



# **PLEASANT HILL CERT**

## **FIELD OPERATIONS MANUAL**

Revised November 1, 2018



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# **FOREWORD**

The purpose of this document is to provide guidance to those Pleasant Hill Community Emergency Response Team (CERT)-trained volunteers who will staff positions at the Pleasant CERT Area Incident Command Post (ICP). Detailed guidance is included on the subjects of duties, processes, equipment, and suggested arrangement of a Pleasant Hill CERT Area ICP.

This is a living document, and it is expected that revisions and updates will be made following experience from field exercises and actual emergencies.

Pleasant Hill CERT wishes to acknowledge and thank Staples of Pleasant Hill for its generous contribution toward offsetting the cost of printing this manual.

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# **1. CERT Area Incident Command**

The first person arriving at the CERT Area Incident Command Post (ICP) assumes the role of the CERT Area Incident Commander (IC). The IC may relinquish his/her responsibility to another qualified individual who willingly accepts the position. This position reports to the Pleasant Hill CERT Program Manager or his/her representative at the City of Pleasant Hill's Emergency Operations Center (EOC) located at the Police Department. If the Police Department is damaged beyond the EOC's ability to function in that location, the EOC will relocate to the Pleasant Hill City Hall.

## **1.1 Pre-Operation Considerations and Planning by the CERT Area Incident Commander**

- Opens the FRS radio network.
- Gathers and documents information and assigns a scribe as needed.
- The first priority in considering a CERT response to the disaster is preservation of life.
- Sends reporting ham radio operators to the EOC for assignment.
- Ensures accountability of all responding CERT-trained volunteers by having them sign in. When sufficient CERT-trained volunteers arrive, considers assigning someone to manage the sign-in and assessment of CERT-trained volunteers' skills.
- Availability of resources will determine when the transition to active response operations can be achieved. Remains patient and does not begin field operations until resources are available to react to the IC's Incident Action Plan (IAP) (response strategy).
- Ensures that Incident Radio Communications Plan (ICS 205) is filled out (this may be completed prior to any incident).

## 1.2 Operational Duties of CERT Area Incident Commander and Staff

### 1.2.1 CERT Area Incident Commander

The CERT Area Incident Commander is responsible for all activities at the CERT Area ICP and the safety of all individuals assigned under his/her command.

Key actions are:

- Develops and manages the overall Incident Action Plan (IAP) (response strategy) (using the assistance of the CERT Area Planning Section Chief if the position is filled). The IAP describes how the Pleasant Hill CERT Area will respond to the incident. The CERT Area Incident Commander develops the IAP by:
  - Gathering field intelligence supplied by CERT-trained volunteers and the community;
  - Determining the scope of the incident;
  - Establishing priorities;
  - Modifying the IAP (response strategy) as dictated by changes in field intelligence;
  - Communicating strategy and updates to the CERT Area ICP team;
  - Receiving notification from the Pleasant Hill CERT Program Manager or his/her representative at the EOC about which medical facilities are accepting patients from Pleasant Hill.
- Establishes the CERT Area Incident Command Post (ICP) by:
  - Expanding/contracting the organization as required by the incident and available resources;
  - Appointing, delegating authority to, and overseeing CERT Area ICP Section Chiefs as the situation requires:
    - **CERT Area Operations Section Chief** is responsible for field operations and oversees the FRS Message Center operations, Staging Leader, Search and Rescue Group Leader, Medical Group Leader, and Transportation Group Leader.

- **CERT Area Logistics Section Chief** is responsible for providing needed services and materials in support of the incident and oversees ICP security.
  - **CERT Area Planning Section Chief** is responsible for documentation and incident status, assisting the CERT Area Incident Commander as required and, if extended operations are expected, develops the Incident Action Plan (IAP) with the CERT Area Incident Commander.
- When a ham radio operator is assigned to the CERT Area,
    - Opens communication with the EOC.
    - Makes periodic status reports to the (EOC) using the ham radio operator.
  - Enters action directives from outside agencies on General Message forms (ICS 213 - PH).
  - Provides activity updates activities to the fire, law enforcement, or City official arriving at the CERT Area ICP.
  - Is the primary contact with the media and sister responders on matters related to the CERT Area and refers broader issues to the Pleasant Hill CERT Program Manager or his/her representative at the EOC.

### 1.2.2 Scribe

This position reports to the CERT Area Incident Commander.

Key responsibilities are:

- Maintains written record of CERT Area Incident Commander's actions.
- Assists CERT Area Incident Commander as required.
- Serves as a runner between the CERT Area Incident Commander and CERT Area ICP section chiefs.

### **1.2.3 Ham Radio Operator**

This position is appointed by the Pleasant Hill CERT Program Manager or his/her representative at the EOC who assigns a ham radio operator to the EOC and to each CERT Area Incident Commander based on overall availability of operators to assume duties for meeting the highest priority needs. When filled at the CERT Area ICP, this position reports to the CERT Area Incident Commander.

Duties include:

- Conveys information as directed by the CERT Area Incident Commander to the EOC and vice-versa.
- Uses the General Message form (ICS 213 - PH) to document all messages conveyed to the EOC and vice-versa. The General Message form is used as a hard copy for the IC for incoming messages from the EOC.
- Uses the Communications Log (ICS 309 - PH) to maintain a log of all ham radio transmissions.
- Limits all outgoing radio communications to ensure airwaves remain open.

### **1.2.4 Ongoing Operational Duties of the CERT Area Incident Commander**

In addition to the duties set forth in 1.2.1 above, the CERT Area Incident Commander manages CERT Area activities using the CERT Area Operations Section Chief, CERT Area Logistics Section Chief, and CERT Area Planning Section Chief.

## **1.3 Physical Arrangement of CERT Area Incident Command Tent**

Placement of the CERT Area Incident Commander's tent should be in close proximity to the CERT Area Operations Section tent and the CERT Area Planning Section tent but removed from heavy personnel movement. If the

ham radio operator has a tent, it should be next to the CERT Area Incident Commander's tent.

#### **1.4 CERT Area Incident Commander's Duties for Demobilization of CERT Area ICP**

Refer to Appendix 1.5.2, Demobilization Plan.

## **1.5 Appendices**

## **1.5.1 Incident Action Plan**

Upon initial mobilization, the Pleasant Hill Incident Commanders in each of the Pleasant Hill CERT Areas observe and/or receive reports of the impact of the major incident. From these observations and reports the CERT Area Incident Commander establishes priorities (e.g. preservation of life, preservation of property, or another focused area of importance). Based upon the priority hierarchy, the CERT Area Incident Commander develops a response strategy (general response approach to the incident) and, with the CERT Area Operations Section Chief, determines the tactical approach (what methods will be used) to address the response strategy.

As the duration and/or intensity of the response progresses, the CERT Area Incident Command Post expands under the CERT Area Incident Commander's guidance, and a CERT Area Planning Section Chief is designated by the CERT Area Incident Commander. These two individuals develop an Incident Action Plan (IAP) – a more detailed and written plan to address the major incident.

As it becomes certain that a follow-on shift is needed, the CERT Area Planning Section Chief, in consort with the other CERT Area ICP Section Chiefs, is responsible for developing an Incident Action Plan that provides objectives and continuity of emphasis and response to the follow-on shift.

The Incident Action Plan should include the following items:

- Incident goals (what the CERT Area wants to achieve by the end of the response)
- Operational period objectives (8-10-hour shifts)
- Response strategy
- Response tactics
- Organization list/chart
- Assignment list (Section Chiefs and Team Leaders, key players)

- Resources available (e.g., CERT teams, convergent volunteers, outside organizational groups)
- Communications plan (internal and external, radio frequencies used, methods to overcome communication gaps)
- Logistics plan (support and security)
- Medical plan (capabilities and medical transport)
- Incident map

The following ICS forms provide guidelines for the development of the Incident Action Plan:

- ICS 202 - PH: Incident Objectives
- ICS 203 - PH: Organization Assignment List
- ICS 204: Assignment List
- ICS 205: Incident Radio Communications Plan
- ICS 205A: Communications List (optional)
- ICS 206: Medical Plan
- ICS 207 - PH: Incident Organization Chart
- ICS 210: Resource Status Change



## **1.5.2 Demobilization Plan**

### **General:**

Demobilization involves the release and return of resources that are no longer required for the support of Pleasant Hill CERT's response to an incident. Demobilization may occur during an incident or after the incident is over.

### **Key Points:**

- As the response to an incident is under control and requirements begin to lessen, the CERT Area Incident Commander will consider contracting the organization in a controlled, safe, efficient process and release those CERT-trained and convergent volunteers who are no longer needed.
- The CERT Area Incident Commander is the sole person in the organization authorized to contract the organization and to release individuals from duty.
- No resources or personnel are allowed to leave the CERT Area Incident Command Post unless authorized to do so through the CERT Area Incident Commander.
- If there is need to release personnel prior to a shift change, each individual about to be released will be asked if s/he can return for a different shift.

### **Responsibilities:**

- CERT Area Incident Commander:
  - Establishes release authorization through consultation with the CERT representative at the Emergency Operations Center (EOC).
  - Reviews, approves, or amends CERT Area Planning Section Chief's Demobilization Plan and approves all releases of resources and CERT-trained and convergent volunteers.
- CERT Area Planning Section Chief:
  - Under direction from the CERT Area Incident Commander, coordinates the development of the Demobilization Plan.

- Receives and acknowledges completeness of data and close-out actions submitted by the CERT Area Section Chiefs.
- Ensures CERT Area Section Chiefs complete, sign, and date the Demobilization Check-Out form (ICS 221 – PH).
- CERT Area Section Chief(s):
  - Identifies continuing needs and excess resources to the CERT Area Planning Section Chief.
  - Organizes all reports, logs, and written transactions prior to transferring them to the CERT Area Planning Section Chief.
  - Ensures all radios, equipment, and supply resources (non-expendable) are returned to the CERT Area Logistics Section Chief.
  - Reports any damaged or broken equipment to the CERT Area Logistics Section Chief.
  - Ensures that all work areas are clean and litter is properly disposed.
  - Submits the CERT Area Section Demobilization Check-Out form (ICS 221 - PH) to the CERT Area Planning Section Chief.
  - The CERT Area Operations Section oversees the sign-out of CERT-trained and convergent volunteers.
- All personnel

Sign-out with the CERT Area Operations Section prior to departure.

**Post-demobilization:**

Within 24 hours of demobilization, or at the direction of the Emergency Operations Center, Incident Commanders of the four Pleasant Hill CERT Area Incident Command Posts will assemble for an Incident Debriefing of their response to the major incident, actions taken, casualties, and lessons learned.

**Form:**

ICS 221 – PH: Demobilization Check-Out

### **1.5.3 Pleasant Hill CERT ICP Access Policy**

#### **General:**

Access to a CERT ICP is limited to CERT trained personnel and convergent volunteers with appropriate identification as well as victims within the medical section. Access is also permitted for City of Pleasant Hill employees, emergency personnel such as police, fire, EMT, ambulance, etc. Boundaries of an ICP should be identified by barrier tape or other suitable methods. Each ICP should have a single staffed entrance where others can seek admission or make inquiries as defined below: Persons other than those described above should always have a CERT escort and are not allowed unescorted access within an ICP.

#### **Press/Media Inquiries:**

Press/media inquiries should be directed to the Incident Commander. If approved by the Incident Commander, the Planning Chief may be the person that the media is directed to for an incident update. Other CERT staff at an ICP are not permitted to meet or talk to the press or media.

#### **Convergent Volunteers:**

Convergent volunteers should be given a Disaster Service Worker Volunteer Registration form to fill out and be directed to report to the Pleasant Hill City Hall for Disaster Service Worker swearing-in. They should then report with suitable clothing, etc. to the CERT Area ICP where they originated and report to the Staging Leader. The Staging Leader will have them fill out an ID Card, a personal information form, and provide them with a briefing prior to assignment to a CERT team or function.

#### **Medical Victim Inquiries:**

Visitors inquiring about medical victims in our care will be asked to wait at the CERT Area ICP entrance until the CERT Area Medical Group can verify that the victim they are inquiring about is in our care and desires to meet with the visitor. The number of visitors and time of such visits needs to be limited given the small space within the medical tents and other victims within the tents. Only family members are allowed to visit a deceased family member in the morgue and must be escorted to the morgue by a CERT-trained volunteer who remains with the family until their departure from the CERT Area. Nothing is allowed to be removed from the deceased.

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## 1.6 Forms

Forms included in this chapter and their uses are:

- ICS 201 – PH: Incident Briefing  
Used by CERT Area Incident Commander for documenting an incident.
- ICS 213 – PH: General Message  
Used by CERT Area Incident Commander, ham operator, or scribe to document messages to and from the EOC, as well as documenting and communicating follow-up actions or responses to prior messages.
- ICS 309 – PH: Communications Log  
Used by ham operator to log outgoing and incoming ham radio calls.
- ICS 205: Incident Radio Communications Plan  
Used to document CERT Area FRS radio channels and the PH ham radio frequency; completed once and may be completed prior to any incident.
- PH EOCUPDATE: EOC Update Report  
Periodic status report from CERT Area Incident Commander to EOC.
- PH INJURY: Injury Report  
Used by the CERT Area Incident Commander to record any injuries associated with a Pleasant Hill CERT Area activation.

See Appendices for this chapter for a list of forms for the Incident Action Plan and Demobilization Plan.

