

BASIC EMERGENCY OPERATIONS PLAN

City/Town of: Sharon in Windsor County

Date Approved: **9/20/10** Date Updated: _____

Name of Senior Local Official Reviewing this plan: **Paul Haskell, Selectboard Chair** (← sign here)

Municipal Business Address: P.O. BOX 250, Sharon, VT, 05065

Telephone: (802) 763-8268 Fax: (802) 763-7392 E-mail: Selectboard@sharonVT.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"/>		Selectboard Chair	Paul	Haskell	802-558-5964
	Date	Email Address	Cell #	Pager #	Home #
		Paul@PaulHaskell.com	802-558-5964		802-763-8691
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		Fire Chief	Dana	Durkee	763-8950
	Date	Email Address	Cell #	Pager #	Home #
		sharonfirehouse@verizon.net	802-384-2226		763-7646
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		Emergency Coordinator	Bruce	McCoy	
	Date	Email Address	Cell #	Pager #	Home #
		bemccoy@sover.net			763-7646

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	Notify VEM Duty Officer for a "Heads Up" (800) 347-0488
<input type="checkbox"/>	Time	Request additional resources (Mutual Aid) if needed.	
<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.)	1-800-347-0488, 1-802-244-8721
<input type="checkbox"/>	Time	HAZMAT Hotline (spills, etc.) VEM Duty Officer will make additional State agency notifications.	1-800-641-5005

3) Alert the General Population and Evacuate as Needed. (ex: siren, PA, Door-to-door, etc.)		
<input type="checkbox"/>	Time	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? 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	Sharon Fire Station	5808 Route 14	763-7331
<input type="checkbox"/>	Time	Sharon Town Offices	69 Route 132	763-8268
<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 Local Jurisdiction Request for Emergency Declaration form located at the end of this document.		
<input type="checkbox"/>	Time	If a Local Jurisdiction Request for Emergency Declaration form has been drafted, FAX to Vermont Emergency Management (802) 241-5556.		
<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		
Shelter 1 Name		Physical Address/Location of the Shelter
Sharon Fire Station		5808 VT Route 14, 763-7331
<input type="checkbox"/>	Time Contacted	Shelter Manager
Shelter Manager Cell. #		Shelter Manager Pager #
		Other Contact #
<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

Shelter 2 Name		Physical Address/Location of the Shelter
Sharon Elementary		75 VT Route 132, 763-7425 / 763-8022 / 763-7032
<input type="checkbox"/>	Time Contacted	Shelter Manager
Shelter Manager Cell. #		Shelter Manager Pager #
		Other Contact #
<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

Shelter 3 Name		Physical Address/Location of the Shelter
<input type="checkbox"/>	Time Contacted	Shelter Manager
Shelter Manager Cell. #		Shelter Manager Pager #
		Other Contact #
<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	I-89 Access Exit 2 - Sharon Elementary School and Well		
<input type="checkbox"/>	Time	Sharon Steel Bridge 15 on White River		
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
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<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>1. Transportation - 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>8. Health & Medical Services - 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>2. Communications - 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>9. Search & Rescue - Provides resources for activities to locate, identify and remove from a stricken area, persons lost or trapped in buildings and other structures.</p>
<p>3. Public Works & Engineering - 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>10. Hazardous Materials - Provides response, inspection, containment and cleanup of hazardous materials.</p>
<p>4. Firefighting - 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>11. Agriculture & Natural Resources - Provides coordinated response in the management and containment of communicable diseases in an animal health or plant emergency.</p>
<p>5. Emergency Management, Recovery & Mitigation - 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>12. Energy - 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>6. Mass Care, Food & Water - 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>13. Law Enforcement - Provides for the protection of life and property by enforcing laws, orders and regulations. Provides for area security, traffic and access control.</p>
<p>7. Resource Support - Provides for coordination and documentation of personnel, equipment, supplies, facilities and services used during disaster response and initial relief operations.</p>	<p>14. Public Information - 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			
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.

