|-----------------|
| 5. Prepared by: |
|-----------------|

|  |                  |                  |   |                    |   |       |                          |                          |
|--|------------------|------------------|---|--------------------|---|-------|--------------------------|--------------------------|
| <b>MEDICAL PLAN</b><br>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<br>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<br>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<br>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<br>Air    Ground                      |                    | Phone/Contact #                                   | Freq. | Burn<br>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:<br>From: To: | Operational Period Time:<br>From: To: |
|----------------|----------------|----------------|---------------------------------------|---------------------------------------|

**Local ICS Organization Chart ICS 207**



|              |               |              |                 |
|--------------|---------------|--------------|-----------------|
| Prepared By: | ICS Position: | Approved By: | Community Name: |
|--------------|---------------|--------------|-----------------|

**THIS PAGE INTENTIONALLY LEFT BLANK**

**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.)