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**INCIDENT BRIEFING - CERT AREA \_\_\_\_\_ PAGE# \_\_\_\_\_**

Prepared By:

Date:

Time:

Incident Commander:

Operations Section Chief:

Staging Leader:

Incident Summary (i.e., description of what occurred):

Summary of Current Actions

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## GENERAL MESSAGE (ICS 213 - PH)

1. To (Name and Position):		
2. From (Name and Position):		
3. Address/Location (if applicable):		
4. Subject (optional):	5. Date:	6. Time:
7. Message:		
8. Approved by: (optional) Name:	Signature:	Position/Title:
9. Reply/Action Taken:		
10. Replied by: Name:	Position/Title:	Signature:
ICS 213 - PH	Date/Time:	

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## ICS 205 Incident Radio Communications Plan

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

### Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	<b>Basic Radio Channel Use</b>	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.  The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
<b>4</b> (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
<b>5</b>	<b>Special Instructions</b>	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
<b>6</b>	<b>Prepared by</b> (Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).



# EOC UPDATE REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ CERT Area: \_\_\_\_\_

## Field Activity

Number of CERT-trained Volunteers on Site: \_\_\_\_\_

Number of Convergent Volunteers on Site: \_\_\_\_\_

Number of Zones: \_\_\_\_\_ Number of Zones Searched: \_\_\_\_\_

Number of Impacted Zones: \_\_\_\_\_

Number of Locations Requiring External Support (e.g., first responders): \_\_\_\_\_

Number of Resources Needed: \_\_\_\_\_

Area Status Assessment (high-level):

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## Medical Assessment

Number of Victims Transported to ICP: \_\_\_\_\_ at ICP: \_\_\_\_\_

Number of Victims Transported to Medical Facilities: \_\_\_\_\_

Number of Victims Awaiting Transport to ICP: \_\_\_\_\_ to Medical Facilities: \_\_\_\_\_

Number of Deceased in Field: \_\_\_\_\_ at ICP: \_\_\_\_\_

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# INJURY REPORT

**Note: This form is to be filled out when a CERT Member or Convergent Volunteer is injured while participating in an authorized CERT activation**

CERT Area: \_\_\_\_\_

Name of injured individual: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

CERT Member: Yes \_\_\_\_ No \_\_\_\_

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of injury: \_\_\_\_:\_\_\_\_

Location where injury occurred: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

\_\_\_\_\_

Did the injury require medical attention? Yes \_\_\_\_ No \_\_\_\_

If so, was First Aid administered? Yes \_\_\_\_ No \_\_\_\_

Is further medical attention required? Yes \_\_\_\_ No \_\_\_\_

Was the Injured person transported to a Medical Facility? Yes \_\_\_\_ No \_\_\_\_

Did the individual deny medical attention? Yes \_\_\_\_ No \_\_\_\_

If so, have him/her sign back of form.

Did the activity which caused the injury fall within the scope of CERT training?

Yes \_\_\_\_ No \_\_\_\_

What was the individual doing at the time of injury?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INJURY REPORT - PAGE 2

Were there any witnesses? If so, please fill in the witness information below.

### Witness 1.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

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### Witness 2.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

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### Denial of Medical Treatment

I (print name) \_\_\_\_\_ am denying medical treatment for my injury.

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



## ICS 202

### Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident. If needed, an incident number can be added.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Objective(s)</b>	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.  Objectives should follow the SMART model or a similar approach: <b><u>S</u></b> pecific – Is the wording precise and unambiguous? <b><u>M</u></b> easurable – How will achievements be measured? <b><u>A</u></b> ction-oriented – Is an action verb used to describe expected accomplishments? <b><u>R</u></b> ealistic – Is the outcome achievable with given available resources? <b><u>T</u></b> ime-sensitive – What is the timeframe?
4	<b>Operational Period Command Emphasis</b>	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	<p><b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 203</li> <li><input type="checkbox"/> ICS 204</li> <li><input type="checkbox"/> ICS 205</li> <li><input type="checkbox"/> ICS 205A</li> <li><input type="checkbox"/> ICS 206</li> <li><input type="checkbox"/> ICS 207</li> <li><input type="checkbox"/> ICS 208</li> <li><input type="checkbox"/> Map/Chart</li> <li><input type="checkbox"/> Weather Forecast/ Tides/Currents</li> </ul> <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ICS 203 – Organization Assignment List</li> <li><input type="checkbox"/> ICS 204 – Assignment List</li> <li><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</li> <li><input type="checkbox"/> ICS 205A – Communications List</li> <li><input type="checkbox"/> ICS 206 – Medical Plan</li> <li><input type="checkbox"/> ICS 207 – Incident Organization Chart</li> <li><input type="checkbox"/> ICS 208 – Safety Message/Plan</li> </ul>
7	<p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	<p><b>Approved by Incident Commander</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.</p>

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## ORGANIZATION ASSIGNMENT LIST (ICS 203 – PH)

**Purpose.** The PH CERT Modified ICS Organization Chart (ICS 207 – PH) and the Organization Assignment List (ICS 203 – PH) provide a visual, depicting the ICS organization positions assignments for the incident. The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the Organization Assignment List provides the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Distribution.** The Incident Organizational Chart and Assignment List are intended to be wall displayed at the Incident Command Post

### Organization Assignment List

Position	Name	Position	Name
Incident Command		Planning Section	
Incident Commander		Planning Section Chief	
ICP/Ham Scribe		Scribe	
Ham Radio Operator		Documentation Unit Leader	
Operations Section		Resource Tracking Unit Leader	
Operations Section Chief		Logistics Section	
Plotter/Mapper		Logistics Section Chief	
Staging Leader		Scribe	
FRS Radio Operator		Resource Unit Leader	
FRS Message Scribe		Security Unit Leader	
FRS Relay Operator			
Search and Rescue Group Leader			
Medical Group Leader			
Transportation Group Leader			

This form, along with the PH CERT Modified ICS Organization Chart (ICS 207 – PH), constitutes a combination of ICS Forms 203 and 207.

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## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b>		<b>3.</b>
		Date From:	Date To:	
		Time From:	Time To:	<b>Branch:</b>
<b>4. Operations Personnel:</b> <u>Name</u>			<u>Contact Number(s)</u>	<b>Division:</b>
Operations Section Chief: _____				<b>Group:</b>
Branch Director: _____				<b>Staging Area:</b>
Division/Group Supervisor: _____				
<b>5. Resources Assigned:</b>				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
<b>6. Work Assignments:</b>				
<b>7. Special Instructions:</b>				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Name/Function _____		Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____		
/				
/				
/				
/				
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

## ICS 204

### Assignment List

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	This block is for use in a large IAP for reference only.  Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	<b>Operations Personnel</b> <ul style="list-style-type: none"><li>• Name, Contact Number(s)<ul style="list-style-type: none"><li>– Operations Section Chief</li><li>– Branch Director</li><li>– Division/Group Supervisor</li></ul></li></ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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**COMMUNICATIONS LIST (ICS 205A)**

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
--------------------------	--	--

<b>3. Basic Local Communications Information:</b>		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)

<b>4. Prepared by:</b> Name: _____	Position/Title: _____	Signature: _____
------------------------------------	-----------------------	------------------

ICS 205A	IAP Page _____	Date/Time: _____
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## ICS 205A Communications List

**Purpose.** The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

**Preparation.** The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

**Distribution.** The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

### Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Basic Local Communications Information</b>	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Incident Assigned Position	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center <input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Special Medical Emergency Procedures:</b>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____							
<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____							
ICS 206	IAP Page _____	Date/Time: _____					

## ICS 206 Medical Plan

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

### Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

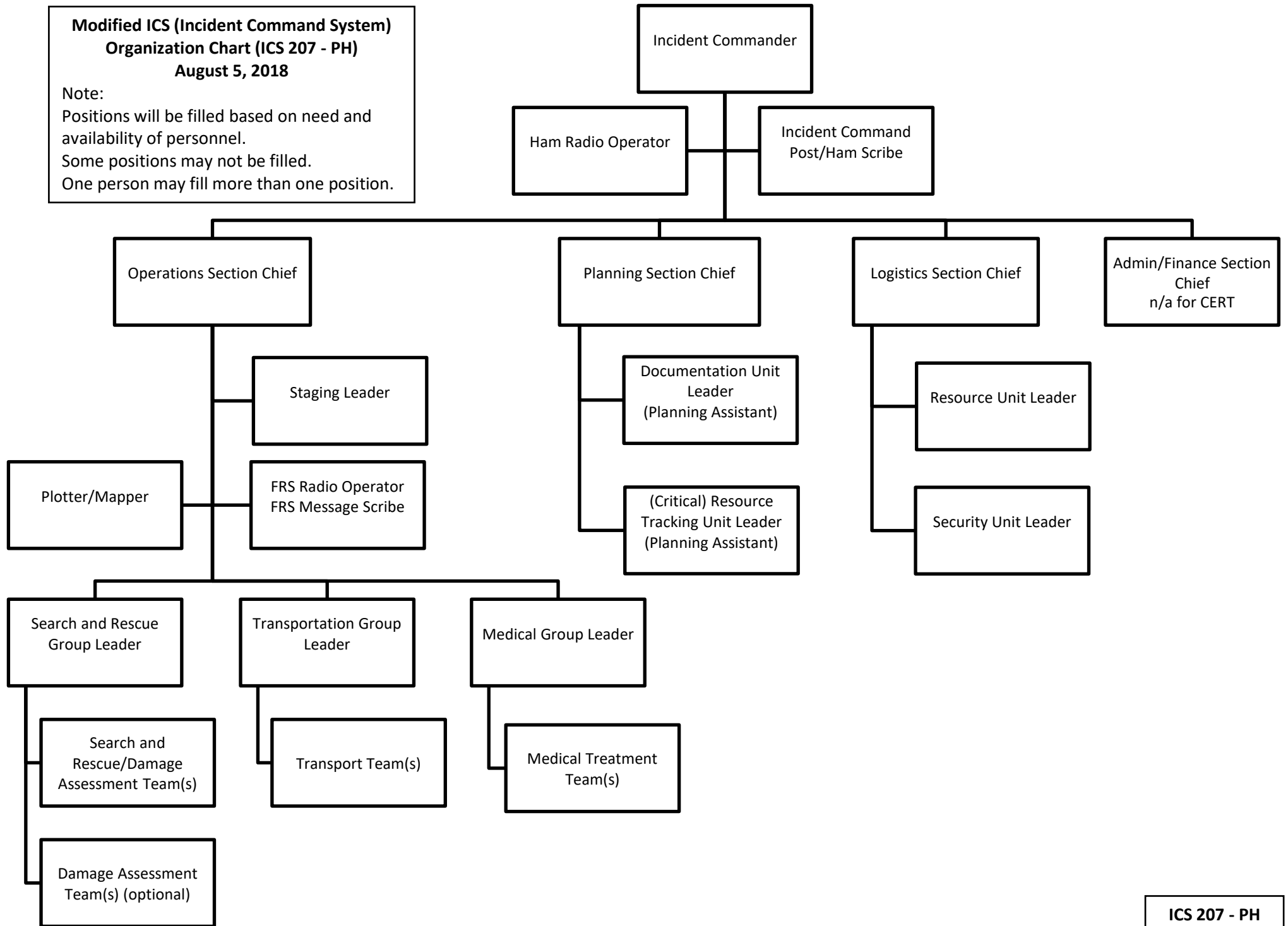
Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Medical Aid Stations</b>	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	<b>Transportation</b> (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	<b>Hospitals</b>	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time • Air • Ground	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	<b>Special Medical Emergency Procedures</b>	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	<b>Prepared by</b> (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	<b>Approved by</b> (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

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**Modified ICS (Incident Command System)  
Organization Chart (ICS 207 - PH)  
August 5, 2018**

Note:  
Positions will be filled based on need and  
availability of personnel.  
Some positions may not be filled.  
One person may fill more than one position.



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## ICS 210

### Resource Status Change

**Purpose.** The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

**Preparation.** The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

**Distribution.** The ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit. **Notes:**

- The ICS 210 is essentially a message form that can be used to update Resource Status Cards or T-Cards (ICS 219) for incident-level resource management.
- If additional pages are needed, use a blank ICS 210 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Resource Number</b>	Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.
4	<b>New Status</b> (Available, Assigned, Out of Service)	Indicate the current status of the resource: <ul style="list-style-type: none"><li>• Available – Indicates resource is available for incident use immediately.</li><li>• Assigned – Indicates resource is checked in and assigned a work task on the incident.</li><li>• Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).</li></ul>
5	<b>From</b> (Assignment and Status)	Indicate the current location of the resource (where it came from) and the status. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Staging Area, Incident Command Post, Western Camp).
6	<b>To</b> (Assignment and Status)	Indicate the assigned incident location of the resource and status. When more than one Division, Staging Area, or Camp is used, identify the specific location.
7	<b>Time and Date of Change</b>	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).
8	<b>Comments</b>	Enter any special information provided by the resource or dispatch center. This may include details about why a resource is out of service, or individual identifying designators (IDs) of Strike Teams and Task Forces.
9	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).



## DEMOBILIZATION CHECK-OUT (ICS 221 - PH)

Incident Name:	
CERT Area:	CERT Section or Unit:
Planned Release Date:	Time:

Resources:

Radios	Logistics Section Chief Initials:
Equipment	Logistics Section Chief Initials:
Supplies	Logistics Section Chief Initials:
Remarks:	

Operational Work Area:

Clean and all trash removed
If a facility is used, room returned to original condition
Remarks:

Reports (Radio, Operational, and CERT/Convergent Volunteer Injury Reports):

Arranged chronologically by item
Transferred to Planning Section Chief
Remarks:

Personnel:

Names of those to be released:
Names of those remaining to assist:
<b>All released personnel must sign out with the Operations Section</b>
Remarks:

Additional Remarks:


Prepared by:	Approved by Planning Section Chief:
Date & Time:	Date & Time:

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## **2. CERT Area Operations Section**

The CERT Area Operations Section Chief reports to the CERT Area Incident Commander (IC) and is responsible for converting the CERT Area Incident Commander's Incident Action Plan (IAP) (response strategy) into an organized tactical response to the event within resource capabilities. Taking direction from the CERT Area Incident Commander, the CERT Area Operations Section Chief is responsible for overseeing the response of CERT-trained volunteers to the event within the scope of their training. The CERT Area Operations Section may expand as required to include Search and Rescue, Medical, and Fire Suppression functions as well as supporting elements.

