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## **BASIC TEMPLATE for an ALASKA SMALL COMMUNITY EMERGENCY OPERATIONS PLAN**

City of \_\_\_\_\_  
Native Village of \_\_\_\_\_

\_\_\_\_\_ Village Corporation  
\_\_\_\_\_ Community Association

Copy Number \_\_\_ of \_\_\_ Copies

*NOTE: Aleknagik was first to assist in pilot-testing the development of this template and their community is honored in the photographs above. You may use your own or you may visit [http://www.commerce.state.ak.us/dca/photos/comm\\_list.cfm](http://www.commerce.state.ak.us/dca/photos/comm_list.cfm) to find pictures of your community. Familiarize yourself and comply with DCC&ED's usage policies and licensing agreements, then copy and paste them in place giving appropriate credit.*

Template Last Revised: June 3, 2008

*NOTE: You will find [bracketed] and italicized text throughout this document. Italicized text explains how to develop a community-specific plan and is meant to be removed when the plan is complete. Brackets contain wording choices each separated by a slash(/). Select the wording applicable to your community and then delete the brackets, slashes and remaining words/letters. Do not confuse [brackets] with (parentheses). Parenthesized text is meant to remain in the finished plan unless it is within brackets and/or italics.*

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NOTE: The electronic version of this document is in MS Word. Hyperlinks are imbedded throughout the document. They are identified by underlined, colored text. Placing your cursor over any hyperlink and pressing "Ctrl + click" enables you to easily move about in the document. Or, in the case of e-mail addresses referenced in the document, you can open a pre-addressed MS Outlook message form. In the case of URLs, you can move to a web site or Adobe Acrobat document to obtain additional reference information that may assist in plan development or understanding. Some difficulty may be experienced in rural Alaska communities when navigating outside of the electronic version of this document due to variances in internet connection speeds and the reliability of the connection itself.

*Please mention the template revision date on the front cover when you contact DHS&EM, 1-800-478-2337 or (907) 428-700, or ANTHC (907) 729-4493/3653, for assistance in developing this template into a community emergency operations plan (EOP); or for assistance in developing and conducting exercises to maintain your EOP.*

*NOTE: The ways in which communities govern themselves (see <http://www.commerce.state.ak.us/dca/LOGON/muni/muni-govertoverview.htm>) differ widely throughout Alaska. Some communities incorporate as municipalities. Native communities may instead choose to be governed by either an IRA or traditional council. Yet others may be governed by a community non-profit corporation or association. Most native communities also have a village corporation. Each of these organizations usually owns assets needed in an emergency response. They should agree to work in unison to prevent, prepare for, respond to and recover from emergencies and disasters. This template presumes that to be the case. The community's principal executive officer(s) should sign and date a proclamation similar to the one below. The proclamation serves as a standing order to be implemented by the executive branch of the community's governing organization in an emergency incident.*

## Proclamation

This plan describes how the people of [Community Name], Alaska will manage emergencies. It identifies preparedness steps, addresses prevention, focuses on response and touches on recovery. It is a multi-hazard, multi-risk plan that can be used in any emergency incident.

This plan is intended to meet emergency planning requirements of all entities having jurisdiction over such matters. It is further intended to be used as an emergency management reference and training aid for [Community Name]'s government, corporate and business leaders, emergency managers and responders to ensure their efficiency, effectiveness and timeliness.

This plan will be used whenever an incident threatens human health, property or the environment in or near [Community Name], Alaska. It is considered a living document and shall be continuously updated by the [position title and organization] to reflect lessons learned during exercises and actual incidents.

This plan identifies the [Community Name] [Incident Management Team](#) (IMT) that will manage disaster emergency relief forces and operations. It contains a series of checklists that serve as incident action guides. And it identifies who is responsible for each checklist task and where they fit within the [Community Name] IMT.

[Community Name] leaders and officials present in the community when an incident occurs or threatens will use this plan to act on behalf of the community. They will meet as often as needed but not less than daily until no threat remains. Their actions shall be guided primarily by common sense. The checklists and appendices in this plan are intended to supplement that common sense, provide starting points and reminders, reduce the time required to initiate a response and eliminate the need for any further written incident action plan, unless and until [Borough Name/Alaska State Interagency] Incident Management Team assets are ordered and arrive.

Upon a disaster declaration, the [Community Name] Incident Management Team is authorized to commit the resources necessary to implement this plan pursuant to [Community Name & code/resolution reference]. A copy of that [code/resolution] is reprinted on the next page.