<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		EM Coordinator	Dana	Durkee	763-8950
	Date	Email Address	Cell #	Pager #	Home #
			384-2226		763-7646
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		EM Coordinator	Bruce	McCoy	
	Date	Email Address	Cell #	Pager #	Home #
		bemccoy@sover.net			763-7646
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Road Crew / DPW	Tim	Higgins	763-7194
	Date	Email Address	Cell #	Pager #	Home #
			369-0287		
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Fire Department	Dana	Durkee	763-8950
	Date	Email Address	Cell #	Pager #	Home #
		sharonfirehouse@verizon.net	384-2226		763-7646
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		School	Barret	Williams	802-763-7425
	Date	Email Address	Cell #	Pager #	Home #
		Bwilliams.sharon@gmail.com			
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Selectboard Chair	Paul	Haskell	802-558-5964
	Date	Email Address	Cell #	Pager #	Home #
		Paul@PaulHaskell.com	802-558-5964		802-763-8691
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Police	Bob	Hull	802-763-7776
	Date	Email Address	Cell #	Pager #	Home #
			802-356-2102		802-763-8999
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		EMS			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Shelter Coordinator			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Animal Control Officer	Bob	Hull	802-763-7776
	Date	Email Address	Cell #	Pager #	Home #
			802-356-2102		802-763-8999
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Health Officer	Paul	Haskell	802-558-5964
	Date	Email Address	Cell #	Pager #	Home #
		Paul@PaulHaskell.com	802-558-5964		802-763-8691
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Constable	Roland	Potter	

	Date	Email Address	Cell #	Pager #	Home #
					763-7631
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Clerk	Debra	St. Peter	763-7392
	Date	Email Address	Cell #	Pager #	Home #
		clerk@sharonVT.net			763-7120
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Treasurer	Margaret	Raymond	
	Date	Email Address	Cell #	Pager #	Home #
		treasurer@sharonVT.net	299-6979		
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Selectboard	Brad	Atwood	603-643-2102
	Date	Email Address	Cell #	Pager #	Home #
			802-522-2124		763-8886
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Town Selectboard	John	Harrington	
	Date	Email Address	Cell #	Pager #	Home #
			802-310-0604		763-8886
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Administrative Assistant	Miriam	Rubin	802-763-8263
	Date	Email Address	Cell #	Pager #	Home #
		Selectboard@sharonVT.net			802-763-3958
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Constable	Bob	Rogers	
	Date	Email Address	Cell #	Pager #	Home #
					763-8311
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Other (Please Specify)			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Other (Please Specify)			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Other (Please Specify)			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		Other (Please Specify)			
	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)

		Resource	24 hour Phone #	Primary Radio Frequency
<input type="checkbox"/>	Time	<input type="checkbox"/> American Red Cross: Central VT	(802) 773-9159	
<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"/> 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:		
<input type="checkbox"/>	Time	<input type="checkbox"/> EMS, 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"/> 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:		
<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:		
<input type="checkbox"/>	Time	<input type="checkbox"/> CERT:	(800) 347-0488	
<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.

ICS Responsibilities Review	
Command Section	
Incident Commander	Overall responsibility for and management of the incident
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.
Operations Section	
Operations Section Chief	Responsible for the direction and coordination of all incident tactical operations,
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
Planning Section	
Planning Section Chief	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.
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 maps and projections.
Documentation Unit	Prepares the Incident Action Plan , 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.
Logistics Section	
Logistics Section Chief	Responsible for providing services and support to meet incident needs.
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 st aid and light medical treatment for personnel assigned to the incident, 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
Finance / Administration Section	
Finance/Admin. Section Chief	Responsible for monitoring incident-related costs, and administering any necessary procurement contracts
Units	
Time Unit	Ensures that all personnel time on an incident or event is recorded
Procurement Unit	Processes paperwork associated with equipment rental and supply contracts. Responsible for equipment time 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