### **2.1 Pre-Operations Planning by the CERT Area Operations Section Chief**

- Works with the CERT Area Incident Commander (IC) to understand the IC's IAP (response strategy).
- Determines how the CERT Area volunteers will respond to the event (the tactical plan) by:
  - Assessing the response needs of the CERT Area from available reports (i.e. areas affected and how affected);
  - Understanding that preservation of life is the first priority;
  - Determining the personnel and equipment resources available to assist in the response;
  - Determining what teams and support staff will be needed to execute the tactical plan;
  - Considering the importance of assessing the needs of the entire CERT Area.
- Oversees the management of volunteers by:
  - Assigning a Staging Leader to oversee the sign-in of all CERT-trained volunteers and assessing their skills;
  - Directing convergent volunteers to the Pleasant Hill City Hall.

## **2.2 Considerations Prior to Executing the Tactical Plan**

- Availability of resources will determine when the transition from pre-operation planning to activating operations can be achieved. The CERT Area Operations Section Chief is patient and does not begin field operations until ready.
- Plans to organize functional response groups and select leaders as required for the response: Search and Rescue, Medical, and Fire Suppression.
- Plans to select and organize supporting staff as needed: Staging leader (handed off by the IC), Message Center FRS Radio Operator, Plotter/Mapper, Transportation Group Leader, and Cribbing Group Leader (if needed).
- As time permits, determines the logistical support needed to effectively manage the response efficiently (tentage, maps, whiteboards, forms, etc.).
- Keeps the IC updated on progress and needs.

## **2.3 Duties of Key CERT Area Operations Section Positions**

### **2.3.1 CERT Area Operations Section Chief**

The CERT Area Operations Section Chief directs and manages the response on the ground using available resources organized to respond to the needs of the CERT Area. S/he maintains a liaison with the IC and other CERT Area Section Chiefs to keep everyone apprised of the response effort (IAP) and any needs for adjustment of the tactical plan.

#### **2.3.1.1 Activates Operations**

Note: activation does not necessarily require full staffing of all potential teams/staff and may occur in stages based on resources available and needs arising over time.

- Determines when sufficient resources are available to assign teams to begin operations safely as follows:
  - Staffs Search and Rescue Team #1 Leader and team members.
  - Continues resourcing Search and Rescue Teams until “span of control” dictates appointing a Search and Rescue Group Leader.
  - Continues resourcing teams to support the tactical plan.
- If the gravity of the response requires it, and resources are available, expands the CERT Area Operations Section as needed.
  - Appoints and oversees Medical, Transport, Fire Suppression, and Cribbing Group leaders and teams as needed. Provides guidance and direction on their duties and responsibilities.
  - Expands the supporting staff as required by the incident and available resources.
- If resources are available, the CERT Area Operations Section Chief may want to appoint such teams or staff as follows:
  - Message Center FRS Radio Operator
  - Plotter/Mapper
- As required by incident activity and resources, establishes the CERT Area Operations area, e.g., CERT Area Operations Section tent located in conformance with the overall ICP plan.

### **2.3.1.2 CERT Area Operations Section Chief Ongoing Duties**

- Conducts field operations to carry out the IAP (response strategy) developed by the Incident Commander.
- Adjusts the tactical plan based on the Incident Commander's strategy and changing priorities.
- Confirms the type of teams (e.g. Search and Rescue, Cribbing, etc.) to support the strategies, needs and priorities.
- Adjusts team size based on the situation, the availability of resources, and the overall needs of the community.

- Maintains log of teams in the field (who and where) using the Assignment Tracking Log (CERT Form #3 – PH).
- Maintains a focus on team preparation, safety, and well-being:
  - Maintains safety as everyone’s top concern.
  - Ensures teams in the field always use the buddy system.
  - Oversees and manages the CERT Area Operations Section resources; does not get involved with hands-on work that can distract from his/her leadership and management responsibilities.
  - Monitors work progress and makes modifications to the tactical plan as necessary.
  - Is aware of health and safety of team members and makes plans to replace manpower to allow for rest periods.
  - Ensures that everyone is equipped with an FRS radio that is tuned to the correct frequency/channel.
  - Ensures that everyone has the needed equipment and supplies to perform his/her expected tasks.
- Gathers field information from field teams and reports to the CERT Area Incident Commander and/or CERT Area Planning Section Chief on a regular basis.
- Enters action directives (who, what and where) on General Message forms (ICS 213 – PH) provided by Message Center FRS Radio Operator.

### **2.3.2 Staging Leader**

This position reports to the CERT Area Operations Section Chief.

- Ensures all arriving CERT-trained volunteers sign in, indicating the time they arrived at the CERT Area Incident Command Post (ICP)
- Ensures all arriving convergent volunteers sign in, indicating the time they arrived at the CERT Area Incident Command Post (ICP), and complete the Convergent Volunteer Agreement of Understanding.

- Provides General Message forms (ICS 213 – PH) to newly arrived CERT-trained volunteers so they can record what they observed on their way to the ICP. Ensures the CERT Area Operations Section receives the message forms.
- Has newly arrived CERT-trained volunteers fill out a 3”x5” index card, indicating their name, cell phone number and any CERT-specific skills/equipment they may have.
- Uses cards to assemble teams or assign individuals to specific duties as requested by the CERT Area Operations Section Chief or Search and Rescue Group Leader.
- Obtains incident information and status from the CERT Area Incident Commander and/or CERT Area Planning Section Chief to regularly brief CERT-trained volunteers.
- Maintains decorum of unassigned CERT-trained volunteer pool.
- Ensures all Search and Rescue, Transport and Fire Suppression Team members have the necessary materials to perform their assignment(s) prior to being sent to the field. If additional materials are needed, the team members should be sent to the CERT Area Logistics Section.
- May assign CERT-trained volunteers to assist him/her in carrying out his/her assigned duties.
- Provides CERT-trained volunteers with an overview briefing of the situation and how the CERT Area volunteers will be used in response to the needs of the area.
- Determines what equipment is needed to support operations at the CERT Area ICP, what equipment CERT-trained volunteers have with them, and what equipment CERT-trained volunteers have at their homes.

### **2.3.3 Message Center FRS Radio Operator**

This position reports to the CERT Area Operations Section Chief.

- Operates the FRS Message Center for the CERT Area Operations Section.
- Receives and records FRS radio messages from CERT Area Search and Rescue Teams, Transport Team(s), Fire Suppression Team(s) and Cribbing Team(s).
- Maintains a chronological radio log.
- Checks status of field teams hourly.
- Transmits outgoing messages to above field teams.
- Routes all actionable messages to the CERT Area Operations Chief.

### **2.3.4 Plotter/Mapper**

This position reports to the CERT Area Operations Section Chief.

- Identifies local emergency service facilities on City map (e.g. medical facilities, fire stations and public works sites).
- Plots locations of victims, hazards, search and rescue teams, and transport teams on CERT Area map.
- Uses colored pins to identify plotted locations.
- Replaces the Message Center FRS Radio Operator when required.
- Files returned/completed message forms for future use.
- Assists CERT Area Operations Section Chief and Message Center FRS Radio Operator in other duties as required.



### **2.3.5 Search and Rescue (SAR) Group Leader**

This position reports to the CERT Area Operations Section Chief.

- Deploys Search and Rescue (SAR) teams in accordance with the CERT Area Operations Section Chief's instructions.
- Ensures that Search and Rescue teams have an appointed Team Leader and are briefed on the duties of their deployment.
- Obtains 3"x5" cards of Search and Rescue Team members and assigns them a team designation (call sign) for radio purposes.
- Provides Plotter/Mapper with SAR Team number and destination.
- Maintains cards of deployed SAR teams.
- Maintains log of deployed teams and their return.
- Informs CERT Area Operations Section Chief of the status of SAR teams in the field and the availability of resources.

The basic Search and Rescue Team consists of a Team Leader, and a minimum of 2-3 team members. Convergent volunteers work under the supervision of the CERT-trained Team Leader in tasks where their skills are suitable. Duties are assigned by the Search and Rescue Team Leader.

#### **2.3.5.1 Search and Rescue Team Leader(s):**

This position reports to the CERT Area Operations Section Chief or SAR Group Leader as manpower permits.

- Conducts light search and rescue, medical triage, and fire suppression operations in zone(s) assigned by CERT Area Operations Section Chief.
- Maintains zone sweep log (Damage Assessment: Summary Level form, CERT Form #1a – PH,) and reports victims and hazards by FRS radio to CERT Area FRS Message Center when discovered.

- Requests medical transport of victims when deemed necessary.
- Requests cribbing team assistance when needed and available.

### **2.3.5.2 Search and Rescue Team Member(s)**

This position reports to their Search and Rescue Team Leader.

- Assists Search and Rescue Team Leader in performance of assigned duties.
- Convergent volunteer team members should rely on CERT-trained volunteers for guidance and direction in performance of duties.

### **2.3.6 Basic Fire Suppression Team**

The basic Fire Suppression Team reports to the CERT Area Operations Section Chief and consists of two or more CERT-trained volunteers. Team members are usually paired as teams of two.

### **2.3.7 Basic Cribbing Team**

The basic Cribbing Team reports to the CERT Area Operations Section Chief and consists of eight individuals: group leader, safety person, victim medical care and removal person, lever person, and four cribbing persons (one at each corner).

### **2.3.8 CERT Area Medical Group Leader**

This position reports to the CERT Area Operations Section Chief.

- Organizes and oversees the staff, supplies and equipment associated with the CERT Area medical treatment area.
- Ensures sufficient staff to treat incoming victims.

- Assigns personnel to oversee the Red, Yellow, Green and Morgue functions.
- Ensures record keeping for each victim is properly maintained.
- Prepares hourly status reports and forwards it to the CERT Area Operations Section Chief.
- Notifies the CERT Area Operations Section Chief and the CERT Area Incident Commander of need to transport victims to medical facilities.

See Chapter 3 (CERT Area Medical Area) for more details.

### **2.3.9 Transportation Group Leader (if situation dictates and manpower permits)**

This position reports to the CERT Area Operations Section Chief.

- Prepares transport orders based on transport requests provided by Search and Rescue teams via CERT Area FRS Message Center.
- Maintains log of transport personnel and assignments.
- Informs Medical Group Leader of incoming victims or hospital destination.
- Arranges for the transportation of cribbing material if needed. If a specialized Cribbing Team is assembled, works with the CERT Area Logistics Section Chief to ensure they have sufficient cribbing material.

### **2.3.10 Transport Team**

The Transport Team reports to the Transportation Group Leader. If there is not a Transportation Group Leader, this position reports to the CERT Area Operations Section Chief and supervises the Transport Assistant.

The duties of the Transport Team are assigned by the Transportation Group Leader or CERT Area Operations Section Chief to support field operations (e.g. transport victims, supplies etc.).

## **2.4 Physical Arrangement of CERT Area Operations Section Tent**

Placement of the CERT Area Operations Section tent should be next to the CERT Area FRS Message Center and in close proximity to the CERT Area Incident Commander and CERT Area Planning Section Chief.

## **2.5 Use of Map Pins:**

### Small Round Head Pins:

- Red:** Red tagged victim(s) at location
- Yellow:** Yellow tagged victim(s) at location
- Black:** Black tagged victim(s) at location
- White:** Significant Hazard

### Large Round Head Pins:

- Green:** Search and Rescue Team location
- Red:** Medical transport dispatched to location
- Blue:** Cribbing Team dispatched to location
- Yellow:** FRS radio relay station location

All field teams leaving the CERT Area ICP must notify the CERT Area Operations Section Plotter/Mapper of their team members' names and the destination so locations can be plotted.

All field teams returning to the CERT Area ICP must notify the CERT Area Operations Section Plotter/Mapper so pin(s) can be removed from the status map and personnel resources can be accounted for and reassigned if needed.

## 2.6 Forms

Forms included in this chapter and their uses are:

- ICS 213 – PH: General Message  
Used by CERT Area FRS Message Center FRS Radio Operator for recording FRS radio traffic.  
Used by the CERT Area Operations Section Chief as input for directing field action to be taken, and subsequently used by the CERT Area Planning Section Chief to record and classify the incident.  
Used to record information from individuals who walk up the ICP to report their field observations.
- ICS 309 – PH: Communications Log  
Used by CERT Area FRS Message Center FRS Radio Operator to log outgoing and incoming FRS radio calls.
- CERT Form #1a - PH: Damage Assessment: Summary Level  
Used by Search and Rescue Teams to log information about victims, hazards, etc. within assigned sweep zone. This form is probably more useful than CERT Form 1 - PH.
- CERT Form #1 - PH: Damage Assessment: Detail Level  
Used by Search and Rescue Teams to log information about victims, hazards, etc. at a specific location. Limited use is expected.
- PH SARASSESS: Search and Rescue Team Assessment Report  
Used by Search and Rescue Teams to help them assess field conditions at a location and compose succinct FRS radio transmissions.  
May be used instead of CERT Form #1- PH or General Message form (ICS 213 – PH).
- CERT Form #2 - PH: Personnel Resources Check-In  
Used to sign in and sign out CERT members as they arrive and depart from the ICP.  
Used by staging personnel to track availability, skills, equipment, etc. of CERT-trained and convergent volunteers.

- PH CNVRGNT: Convergent Volunteer Intake  
Used by the Staging Leader to obtain a waiver from convergent volunteers.
- Cal OES DSW Registration Rev. 8.2016: Disaster Service Worker Volunteer Registration  
Used by the Staging Leader to record self-certification of the loyalty oath or affirmation signed by convergent volunteers or CERT-trained volunteers who are not Disaster Service Workers.
- CERT Form #3 - PH: Assignment Tracking Log  
Used by the Search and Rescue Group Leader or CERT Area Operations Section Chief to identify Search and Rescue Teams, their members, assignments, dispatch destinations, objectives, and results.  
Some CERT Areas may augment this form with the use of 3" X 5" cards.
- CERT Form #4 – PH: Team Task Assignment (2 pages)  
Shared by the CERT Area Operations Section and CERT Area Planning Section (side a) to provide instructions to functional teams  
Used by functional teams (side b) to record their actions and report new damage assessment information.
- PH DISPATCH: Transport Dispatch Log  
Used by the Transportation Group Leader or CERT Area Operations Section Chief for maintaining record of transport activities. This form is kept in the CERT Area Operations Section.
- PH MEDTRANS: Medical Transport Order  
Used by the Medical Transport Team to record victim information, location information, results of head-to-toe assessment, and any other pertinent victim information prior to transporting to the medical treatment area.
- Area Map Showing Locations of Search Zones  
Used to assist CERT-trained volunteers with triage assessment.

## GENERAL MESSAGE (ICS 213 - PH)

<b>1. To</b> (Name and Position):		
<b>2. From</b> (Name and Position):		
<b>3. Address/Location</b> (if applicable):		
<b>4. Subject</b> (optional):	<b>5. Date:</b>	<b>6. Time:</b>
<b>7. Message:</b>		
<b>8. Approved by:</b> (optional) Name:	Signature:	Position/Title:
<b>9. Reply/Action Taken:</b>		
<b>10. Replied by:</b> Name:	Position/Title:	Signature:
<b>ICS 213 - PH</b>	Date/Time:	

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# DAMAGE ASSESSMENT: SUMMARY LEVEL

CERT AREA: \_\_\_\_\_

DATE:		PERSON REPORTING:										PAGE #:			
TIME RECEIVED:		PERSON RECEIVING:													
		BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED* (L, M, H)	COLLAPSED	INJURED (Red or Yellow)	TRAPPED	DEAD Report as "Black"	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED
TIME	LOCATION/ADDRESS	FIRES		HAZARDS				STRUCTURES		PEOPLE			ROADS		/ X

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<b>DAMAGE ASSESSMENT: DETAIL LEVEL</b>	<b>CERT AREA</b>	<b>DATE</b>
--	------------------	-------------

LOCATION

**SIZE UP**  
(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

**OBSERVATIONS**

Large empty area for recording observations.

CERT MEMBER	PAGE _____ OF _____
-------------	---------------------

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# Search and Rescue Team Assessment Report

Team Identification: \_\_\_\_\_ CERT Area: \_\_\_\_\_ FRS Radio Channel: \_\_\_\_\_  
 Team Leader: \_\_\_\_\_ ICP Cell Phone: \_\_\_\_\_  
 Day: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20 Time: \_\_\_\_ : \_\_\_\_

Location: \_\_\_\_\_  
 [Include: Apartment, Suite, Floor, and Building Numbers]

<p><b><u>Enter Structure</u></b> (First Slash)          Search Team ID [Pleasant Hill, Area 7, Team 5]          Date &amp; Time [4-15-10 9:30 pm]</p>	<p><b><u>Exit Structure</u></b> (Second Slash)          Date &amp; Time [4-15-10 10:15pm]</p>	<p><b><u>Hazards</u></b>          Broken Stairs          Rats</p>
<p><b><u>Live &amp; Dead Victims</u></b>          2 Live          1 Dead          2 Dead Birds          1 Live Cat</p>		

## Structural Damage Assessment

### HEAVY

- Partial or Total Collapse
- Structure is Tilting
- Heavy Smoke or Fire
- Gas Leaks
- Obvious Structural Instability
- Rising or Moving Water (Inside | Outside)

### Moderate

- Visible Signs of Damage
- Decorative Work Damaged
- Many Visible Cracks in Plaster
- Major Damage Interior
- Minor Smoke or Fire
- Other: \_\_\_\_\_

### Light

- Superficial Damage
- Broken Windows
- Fallen or Cracked Plaster
- Minor Damage Interior
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

## Site Notes and Task Guides

### Persons

- \_\_\_ Red - Require Immediate Attention
- \_\_\_ Yellow - Delayed
- \_\_\_ Black - Dead
- \_\_\_ Green - Walking
- \_\_\_ Persons Remaining in Structure
- \_\_\_ Children Unsupervised

### Cautions

- Animals (Inside | Outside) Structure
- Electrical Lines Down
- Access Road Blocked
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### Triage – RPM

- Respiration: over 30 per minute.  
 Perfusion: capillary refill over 2 sec  
 Mental: cannot do simple commands
- Requests for Assistance**
- Fire Suppression       Cribbing Team
  - Medical Transportation for \_\_\_ persons
  - Request Search & Rescue Backup Team

## Radio Message to Incident Command Post. (Only report actionable information. See notes below)

.....

.....

.....

## Onsite Actions Taken and Notes for ICP Reporting

.....

.....

.....

- Emergency** Life, limb or major assets depend on this message getting through ASAP.
- Important** In the not too distant future life, limb or major assets will be at risk.
- Routine** Mission essential or information other people urgently need.
- Administrative** Anything that is not Emergency, Important, or Routine. (Report items at ICC and not via radio)

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PERSONNEL RESOURCES CHECK-IN		CERT AREA			DATE		
CHECK IN TIME	CHECK OUT TIME	NAME	CONTACT (cell # or radio)	PREFERRED ASSIGNMENT			SKILLS/EQUIPMENT/VEHICLES/COMMENTS
				ICP	MEDICAL	SAR	
SCRIBE(S)							PAGE _____ OF _____

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# CONVERGENT VOLUNTEER INTAKE

**To volunteer with this emergency response, please complete the Convergent Volunteer Agreement of Understanding and return it to the person who gave it to you. You will receive a brief interview as soon as possible.**

## **Convergent Volunteer Agreement of Understanding**

I understand the dangers of participation. Despite the potential dangers and risks, I will participate and I will agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City of Pleasant Hill and Pleasant Hill Community Emergency Response Team (CERT) from all claims, demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Pleasant Hill and the Pleasant Hill Community Emergency Response Team (CERT), and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a convergent volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

*I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself, the City of Pleasant Hill and the Pleasant Hill Community Emergency Response Team (CERT), and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.*

---

*Signature*

---

*Date*

PH CNVRGNT

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# DISASTER SERVICE WORKER VOLUNTEER REGISTRATION

## LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

TYPE OR PRINT IN INK:

**SHADED AREAS REQUIRED BY PROGRAM REGULATIONS**

ATTACH  
PHOTOGRAPH  
HERE

This block completed ONLY by Accredited Disaster Council, designated government agency or jurisdiction.

**CLASSIFICATION:** \_\_\_\_\_ **SPECIALTY:** \_\_\_\_\_

**REGISTERING AGENCY OR JURISDICTION:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED PERSON:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**REGISTRATION DATE:** \_\_\_\_\_ **RENEWAL DATES:** \_\_\_\_\_

**EXPIRATION DATE:\*** \_\_\_\_\_ **DSW CARD ISSUED?: NO? YES? #:** \_\_\_\_\_

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TO CENTRAL FILES:** \_\_\_\_\_

<b>NAME: LAST</b>		<b>FIRST</b>		<b>MI</b>		SSN:	
<b>ADDRESS:</b>			<b>CITY:</b>		<b>STATE</b>		<b>ZIP:</b>
COUNTY:			HOME PHONE:		WORK PHONE:		
PAGER:			E-MAIL:		DATE OF BIRTH: (optional)		
DRIVER LICENSE NUMBER: (if applicable)			DRIVER LICENSE CLASSIFICATION: A? B? C?		LICENSE EXPIRATION DATE:		
OTHER DRIVING PRIVILEGES:			EMERGENCY PHONE:				
IN CASE OF EMERGENCY, CONTACT:							
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT: (optional)	BLOOD TYPE: (optional)		
COMMENTS:							

### PARENT/LEGAL GUARDIAN CONSENT FOR MINOR

As the parent or legal guardian of \_\_\_\_\_, a minor, I hereby give my full consent and approval for him/her to participate as a DSW volunteer. I understand there may be risks of serious bodily injury inherent in DSW volunteer activities, as well as in traveling and other related activities incidental to his/her participation, and I hereby assume these risks on behalf of him/her.

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**

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

### Government Code (GC) §3108-3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he or she knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison for two, three, or four years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony, and is punishable by imprisonment in the state prison.

### **LOYALTY OATH OR AFFIRMATION (GC §3102) If SELF-CERTIFICATION approved by ADC, official's signature and title not required.**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the

**PRINT NAME**

Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, California.

**DATE**

**City**

**COUNTY**

**SIGNATURE OF VOLUNTEER**

**DATE**

**SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH**

**TITLE**

\*Registration for the active DSW Volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an intermittent or a single event, the expiration date is at the discretion of the Accredited Disaster Council but not to exceed one year. (See GC §3102)

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ASSIGNMENT TRACKING LOG		CERT AREA		DATE			
ASSIGNMENT TYPE (e.g., SAR)		ASSIGNMENT TYPE (e.g., SAR)		ASSIGNMENT TYPE (e.g., SAR)		ASSIGNMENT TYPE (e.g., SAR)	
DESTINATION		DESTINATION		DESTINATION		DESTINATION	
TEAM NAME/NUMBER		TEAM NAME/NUMBER		TEAM NAME/NUMBER		TEAM NAME/NUMBER	
TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #	
START TIME	END TIME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
OBJECTIVES		OBJECTIVES		OBJECTIVES		OBJECTIVES	
RESULTS		RESULTS		RESULTS		RESULTS	
CERT LEADER/ INCIDENT COMMANDER				PAGE _____ OF _____			
SCRIBE(S)							

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<b>TEAM TASK ASSIGNMENT</b>		<b>CERT AREA</b>				<b>DATE</b>									
INCIDENT COMMAND POST CONTACT #						TIME OUT			TIME BACK						
<b>INSTRUCTIONS TO TEAM</b>															
TEAM NAME/NUMBER			DESTINATION												
OBJECTIVES															
EQUIPMENT ALLOCATED															
<b>REPORT FROM RESPONSE TEAM</b>															
FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS		
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

**TEAM ACTION LOG**  
(time stamp each action; draw map if needed)

SCRIBE



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**MEDICAL TRANSPORT ORDER – CERT AREA \_\_\_\_\_**

**PATIENT # \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_**

(Patient # is assigned by Medical Intake)

FRS CHANNEL \_\_\_\_\_

YOUR TRANSPORT TEAM # (call sign) \_\_\_\_\_

DRIVER/LEADER \_\_\_\_\_

ASSISTANT \_\_\_\_\_

VICTIM LOCATION \_\_\_\_\_

DEPARTURE \_\_\_\_\_ ARRIVAL \_\_\_\_\_  
TIME TIME (ON SCENE)

ARRIVAL \_\_\_\_\_  
TIME AT ICP OR MEDICAL FACILITY

NAME (of person picked up) \_\_\_\_\_  
Description if unconscious – age, hair color/length, distinguishing features

SAR ASSESSMENT R Y  
(Search and Rescue)  
YOUR ASSESSMENT R Y G B

**BEFORE TRANSPORT!!! CHECK FOR GLASSES/MEDICAL DEVICES/ MEDICATIONS THAT NEED TO BE BROUGHT!**

**Signs of spinal injury in conscious person:** inability to move one or more body parts; severe pain or pressure in head/neck/back; tingling or numbness in extremities; difficulty seeing; AND/OR any of the finding listed below.

**Treat unconscious persons as if they have spinal injury.**

**Signs of spinal injury in unconscious person:** Heavy bleeding, bruising or deformity of head or spine; blood or fluid in ears or nose; bruising behind the ear; “raccoon” eyes (bruising around eyes); pupils are uneven in size or don’t react to light; seizures; vomiting; victim found under heavy debris.

**PH MEDTRANS**

**PATIENT INFORMATION/ASSESSMENT**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMERGENCY CONTACT:

NAME/RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

FINDINGS IN THE FIELD:

TYPE OF INJURY \_\_\_\_\_

STEPS TAKEN \_\_\_\_\_

**OTHER INFORMATION PROVIDED BY THE PATIENT**  
(e.g., medical conditions, medications, allergies, medical devices, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **3. CERT Area Medical Area**

Medical Operations is a function of the CERT Area Operations Section. Its main purpose is to provide basic first aid and care for patients (victims) that have arrived at the CERT Area Incident Command Post (ICP). CERT Area Medical Group personnel will evaluate and treat patients within the scope of their CERT training and, when required, will notify through their chain of command the Emergency Operations Center (EOC) of the need for advanced medical treatment and/or transportation to the nearest medical facility. The CERT Area Medical Group also maintains a morgue for those who have died while at the medical treatment area. The deceased individuals may only be removed by the appropriate legal authority.

### **3.1 Pre-Operations Planning by the CERT Area Medical Group Leader**

- Coordinates with the CERT Area Incident Commander (IC) to identify the location for the CERT Area Medical Group to perform.
  - Location should facilitate vehicle ingress and egress.
  - Morgue should be located in a concealed location away from the medical group's primary location.
- Coordinates with the CERT Area Logistics Section Chief to provide:
  - Tentage, cots, forms, and medical supplies from the CERT Area cache;
  - Security for the medical treatment and morgue areas.
- Coordinates with the Staging Leader for personnel to erect tentage and to facilitate the layout of the medical section's area.