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

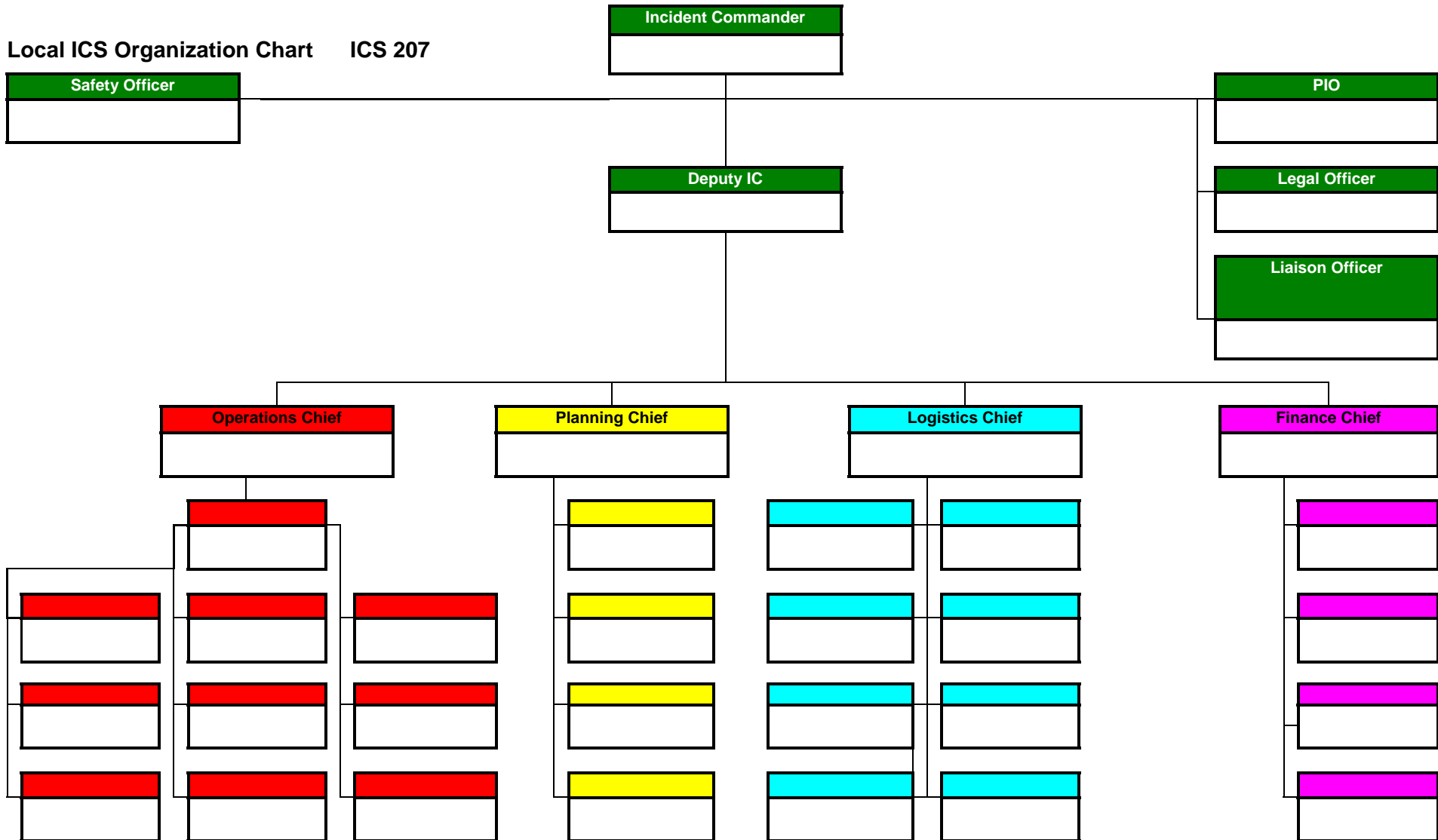
INCIDENT OBJECTIVES <small>ICS 202</small>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD (DATE/TIME)												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD												
7. GENERAL SAFETY 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)											

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

MEDICAL PLAN VT ICS 206	1. Incident Name	2. Date Prepared	3. Jurisdiction:				
4. Incident Medical Aid Station							
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"/>		
5. Transportation							
A. Ambulance Services							
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. Incident Ambulances							
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"/>		
6. Hospitals							
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"/>
7. Medical Emergency Procedures							
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.)