## **3.2 Duties of Key CERT Area Medical Group Positions**

### **3.2.1 CERT Area Medical Group Leader**

This position reports to the CERT Area Operations Section Chief and is responsible for all personnel, patients, and activities under his/her leadership. This position assigns and oversees the following team members:

- Medical Intake Scribe
- Medical Area Team Leaders (Red, Yellow, Green, and Morgue)
- Assesses (triages) incoming patients and directs them to appropriate Medical Area Team (Red, Yellow, Green).
- Manages CERT Area Medical Group personnel and requests backup as needed. Monitors medical team members' physical and mental state.
- Works with the CERT Area Logistics Section to ensure forms and supplies are available.
- Ensures that the CERT Area medical logs and records are maintained and properly secured.
- At regular intervals, provides the CERT Area Operations Section Chief with updates on patients and personnel.
- Signs off on all discharges and transfers.

### **3.2.2 Medical Intake Scribe**

This position reports to the CERT Area Medical Group Leader.

- Logs patients in and out using the Medical Area Intake Log (PH MEDINTAKE).
- Assigns a Patient Number to each incoming patient; ensures that the Patient Number is entered on each PH CERT medical form.



- Receives completed Medical Transport Order (PH MEDTRANS) from the Medical Transport Assistant.
- Passes the Medical Transport Order (PH MEDTRANS) to the CERT Area Medical Group Leader.
- Files and secures all completed Medical forms for all patients.

### **3.2.3 Medical Area Team Leader(s)**

This position reports to the CERT Area Medical Group Leader.

- Logs incoming patients on the appropriate (e.g., red, yellow, green, morgue) Medical Area Patient Log (PH MEDAREA).
- Manages assigned Medical Area Team Members.
- Supervises treatment of patients.
- Monitors availability of forms and supplies; requests additional items as needed.
- Upon recommendation from Medical Area Team Member and with the concurrence of the CERT Area Medical Group Leader, logs discharge/transfer of patient to another Medical Area Team, EMS, or medical facility.
  - Uses Medical Area Patient Log or Morgue Log (PH MEDAREA), as appropriate.
  - Informs Medical Intake Scribe to update the Medical Area Intake Log (PH MEDINTAKE).
  - For each patient discharged, transfers all completed patient forms to receiving Medical Area Team Leader or Medical Intake Scribe as appropriate.

### **3.2.4 Medical Area Team Member(s)**

This position reports to his/her respective Medical Area Team Leader.

- Performs assessment of Respiration, Perfusion, and Mental State (RPM) and Head-to-Toe Assessment on all incoming patients. RPM is performed every 20 minutes on patients.
- Provides treatment for patients within the scope of their CERT training and evaluates patient status at regular intervals.
- Records results of treatment and observations on the Patient Log (PH MEDPATIENT).
- Ensures proper maintenance of medical records (e.g., ensures privacy and accurate patient record-keeping).

### **3.3 Convergent Volunteers**

Examples of appropriate duties for convergent volunteers include:

- Performing clerical work, e.g., record-keeping;
- Acting as a runner – for supplies, refreshments, messages;
- Keeping patients company;
- Assisting with blankets, etc. and patients' non-medical needs;
- Providing basic medical assistance as instructed such as applying pressure to a dressing, etc.

### **3.4 Medical Equipment and Supplies**

- Medical tent and canopies with sides
- Personal protective equipment (e.g., N95 masks, nitrile gloves, goggles)

- Cots, blankets, and chairs for medical treatment areas
- 3 Tables, 3 chairs, 2 whiteboards, and dry erase markers and erasers for Medical Group Leader and Medical Intake Scribe
- Lighting and signage (if available)
- Box for blank forms
- Lockable file box
- Medical Supplies
  - Roller bandages
  - Triangular bandages
  - Sterile dressings
  - Nitrile gloves
  - Splints
  - Medical waste bags
  - Water
- Administrative Supplies
  - Clipboards
  - Pens
  - Pleasant Hill CERT medical forms
  - Clock
  - A-Z file

## 3.5 Appendix

## Medical Operations Patient Flow and Responsibilities

Activity	Materials/Forms/Resources
<p>Medical Operations is a function of the CERT Area Operations Section. Its main purpose is to provide basic first aid and care for patients (victims) that have arrived at the CERT Area Incident Command Post (ICP). CERT Area Medical Group personnel will evaluate and treat patients within the scope of their CERT training and, when required, will notify through their chain of command the Emergency Operations Center (EOC) of the need for advanced medical treatment and/or transportation to the nearest medical facility. The CERT Area Medical Group also maintains a morgue for those who have died while at the medical treatment area. The deceased individuals may only be removed by the appropriate legal authority.</p>	<p><b>CERT Area Medical Group</b></p> <p><b>Materials:</b> Medical tent and canopies with sides, cots, medical supplies, personal protective equipment, clipboards, pens, PH CERT medical forms, whiteboard, dry erase markers, medical waste bags, blankets, lighting, water, signage, tables, chairs</p> <p><b>Forms:</b> Medical Area Team Roster (PH MEDTEAM), Medical Area Intake Log (PH MEDINTAKE), Patient Log (PH MEDPATIENT), Medical Area Patient Log (R, Y, G); Morgue Log (B) (PH MEDAREA)</p> <p><b>Resources:</b> Medical Group Leader (1), Medical Intake Scribe (1), Medical Area Team Leader (1-4), Medical Team Member (2-10)</p>
<p>CERT Area Operations FRS Message Center receives a request for medical transportation from a Search and Rescue Team. FRS Message Center fills out the Message Form and gives it to the CERT Area Operations Section Chief for review and then to the Plotter/Mapper for plotting the location and requests the Staging Leader to assemble and dispatch a Medical Transport Team.</p>	
<p><b>Medical Transport (Reports to Transportation Team Leader or in the absence of a Transportation Leader, the Operations Chief)</b></p> <ul style="list-style-type: none"> <li>• Performs RPM on the patient and records the observations on the Medical Transport Order (PH MEDTRANS).</li> <li>• Provides necessary medical treatment.</li> <li>• If necessary puts patient on backboard, blanket, stretcher, or carries to vehicle.</li> <li>• Medical Transport Assistant fills out the Medical Transport Order (PH MEDTRANS).</li> </ul>	<p><b>Materials:</b> Backboard, Blanket, Stretcher, First Aid Supplies (incl. splints and bandages)</p> <p><b>Forms:</b> Medical Transport Order (PH MEDTRANS)</p> <p><b>Resources:</b> Motor Vehicle, Medical Transport Driver, Medical Transport Assistant, Search and Rescue Team or neighbors</p>

<b>Activity</b>	<b>Materials/Forms/Resources</b>
<ul style="list-style-type: none"> <li>• If feasible, Medical Transport Driver transports red (immediate) patients to a medical facility. Otherwise, the Medical Transport Driver transports patients to the CERT Area ICP.</li> <li>• Medical Transport Driver radios CERT Area ICP with estimated time of arrival at the ICP and patient status.</li> <li>• Upon transfer of patient to Medical Operations, the Medical Transport Driver notifies the CERT Area Operations Section that they have completed the assignment and they will return to the Staging Area, notifying the Staging Leader of their availability.</li> </ul>	
<p><b>Medical Intake Scribe (Reports to Medical Group Leader)</b></p> <ul style="list-style-type: none"> <li>• Logs patient in and out using the Medical Area Intake Log (PH MEDINTAKE).</li> <li>• Assigns a Patient Number to each incoming patient; ensures that the Patient Number is entered on each PH CERT medical form.</li> <li>• Receives completed Medical Transport Order form from the Medical Transport Assistant.</li> <li>• Passes the Medical Transport Order (PH MEDTRANS) to the CERT Area Medical Group Leader. The CERT Area Medical Group Leader performs triage and assigns patient to Red, Yellow, or Green Medical Area Team Leader.</li> <li>• Files and secures all completed medical forms for all patients.</li> </ul>	<p><b>Materials:</b> Clipboard, A-Z File, pens, whiteboard, dry erase markers</p> <p><b>Forms:</b> Medical Area Intake Log (PH MEDINTAKE); Medical Transport Order (PH MEDTRANS)</p> <p><b>Resources:</b> Medical Intake Scribe</p>
<p><b>Medical Area Team Leader (Reports to CERT Area Medical Group Leader)</b></p> <ul style="list-style-type: none"> <li>• Logs incoming patients on the appropriate Medical Area Patient Log (PH MEDAREA).</li> <li>• Manages assigned Medical Team Members.</li> <li>• Supervises treatment of patients.</li> </ul>	<p><b>Materials:</b> Clipboard, pens, clock</p> <p><b>Forms:</b> Medical Area Patient Log ((R, Y, G), Morgue Log (B)) (PH MEDAREA); Medical Area Intake Log (PH MEDINTAKE)</p> <p><b>Resources:</b> Red, Yellow, Green and Morgue Areas, Cots, Medical supplies, personal</p>

<b>Activity</b>	<b>Materials/Forms/Resources</b>
<ul style="list-style-type: none"> <li>• Monitors availability of forms and supplies; requests additional items as needed.</li> <li>• Upon recommendation from Medical Area Team Member and with the concurrence of the CERT Area Medical Group Leader, logs discharge/transfer of patient to another Medical Area Team, EMS, or medical facility; uses Medical Area Patient Log or Morgue Log (PH MEDAREA), as appropriate; informs Medical Intake Scribe to update the Medical Area Intake Log (PH MEDINTAKE).</li> <li>• For each patient discharged, transfers all completed patient forms to receiving Medical Area Team Leader or Medical Intake Scribe as appropriate.</li> </ul>	<p>protective equipment, clipboards, pens, PH CERT medical forms, medical waste bags, blankets, lighting, water, signage</p>
<p><b>Medical Area Team Member (Reports to Medical Area Team Leader)</b></p> <ul style="list-style-type: none"> <li>• Performs RPM and Head-to-Toe assessment on all incoming patients; RPM is performed every 20 minutes.</li> <li>• Provides treatment for patients within the scope of their CERT training and evaluates patient status at regular intervals.</li> <li>• Records results of treatment and observations on the Patient Log (PH MEDPATIENT).</li> <li>• Ensures proper maintenance of medical records (e.g., ensures privacy and accurate patient record-keeping).</li> </ul>	<p><b>Materials:</b> Medical supplies, personal protective equipment, clipboards, pens, PH CERT medical forms, medical waste bags, blankets, lighting, water</p> <p><b>Forms:</b> Patient Log (PH MEDPATIENT)</p> <p><b>Resources:</b> 2-10 Medical Group Team Members</p>
<p><b>CERT Area Medical Group Leader (Reports to CERT Area Operations Section Chief)</b></p> <ul style="list-style-type: none"> <li>• Is responsible for all personnel, patients, areas and activities under their leadership.</li> <li>• Assigns and oversees Medical Intake Scribe and Medical Area Team Leaders.</li> </ul>	<p><b>Materials:</b> See Medical Operations</p> <p><b>Forms:</b> Medical Area Team Roster (PH MEDTEAM)</p> <p><b>Resources:</b> CERT Area Medical Group Leader</p>

<b>Activity</b>	<b>Materials/Forms/Resources</b>
<ul style="list-style-type: none"> <li>• Assesses (triages) incoming patients and directs them to appropriate Medical Area Team R, Y, G).</li> <li>• Manages CERT Area Medical Group personnel and requests backup as needed. Monitors medical team members' physical and mental state.</li> <li>• Works with the CERT Area Logistics Section to ensure forms and supplies are available.</li> <li>• Ensures that the CERT Area medical logs and records are maintained and properly secured.</li> <li>• At regular intervals, provides the CERT Area Operations Section Chief with updates on patients and personnel.</li> <li>• Signs-off on all discharges and transfers.</li> </ul>	



## 3.6 Forms

Forms included in this chapter and their uses are:

- PH MEDTRANS: Medical Transport Order  
Used by the Medical Transport Team to record victim information, location information, results of head-to-toe assessment, and any other pertinent victim information prior to transporting to the medical treatment area. The Medical Transport Assistant passes this form to the Medical Intake Scribe, who gives it to the CERT Area Medical Group Leader.
- PH MEDINTAKE: Medical Area Intake Log  
Used by the Medical Intake Scribe to log patients in and out of the CERT Area Medical Area.
- PH MEDAREA: Medical Area Patient Log ((R, Y, G), Morgue Log (B))  
Used by Medical Area Team Leader to log patients in and out of medical treatment areas (Red, Yellow, Green, Black).
- PH MEDPATIENT: Patient Log  
Used by Medical Area Team Member to record an individual patient's status, treatment, and observations (e.g., RPM, head-to-toe assessment).
- PH MEDTEAM: Medical Area Team Roster:  
Used by the CERT Area Medical Group Leader to log in/log out and track Medical Area Team Members' medical area assignments (e.g., transfer from Red to Yellow Medical Area).

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**MEDICAL TRANSPORT ORDER – CERT AREA \_\_\_\_\_**

**PATIENT # \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_**

(Patient # is assigned by Medical Intake)

FRS CHANNEL \_\_\_\_\_

YOUR TRANSPORT TEAM # (call sign) \_\_\_\_\_

DRIVER/LEADER \_\_\_\_\_

ASSISTANT \_\_\_\_\_

VICTIM LOCATION \_\_\_\_\_

DEPARTURE \_\_\_\_\_ ARRIVAL \_\_\_\_\_  
TIME TIME (ON SCENE)

ARRIVAL \_\_\_\_\_  
TIME AT ICP OR MEDICAL FACILITY

NAME (of person picked up) \_\_\_\_\_  
Description if unconscious – age, hair color/length, distinguishing features

SAR ASSESSMENT R Y  
(Search and Rescue)  
YOUR ASSESSMENT R Y G B

**BEFORE TRANSPORT!!! CHECK FOR GLASSES/MEDICAL DEVICES/ MEDICATIONS THAT NEED TO BE BROUGHT!**

**Signs of spinal injury in conscious person:** inability to move one or more body parts; severe pain or pressure in head/neck/back; tingling or numbness in extremities; difficulty seeing; AND/OR any of the finding listed below.

**Treat unconscious persons as if they have spinal injury.**

**Signs of spinal injury in unconscious person:** Heavy bleeding, bruising or deformity of head or spine; blood or fluid in ears or nose; bruising behind the ear; “raccoon” eyes (bruising around eyes); pupils are uneven in size or don’t react to light; seizures; vomiting; victim found under heavy debris.

**PH MEDTRANS**

**PATIENT INFORMATION/ASSESSMENT**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMERGENCY CONTACT:

NAME/RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

FINDINGS IN THE FIELD:

TYPE OF INJURY \_\_\_\_\_

STEPS TAKEN \_\_\_\_\_

**OTHER INFORMATION PROVIDED BY THE PATIENT**  
(e.g., medical conditions, medications, allergies, medical devices, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DATE IN	TIME IN	PATIENT # _____	<b>TRIAGE STATUS</b> (from Medical Transport Order) <b>RED</b> _____ <b>YELLOW</b> _____ <b>GREEN</b> _____
		NAME/DESCRIPTION _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE OUT	TIME OUT	DISCHARGED TO (Facility, EMS Company, Person):	
		DISCHARGED BY (Medical Area Team Leader, Medical Group Leader):	

DATE IN	TIME IN	PATIENT # _____	<b>TRIAGE STATUS</b> (from Medical Transport Order) <b>RED</b> _____ <b>YELLOW</b> _____ <b>GREEN</b> _____
		NAME/DESCRIPTION _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE OUT	TIME OUT	DISCHARGED TO (Facility, EMS Company, Person):	
		DISCHARGED BY (Medical Area Team Leader, Medical Group Leader):	

DATE IN	TIME IN	PATIENT # _____	<b>TRIAGE STATUS</b> (from Medical Transport Order) <b>RED</b> _____ <b>YELLOW</b> _____ <b>GREEN</b> _____
		NAME/DESCRIPTION _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE	TIME	MOVED FROM _____ AREA TO _____ AREA Per Medical Group Leader _____	
DATE OUT	TIME OUT	DISCHARGED TO (Facility, EMS Company, Person):	
		DISCHARGED BY (Medical Area Team Leader, Medical Group Leader):	

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**RED MEDICAL AREA PATIENT LOG – CERT AREA \_\_\_\_\_**

**PAGE # \_\_\_\_\_**

<b>PATIENT #/NAME/DESCRIPTION</b> (Hair color/eye color/distinguishing marks/clothing)	<b>DATE</b> <b>IN</b>	<b>TIME</b> <b>IN</b>	<b>DATE</b> <b>OUT</b>	<b>TIME</b> <b>OUT</b>	<b>RELEASED TO</b> (Area: G Y OR Name of EMS Company/Person/Facility)	<b>RELEASED BY</b> (Your Name)
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						

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**YELLOW MEDICAL AREA PATIENT LOG – CERT AREA \_\_\_\_\_ PAGE # \_\_\_\_\_**

<b>PATIENT #/NAME/DESCRIPTION</b> (Hair color/eye color/distinguishing marks/clothing)	<b>DATE</b> IN	<b>TIME</b> IN	<b>DATE</b> OUT	<b>TIME</b> OUT	<b>RELEASED TO</b> (Area: R G OR Name of EMS Company/Person/Facility)	<b>RELEASED BY</b> (Your Name)
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						

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**GREEN MEDICAL AREA PATIENT LOG – CERT AREA \_\_\_\_\_ PAGE # \_\_\_\_\_**

<b>PATIENT #/NAME/DESCRIPTION</b> (Hair color/eye color/distinguishing marks/clothing)	DATE IN	TIME IN	DATE OUT	TIME OUT	<b>RELEASED TO</b> (Area R Y OR Name of EMS Company/Person/Facility)	<b>RELEASED BY</b> (Your Name)
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						

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**MORGUE LOG** – CERT AREA \_\_\_\_\_

**PAGE #** \_\_\_\_\_

<b>PATIENT #/NAME/DESCRIPTION</b> (Hair color/eye color/distinguishing marks/clothing)	<b>DATE</b> <b>IN</b>	<b>TIME</b> <b>IN</b>	<b>DATE</b> <b>OUT</b>	<b>TIME</b> <b>OUT</b>	<b>RELEASED TO</b> (Name of Coroner/Person/Facility)	<b>RELEASED BY</b> (Your Name)
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						
Patient #						

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**PATIENT LOG - CERT AREA \_\_\_\_\_ PAGE # 1**

**HEAD TO TOE ASSESSMENT**

PATIENT NUMBER # \_\_\_\_\_

DATE/TIME ARRIVED \_\_\_\_\_

NAME/DESCRIPTION \_\_\_\_\_

GENDER: M F Other

DATE OF BIRTH \_\_\_\_\_ or approximate age \_\_\_\_\_

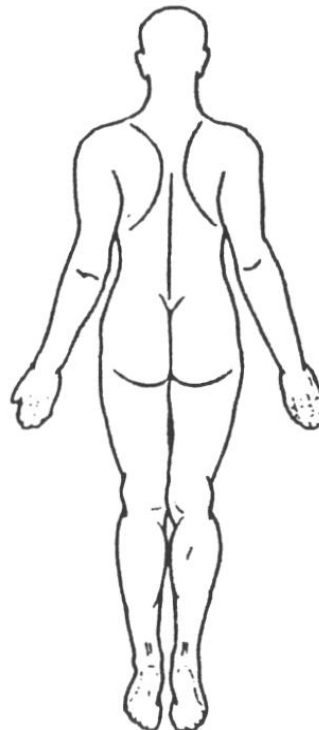
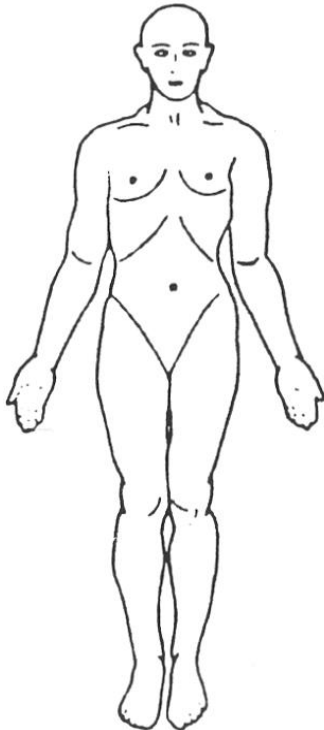


Patient's Right

Patient's Left

Patient's Left

Patient's Right



Mark site of symptom with symbol	Respiration/ Perfusion (R/P)	Level of consciousness (M)	Check Pupils
X = Pain	R: less than 30 per minute	A = Alert	E = Equal size
B = Bleeding	P: 2 seconds or less	T = Responds to talking	R = Reacts to light
F = Deformity		P = Responds to pain	
● = Bruising		U = Unresponsive	
H = Burn			
	N =Nausea; V=Vomiting		







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## **4. CERT Area Logistics Section**

The CERT Area Logistics Section Chief reports to the CERT Area Incident Commander and is responsible for making sure there are adequate resources (supplies and equipment) for meeting the incident objectives and securing the CERT Area Incident Command Post (ICP).

### **4.1 Duties of Key CERT Area Logistics Section Positions**

#### **4.1.1 CERT Area Logistics Section Chief**

The CERT Area Logistics Section Chief coordinates with all CERT Area Section Chiefs to ensure there are sufficient resources to support incident activities. The CERT Area Logistics Section Chief manages the CERT Area Resource Unit Leader and the CERT Area Security Unit Leader.

- Ensures equipment is dispersed as needed and properly accounted for:
  - Tents/canopies
  - Tables and chairs
  - Cots
  - Blankets
  - White and cork boards
  - Radios
  - Lighting
  - Flashlights
  
- Ensures supplies are dispersed as needed:
  - Medical supplies
  - Batteries
  - Pens and pencils
  - Dry erase markers and erasers
  - Clipboards
  - Filing material

- As determined by need, facilitates the CERT Area ICP area set-up. The set-up of the CERT Area ICP is done by working with the CERT Area Incident Commander, CERT Area Operations Section Chief, CERT Area Medical Group Leader, and the CERT Area Planning Section Chief, if these positions are filled. Both CERT-trained and non-CERT-trained volunteers can assist with the set-up.
- Resupplies CERT Area sections as needed.
- Requests additional supplies as needed through the CERT Area Incident Commander and passed to the Emergency Operations Center.
- Ensures the safety and security of the CERT Area ICP and its inhabitants by establishing a security function.

#### **4.1.2 CERT Area Resource Unit Leader**

The CERT Area Resource Unit Leader reports to the CERT Area Logistics Section Chief and functions as the main disbursement person of the Pleasant Hill CERT Area's cache. Duties include, but are not limited to:

- Is responsible for disbursing the necessary resources and materials to set-up the CERT Area ICP when instructed to do so.
- Ensures that all "equipment items" are signed for by the requesting CERT Area Section Chief and accounted for.

#### **4.1.3 CERT Area Security Unit Leader**

The CERT Area Security Unit Leader reports to the CERT Area Logistics Section Chief and is responsible for securing the CERT Area ICP. Duties include, but are not limited to:

- Assigns additional personnel as required to ensure the CERT Area ICP site security.

- Sets up security plan to ensure all areas of the CERT Area ICP are monitored and secure.
- Performs or oversees patrols of the CERT Area ICP to ensure security of CERT-trained and convergent volunteers and victims.
- Directs transport traffic to ensure efficient flow of transport vehicles into and out of the CERT Area ICP areas.
- Directs walk-ups, convergent volunteers and media representatives to the proper areas.
- Assists in keeping media away from sensitive areas, such as the CERT Area Medical Area and CERT Area Operations Section. The media representative should be escorted to the CERT Area Incident Commander for questions.
- Confirms that Pleasant Hill CERT-trained volunteers have CERT IDs before allowing access.
- Documents complaints and suspicious occurrences.

## 4.2 Appendix

## **Pleasant Hill CERT ICP Access Policy**

### **General:**

Access to a CERT ICP is limited to CERT trained personnel and convergent volunteers with appropriate identification as well as victims within the medical section. Access is also permitted for City of Pleasant Hill employees, emergency personnel such as police, fire, EMT, ambulance, etc. Boundaries of an ICP should be identified by barrier tape or other suitable methods. Each ICP should have a single staffed entrance where others can seek admission or make inquiries as defined below: Persons other than those described above should always have a CERT escort and are not allowed unescorted access within an ICP.

### **Press/Media Inquiries:**

Press/media inquiries should be directed to the Incident Commander. If approved by the Incident Commander, the Planning Chief may be the person that the media is directed to for an incident update. Other CERT staff at an ICP are not permitted to meet or talk to the press or media.

### **Convergent Volunteers:**

Convergent volunteers should be given a Disaster Service Worker Volunteer Registration form to fill out and be directed to report to the Pleasant Hill City Hall for Disaster Service Worker swearing-in. They should then report with suitable clothing, etc. to the CERT Area ICP where they originated and report to the Staging Leader. The Staging Leader will have them fill out an ID Card, a personal information form, and provide them with a briefing prior to assignment to a CERT team or function.

### **Medical Victim Inquiries:**

Visitors inquiring about medical victims in our care will be asked to wait at the CERT Area ICP entrance until the CERT Area Medical Group can verify that the victim they are inquiring about is in our care and desires to meet with the visitor. The number of visitors and time of such visits needs to be limited given the small space within the medical tents and other victims within the tents. Only family members are allowed to visit a deceased family member in the morgue and must be escorted to the morgue by a CERT-trained volunteer who remains with the family until their departure from the CERT Area. Nothing is allowed to be removed from the deceased.

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## 4.3 Form

Form included in this chapter and its use is:

CERT FORM #7 – PH (Based on ICS 303): Equipment Inventory  
Used to check out and check-in CERT-managed equipment. Consumable items (e.g., dressings) are not tracked.

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EQUIPMENT INVENTORY		CERT AREA				DATE
ITEM DESCRIPTION	ISSUED TO		QTY	TIME	INITIALS	COMMENTS/ DISPOSABLE = D
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
		ISSUED				
		RETURNED				
SCRIBE(S)					PAGE _____ OF _____	

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# 5. CERT Area Planning Section

The CERT Area Incident Commander will determine whether there is a need for a CERT Area Planning Section and, if so, will designate a CERT Area Planning Section Chief.

The CERT Area Planning Section is responsible for:

- Collecting, evaluating and displaying incident intelligence and information;
- Preparing and documenting Incident Action Plans (IAPs);
- Tracking resources assigned to the incident;
- Maintaining incident documentation;
- Developing plans for demobilization.

## 5.1 Duties of Key CERT Area Planning Section Positions

### 5.1.1 CERT Area Planning Section Chief

The CERT Area Planning Section Chief reports to the CERT Area Incident Commander and is responsible for developing and updating, for approval by the CERT Area Incident Commander, an Incident Action Plan (IAP), and Demobilization Plan. The CERT Area Planning Section Chief, also maintains documentation acquired from all activated Incident Command Post (ICP) sections. When the position is needed, the CERT Area Planning Section Chief manages the Planning Assistant.

- Stays in contact with the CERT Area Section Chiefs to ensure the Incident Action Plan is still pertinent to the conditions in the field.
- If conditions in the field have changed, consults with all of the CERT Area Section Chiefs to discuss the impact of the field changes on their sections and obtains any proposed strategy changes.

- If the changes in the field require an update to the Incident Action Plan, prepares the updated plan and submits it to the CERT Area Incident Commander for approval.
- If the changes are approved, communicates the changes to the Incident Action Plan to all CERT Area Section Chiefs.
- Prior to any shift changes, conducts a transition briefing to the incoming CERT Area Incident Commander and Section Chiefs.

### **5.1.2 Planning Assistant**

This position reports to the CERT Area Planning Section Chief and is responsible for monitoring and recording information pertinent to the overall incident. Responsibilities include, but are not limited to:

- Identifying and plotting local emergency service facilities on a Pleasant Hill city map;
- Monitoring weather radio for forecast;
- Monitoring commercial radio for information on the extent of the incident;
- Receiving information from walk-in sources;
- Working with the CERT Area Logistics Section Chief to identify locations of open grocery stores, hardware stores, gas stations, urgent care and medical facilities, etc.;
- Recording incident information received from the CERT Area FRS Message Center;
- Collecting and storing all forms and obtained information related to the incident.

## **5.2 Physical Arrangement of CERT Area Planning Section Tent**

The Planning Section Tent should be situated between the CERT Area Incident Commander's Tent and the Operations Section Tent...forming a "T".

## 5.3 Appendices



### **5.3.1 Incident Action Plan**

Upon initial mobilization, the Pleasant Hill Incident Commanders in each of the Pleasant Hill CERT Areas observe and/or receive reports of the impact of the major incident. From these observations and reports the CERT Area Incident Commander establishes priorities (e.g. preservation of life, preservation of property, or another focused area of importance). Based upon the priority hierarchy, the CERT Area Incident Commander develops a response strategy (general response approach to the incident) and, with the CERT Area Operations Section Chief, determines the tactical approach (what methods will be used) to address the response strategy.

As the duration and/or intensity of the response progresses, the CERT Area Incident Command Post expands under the CERT Area Incident Commander's guidance, and a CERT Area Planning Section Chief is designated by the CERT Area Incident Commander. These two individuals develop an Incident Action Plan (IAP) – a more detailed and written plan to address the major incident.

As it becomes certain that a follow-on shift is needed, the CERT Area Planning Section Chief, in consort with the other CERT Area ICP Section Chiefs, is responsible for developing an Incident Action Plan that provides objectives and continuity of emphasis and response to the follow-on shift.

The Incident Action Plan should include the following items:

- Incident goals (what the CERT Area wants to achieve by the end of the response)
- Operational period objectives (8-10-hour shifts)
- Response strategy
- Response tactics
- Organization list/chart
- Assignment list (Section Chiefs and Team Leaders, key players)

- Resources available (e.g., CERT teams, convergent volunteers, outside organizational groups)
- Communications plan (internal and external, radio frequencies used, methods to overcome communication gaps)
- Logistics plan (support and security)
- Medical plan (capabilities and medical transport)
- Incident map

The following ICS forms provide guidelines for the development of the Incident Action Plan:

- ICS 202 - PH: Incident Objectives
- ICS 203 - PH: Organization Assignment List
- ICS 204: Assignment List
- ICS 205: Incident Radio Communications Plan
- ICS 205A: Communications List (optional)
- ICS 206: Medical Plan
- ICS 207 - PH: Incident Organization Chart
- ICS 210: Resource Status Change

## 5.3.2 Demobilization Plan

### General:

Demobilization involves the release and return of resources that are no longer required for the support of Pleasant Hill CERT's response to an incident. Demobilization may occur during an incident or after the incident is over.

### Key Points:

- As the response to an incident is under control and requirements begin to lessen, the CERT Area Incident Commander will consider contracting the organization in a controlled, safe, efficient process and release those CERT-trained and convergent volunteers who are no longer needed.
- The CERT Area Incident Commander is the sole person in the organization authorized to contract the organization and to release individuals from duty.
- No resources or personnel are allowed to leave the CERT Area Incident Command Post unless authorized to do so through the CERT Area Incident Commander.
- If there is need to release personnel prior to a shift change, each individual about to be released will be asked if s/he can return for a different shift.

### Responsibilities:

- CERT Area Incident Commander:
  - Establishes release authorization through consultation with the CERT representative at the Emergency Operations Center (EOC).
  - Reviews, approves, or amends CERT Area Planning Section Chief's Demobilization Plan and approves all releases of resources and CERT-trained and convergent volunteers.
- CERT Area Planning Section Chief:
  - Under direction from the CERT Area Incident Commander, coordinates the development of the Demobilization Plan.

- Receives and acknowledges completeness of data and close-out actions submitted by the CERT Area Section Chiefs.
- Ensures CERT Area Section Chiefs complete, sign, and date the Demobilization Check-Out form (ICS 221 – PH).
- CERT Area Section Chief(s):
  - Identifies continuing needs and excess resources to the CERT Area Planning Section Chief.
  - Organizes all reports, logs, and written transactions prior to transferring them to the CERT Area Planning Section Chief.
  - Ensures all radios, equipment, and supply resources (non-expendable) are returned to the CERT Area Logistics Section Chief.
  - Reports any damaged or broken equipment to the CERT Area Logistics Section Chief.
  - Ensures that all work areas are clean and litter is properly disposed.
  - Submits the CERT Area Section Demobilization Check-Out form (ICS 221 - PH) to the CERT Area Planning Section Chief.
  - The CERT Area Operations Section oversees the sign-out of CERT-trained and convergent volunteers.
- All personnel

Sign-out with the CERT Area Operations Section prior to departure.

**Post-demobilization:**

Within 24 hours of demobilization, or at the direction of the Emergency Operations Center, Incident Commanders of the four Pleasant Hill CERT Area Incident Command Posts will assemble for an Incident Debriefing of their response to the major incident, actions taken, casualties, and lessons learned.

**Form:**

ICS 221 – PH: Demobilization Check-Out

## **5.4 Forms**

See Appendices for this chapter for a list of forms for the Incident Action Plan and Demobilization Plan.

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## ICS 202

### Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident. If needed, an incident number can be added.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Objective(s)</b>	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.  Objectives should follow the SMART model or a similar approach: <b><u>S</u>pecific</b> – Is the wording precise and unambiguous? <b><u>M</u>easurable</b> – How will achievements be measured? <b><u>A</u>ction-oriented</b> – Is an action verb used to describe expected accomplishments? <b><u>R</u>ealistic</b> – Is the outcome achievable with given available resources? <b><u>T</u>ime-sensitive</b> – What is the timeframe?
4	<b>Operational Period Command Emphasis</b>	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	<b>Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	<b>Approved Site Safety Plan(s) Located At</b>	Enter the location of the approved Site Safety Plan(s).



Block Number	Block Title	Instructions
6	<p><b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):</p> <p><input type="checkbox"/> ICS 203</p> <p><input type="checkbox"/> ICS 204</p> <p><input type="checkbox"/> ICS 205</p> <p><input type="checkbox"/> ICS 205A</p> <p><input type="checkbox"/> ICS 206</p> <p><input type="checkbox"/> ICS 207</p> <p><input type="checkbox"/> ICS 208</p> <p><input type="checkbox"/> Map/Chart</p> <p><input type="checkbox"/> Weather Forecast/ Tides/Currents</p> <p><u>Other Attachments:</u></p>	<p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <p><input type="checkbox"/> ICS 203 – Organization Assignment List</p> <p><input type="checkbox"/> ICS 204 – Assignment List</p> <p><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan</p> <p><input type="checkbox"/> ICS 205A – Communications List</p> <p><input type="checkbox"/> ICS 206 – Medical Plan</p> <p><input type="checkbox"/> ICS 207 – Incident Organization Chart</p> <p><input type="checkbox"/> ICS 208 – Safety Message/Plan</p>
7	<p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>	<p>Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>
8	<p><b>Approved by Incident Commander</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	<p>In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.</p>

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## ORGANIZATION ASSIGNMENT LIST (ICS 203 – PH)

**Purpose.** The PH CERT Modified ICS Organization Chart (ICS 207 – PH) and the Organization Assignment List (ICS 203 – PH) provide a visual, depicting the ICS organization positions assignments for the incident. The Incident Organization Chart is used to indicate what ICS organizational elements are currently activated and the Organization Assignment List provides the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Distribution.** The Incident Organizational Chart and Assignment List are intended to be wall displayed at the Incident Command Post

### Organization Assignment List

Position	Name	Position	Name
Incident Command		Planning Section	
Incident Commander		Planning Section Chief	
ICP/Ham Scribe		Scribe	
Ham Radio Operator		Documentation Unit Leader	
Operations Section		Resource Tracking Unit Leader	
Operations Section Chief		Logistics Section	
Plotter/Mapper		Logistics Section Chief	
Staging Leader		Scribe	
FRS Radio Operator		Resource Unit Leader	
FRS Message Scribe		Security Unit Leader	
FRS Relay Operator			
Search and Rescue Group Leader			
Medical Group Leader			
Transportation Group Leader			

This form, along with the PH CERT Modified ICS Organization Chart (ICS 207 – PH), constitutes a combination of ICS Forms 203 and 207.

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## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b>		<b>3.</b>																																																											
		Date From:	Date To:																																																												
		Time From:	Time To:	<b>Branch:</b>																																																											
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____				<b>Division:</b>  <b>Group:</b>  <b>Staging Area:</b>																																																											
Operations Section Chief: _____																																																															
Branch Director: _____																																																															
Division/Group Supervisor: _____																																																															
<b>5. Resources Assigned:</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 5%;"># of Persons</th> <th style="width: 30%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> <th style="width: 30%;">Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																																							
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																																										
<b>6. Work Assignments:</b>																																																															
<b>7. Special Instructions:</b>																																																															
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):																																																															
Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____																																																															
_____ / _____																																																															
_____ / _____																																																															
_____ / _____																																																															
_____ / _____																																																															
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____																																																															
ICS 204	IAP Page _____	Date/Time: _____																																																													

# ICS 204

## Assignment List

**Purpose.** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation.** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

**Distribution.** The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

### Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	This block is for use in a large IAP for reference only.  Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	<b>Operations Personnel</b> <ul style="list-style-type: none"><li>• Name, Contact Number(s)<ul style="list-style-type: none"><li>– Operations Section Chief</li><li>– Branch Director</li><li>– Division/Group Supervisor</li></ul></li></ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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## ICS 205 Incident Radio Communications Plan

**Purpose.** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talkgroup assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talkgroups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talkgroup assignments is normally placed on the Assignment List (ICS 204).

**Preparation.** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan.

**Distribution.** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.

### Notes:

- The ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
- The ICS 205 serves as part of the IAP.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time Prepared</b>	Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).
3	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4	<b>Basic Radio Channel Use</b>	Enter the following information about radio channel use:
	Zone Group	
	Channel Number	Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.
	Function	Enter the Net function each channel or talkgroup will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).
	Channel Name/Trunked Radio System Talkgroup	Enter the nomenclature or commonly used name for the channel or talk group such as the National Interoperability Channels which follow DHS frequency Field Operations Guide (FOG).
	Assignment	Enter the name of the ICS Branch/Division/Group/Section to which this channel/talkgroup will be assigned.
	RX (Receive) Frequency (N or W)	Enter the Receive Frequency (RX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.  The name of the specific trunked radio system with which the talkgroup is associated may be entered across all fields on the ICS 205 normally used for conventional channel programming information.
	RX Tone/NAC	Enter the Receive Continuous Tone Coded Squelch System (CTCSS) subaudible tone (RX Tone) or Network Access Code (RX NAC) for the receive frequency as the mobile or portable subscriber would be programmed.

Block Number	Block Title	Instructions
<b>4</b> (continued)	TX (Transmit) Frequency (N or W)	Enter the Transmit Frequency (TX Freq) as the mobile or portable subscriber would be programmed using xxx.xxxx out to four decimal places, followed by an "N" designating narrowband or a "W" designating wideband emissions.
	TX Tone/NAC	Enter the Transmit Continuous Tone Coded Squelch System (CTCSS) subaudible tone (TX Tone) or Network Access Code (TX NAC) for the transmit frequency as the mobile or portable subscriber would be programmed.
	Mode (A, D, or M)	Enter "A" for analog operation, "D" for digital operation, or "M" for mixed mode operation.
	Remarks	Enter miscellaneous information concerning repeater locations, information concerning patched channels or talkgroups using links or gateways, etc.
<b>5</b>	<b>Special Instructions</b>	Enter any special instructions (e.g., using cross-band repeaters, secure-voice, encoders, private line (PL) tones, etc.) or other emergency communications needs). If needed, also include any special instructions for handling an incident within an incident.
<b>6</b>	<b>Prepared by</b> (Communications Unit Leader) <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name and signature of the person preparing the form, typically the Communications Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).

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## ICS 205A

### Communications List

**Purpose.** The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

**Preparation.** The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

**Distribution.** The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

#### Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Basic Local Communications Information</b>	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	<ul style="list-style-type: none"><li>• Incident Assigned Position</li></ul>	Enter the ICS organizational assignment.
	<ul style="list-style-type: none"><li>• Name</li></ul>	Enter the name of the assigned person.
	<ul style="list-style-type: none"><li>• Method(s) of Contact (phone, pager, cell, etc.)</li></ul>	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Time From: _____	Date To: _____ Time To: _____
--------------------------	--	----------------------------------

3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. Special Medical Emergency Procedures:</b>          <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.
---

<b>7. Prepared by</b> (Medical Unit Leader): Name: _____	Signature: _____
--	------------------

<b>8. Approved by</b> (Safety Officer): Name: _____	Signature: _____
---	------------------

ICS 206	IAP Page _____	Date/Time: _____
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## ICS 206 Medical Plan

**Purpose.** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

**Preparation.** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

**Distribution.** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

### Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Medical Aid Stations</b>	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	<b>Transportation</b> (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).



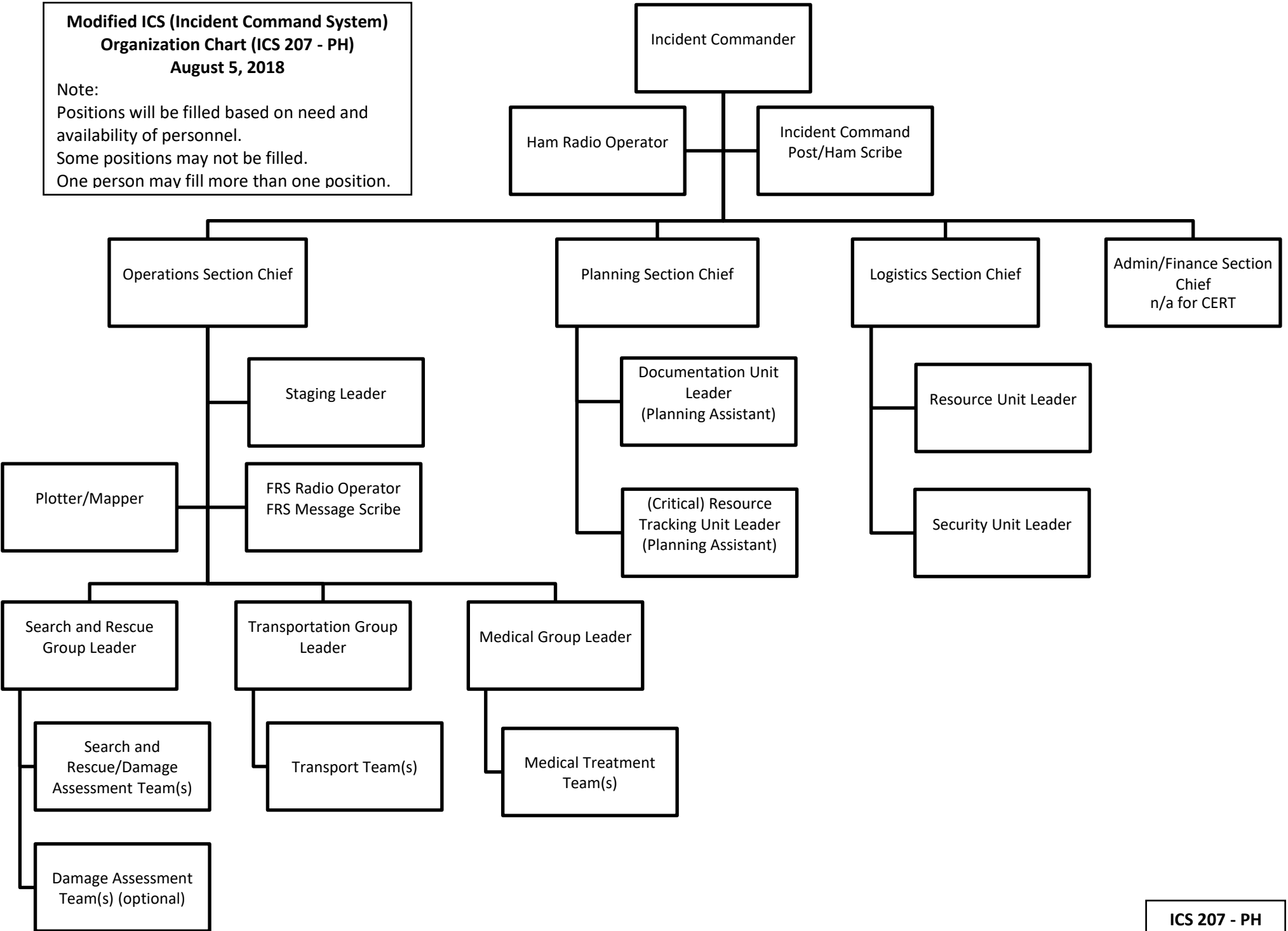
Block Number	Block Title	Instructions
5	<b>Hospitals</b>	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time • Air • Ground	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	<b>Special Medical Emergency Procedures</b>	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	<b>Prepared by</b> (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	<b>Approved by</b> (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

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**Modified ICS (Incident Command System)  
Organization Chart (ICS 207 - PH)  
August 5, 2018**

**Note:**

Positions will be filled based on need and availability of personnel.  
Some positions may not be filled.  
One person may fill more than one position.



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## ICS 210

### Resource Status Change

**Purpose.** The Resource Status Change (ICS 210) is used by the Incident Communications Center Manager to record status change information received on resources assigned to the incident. This information could be transmitted with a General Message (ICS 213). The form could also be used by Operations as a worksheet to track entry, etc.

**Preparation.** The ICS 210 is completed by radio/telephone operators who receive status change information from individual resources, Task Forces, Strike Teams, and Division/Group Supervisors. Status information could also be reported by Staging Area and Helibase Managers and fixed-wing facilities.

**Distribution.** The ICS 210 is maintained by the Communications Unit and copied to Resources Unit and filed by Documentation Unit. **Notes:**

- The ICS 210 is essentially a message form that can be used to update Resource Status Cards or T-Cards (ICS 219) for incident-level resource management.
- If additional pages are needed, use a blank ICS 210 and repaginate as needed.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul>	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Resource Number</b>	Enter the resource identification (ID) number (this may be a letter and number combination) assigned by either the sending unit or the incident.
4	<b>New Status</b> (Available, Assigned, Out of Service)	Indicate the current status of the resource: <ul style="list-style-type: none"><li>• Available – Indicates resource is available for incident use immediately.</li><li>• Assigned – Indicates resource is checked in and assigned a work task on the incident.</li><li>• Out of Service – Indicates resource is assigned to the incident but unable to respond for mechanical, rest, or personnel reasons. If space permits, indicate the estimated time of return (ETR). It may be useful to indicate the reason a resource is out of service (e.g., “O/S – Mech” (for mechanical issues), “O/S – Rest” (for off shift), or “O/S – Pers” (for personnel issues).</li></ul>
5	<b>From</b> (Assignment and Status)	Indicate the current location of the resource (where it came from) and the status. When more than one Division, Staging Area, or Camp is used, identify the specific location (e.g., Division A, Staging Area, Incident Command Post, Western Camp).
6	<b>To</b> (Assignment and Status)	Indicate the assigned incident location of the resource and status. When more than one Division, Staging Area, or Camp is used, identify the specific location.
7	<b>Time and Date of Change</b>	Enter the time and location of the status change (24-hour clock). Enter the date as well if relevant (e.g., out of service).
8	<b>Comments</b>	Enter any special information provided by the resource or dispatch center. This may include details about why a resource is out of service, or individual identifying designators (IDs) of Strike Teams and Task Forces.
9	<b>Prepared by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

## DEMOBILIZATION CHECK-OUT (ICS 221 - PH)

Incident Name:	
CERT Area:	CERT Section or Unit:
Planned Release Date:	Time:

Resources:

Radios	Logistics Section Chief Initials:
Equipment	Logistics Section Chief Initials:
Supplies	Logistics Section Chief Initials:
Remarks:	

Operational Work Area:

Clean and all trash removed
If a facility is used, room returned to original condition
Remarks:

Reports (Radio, Operational, and CERT/Convergent Volunteer Injury Reports):

Arranged chronologically by item
Transferred to Planning Section Chief
Remarks:

Personnel:

Names of those to be released:
Names of those remaining to assist:
<b>All released personnel must sign out with the Operations Section</b>
Remarks:

Additional Remarks:


Prepared by:	Approved by Planning Section Chief:
Date & Time:	Date & Time:

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## **6. CERT Area Administration Section**

The CERT Area Administration Section Chief is responsible for all of the financial and cost analysis aspects of an incident. These include contract negotiation, recording personnel and equipment time, documenting and processing claims for accidents and injuries occurring at the incident, keeping a running tally of the costs associated with the incident.

Since Pleasant Hill CERT does not have funds to draw from, this section will not be activated and staffed. The above referenced activities will most likely be performed at the City of Pleasant Hill level.

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# 7. Forms Reference

## 7.1 Forms by Chapter (ICS Function)

Form Name	Form Number	Used By
<b>Incident Command</b>		
Incident Briefing	ICS 201 - PH	Incident Commander or Planning Section Chief
General Message	ICS 213 - PH	Ham Radio Operator
Communications Log	ICS 309 - PH	Ham Radio Operator
Incident Radio Communications Plan	ICS 205	Incident Commander
EOC Update Report	PH EOCUPDATE	Incident Commander
Injury Report	PH INJURY	Incident Commander and/or Section Chiefs
Incident Objectives	ICS 202 - PH	Incident Commander
Organization Assignment List	ICS 203 - PH	Incident Commander
Assignment List	ICS 204	Incident Commander
Communications List	ICS 205A	Incident Commander
Medical Plan	ICS 206	Incident Commander
Incident Organization Chart	ICS 207 - PH	Incident Commander
Resource Status Change	ICS 210	Incident Commander
Demobilization Check-Out	ICS 221 - PH	Incident Commander and Section Chiefs
<b>Operations Section</b>		
General Message	ICS 213 - PH	FRS Message Center FRS Radio Operator
Communications Log	ICS 309 - PH	Message Center FRS Radio Operator
Damage Assessment: Summary Level	CERT FORM #1a - PH	Search and Rescue Teams
Damage Assessment: Detail Level	CERT FORM #1 - PH	Search and Rescue Teams
Search and Rescue Team Assessment Report	PH SARASSESS	Search and Rescue Teams
Personnel Resources Check-In	CERT FORM #2 - PH	Staging Leader or Assignee
Convergent Volunteer Intake	PH CNVRGNT	Staging Leader or Assignee
Disaster Service Worker Volunteer Registration	Cal OES DSW Registration Rev. 8.2016	Staging Leader or Assignee

<b>Form Name</b>	<b>Form Number</b>	<b>Used By</b>
Assignment Tracking Log	CERT FORM #3 - PH	Operations Section Chief or Search and Rescue Group Leader
Team Task Assignment (2 pages)	CERT FORM #4 - PH	Operations Section Chief and/or Planning Section Chief
Transport Dispatch Log	PH DISPATCH	Operations Section Chief and/or Medical Transport Group Leader
Medical Transport Order	PH MEDTRANS	Medical Transport Teams
<b>Medical Area</b>		
Medical Transport Order	PH MEDTRANS	Medical Transport Teams
Medical Area Intake Log	PH MEDINTAKE	Medical Intake Scribe
Medical Area Patient Log (Red, Yellow, Green, Morgue)	PH MEDAREA	Medical Area Team Leader
Patient Log	PH MEDPATIENT	Medical Area Team Members
Medical Area Team Roster	PH MEDTEAM	Medical Group Leader
<b>Logistics Section</b>		
Equipment Inventory	CERT FORM #7 – PH (Based on ICS 303)	Logistics Section Chief or Resource Unit Leader
<b>Planning Section</b>		
Incident Objectives	ICS 202 - PH	Planning Section Chief
Organization Assignment List	ICS 203 - PH	Planning Section Chief
Assignment List	ICS 204	Planning Section Chief
Incident Radio Communications Plan	ICS 205	Planning Section Chief
Communications List	ICS 205A	Planning Section Chief
Medical Plan	ICS 206	Planning Section Chief
Incident Organization Chart	ICS 207 - PH	Planning Section Chief
Resource Status Change	ICS 210	Planning Section Chief
Demobilization Check-Out	ICS 221 - PH	Incident Commander and Section Chiefs
<b>Administration Section</b>	No Forms	Positions Not Filled

## 7.2 Numbering Conventions

- CERT forms with Pleasant Hill modifications: CERT FORM #n – PH
- ICS forms with Pleasant Hill modifications: ICS nnn – PH
- California Office of Emergency Services form: Cal OES form number
- Forms (other than medical) specifically developed by and for Pleasant Hill CERT: PH <form abbreviation>
- Medical Forms specifically developed by and for Pleasant Hill CERT: PH <form abbreviation>, where the first three characters of the form abbreviation are "MED"

## **7.3 Acknowledgements**

The forms included in this manual were derived from various sources. Some forms were modified/adapted by Pleasant Hill, CA CERT (see Numbering Conventions above).

Pleasant Hill CERT acknowledges, credits, and thanks the sources listed below.

### **7.3.1 Martinez, CA CERT Web Site**

- CERT FORM #1
- CERT FORM #1a
- CERT FORM #2
- CERT FORM #3
- CERT FORM #4a, b
- ICS 309 (CERT FORM #6)
- CERT FORM #7 (based on ICS 303)
- ICS 213 (CERT FORM #8)

### **7.3.2 Federal Emergency Management Agency (FEMA) Emergency Management Institute Web Site**

- ICS 201
- ICS 202
- ICS 203
- ICS 204
- ICS 205
- ICS 205A
- ICS 206
- ICS 207
- ICS 210
- ICS 221

### **7.3.3 California Office of Emergency Services (Cal EOS) Web Site**

Cal OES DSW Registration Rev. 8.2016

### **7.3.4 Pleasant Hill, CA CERT-trained Volunteers**

- PH EOC
- PH INJURY
- PH SARASSESS
- PH CNVRGNT
- PH DISPATCH
- PH MEDTRANS
- PH MEDINTAKE
- PH MEDAREA – (RED, YELLOW, GREEN, MORGUE)
- PH MEDPATIENT
- PH MEDTEAM

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## **8. Hard Copy Distribution List**

- Pleasant Hill City Manager
- Pleasant Hill Mayor
- Pleasant Hill City Council Members (4)
- Pleasant Hill Chief of Police
- Pleasant Hill Police Captain
- Pleasant Hill Police Lieutenants (2)
- Pleasant Hill CERT Program Manager
- Pleasant Hill CERT Vice Chairperson
- Pleasant Hill CERT Area Coordinators (8)
- Pleasant Hill CERT Area Caches (20)

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