[I/We officials], having been duly elected or appointed to [my/our] office[s], hereby adopt this plan. It shall remain in effect without regard to any subsequent change of incumbent[s] in [this/these] office[s], until it is revised or rescinded pursuant to [Community Name & code/resolution reference].

---

[Name & Title]

---

Date

---

[Name & Title]

---

Date

---

[Name & Title]

---

Date

*Incorporated city councils should pass an ordinance similar to that below.*

## **ORDINANCE ESTABLISHING THE [Municipal Government Name] DEPARTMENT OF EMERGENCY MANAGEMENT**

Ordinance No \_\_\_\_\_

AN ORDINANCE amending Title \* of the Code of Ordinances of the City of [Community Name], by adding Chapter \*, Department of Emergency Management.

BE IT ENACTED BY THE [Community Name] CITY COUNCIL AS FOLLOWS:

Sections:

1. Classification.
2. Amendments.
3. Effective Date.

Section 1. Classification. This ordinance is of a general and permanent nature.

Section 2. Amendments. Title \* of the Code of Ordinances of the City of [Community Name] is amended by adding Chapter \* as follows:

Chapter \*  
Department of Emergency Management

Sections:

010. Department established.
020. Purpose.
030. Emergency response plan.
040. No governmental or private liability.

\*\* 010. Department established. There is established a Department of Emergency Management. Executive and administrative duties are vested in the office of the Mayor, who may appoint such other personnel as shall be found necessary to properly and safely accomplish the purpose of the department of emergency management.

\*\* 020. Purpose. It is the desire of the City to protect and preserve the lives, health, safety, and well-being of the people living in or visiting the city. To this end, the department of emergency management shall be responsible for implementing the approved emergency operations plan, and shall be the liaison agency with the [Borough Name Emergency Management Office and the] Alaska Division of Homeland Security and Emergency Management.

\*\* 030. Emergency response plan. There shall be an emergency response plan developed jointly with the [Borough Name Emergency Management Office and the] Alaska Division of Homeland Security and Emergency Management, which shall be adopted by ordinance and may be amended by resolution with notification to the [Borough Name Emergency Management Office and the] Alaska Division of Homeland Security and Emergency Management.

\*\* 040. No governmental or private liability. (a) No emergency management agency or authorized emergency response personnel while in proper performance of his/her required duties shall be held liable for any damage sustained to persons or property as a result of emergency response activity except and unless as provided under applicable law.

(b) No person owning or controlling real property, who allows the use of that property for emergency response activities shall be held liable for death or injury resulting from that use, except and unless as provided under applicable law.

Section 3. Effective Date. This ordinance takes effect upon passage by the [Community Name] City Council.

DATE INTRODUCED \_\_\_\_\_

FIRST READING \_\_\_\_\_

PUBLIC HEARING \_\_\_\_\_

PASSED and APPROVED by the [Community Name] CITY COUNCIL this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

ATTEST:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

*Unincorporated village councils (or non-profit community corporations) should adopt a resolution similar to that below.*

**RESOLUTION ESTABLISHING THE  
[Tribal Government or Non-profit Community Association Name]  
OFFICE OF EMERGENCY MANAGEMENT**

Resolution No. \_\_\_\_

A RESOLUTION OF THE [Tribal Government or Corporation Name] COUNCIL ESTABLISHING AN EMERGENCY MANAGEMENT DEPARTMENT REPORTING TO [EXECUTIVE POSITION UNDER WHICH THE DEPARTMENT IS TO BE ESTABLISHED]

WHEREAS, the [Community Name] is faced with the certainty of future emergencies and disasters;  
and

WHEREAS, the [Tribal Government or Corporation Name] Council has a responsibility to prepare [Community Name] to respond to these incidents with timeliness and efficiency;

NOW THEREFORE BE IT RESOLVED THAT the [Tribal Government or Corporation Name] Council does establish a Department of Emergency Management within the office of the [executive position under which the department is to be established], which office shall be responsible for the executive and administrative duties and may appoint such other personnel as shall be found necessary to properly and safely accomplish the purpose of the department;  
and

FURTHER BE IT RESOLVED THAT the Department of Emergency Management shall be responsible for implementing the approved emergency operations plan, and shall be the liaison agency with the [Borough Office of Emergency Management and the] Alaska Division of Homeland Security and Emergency Management; and

FURTHER BE IT RESOLVED THAT there shall be an emergency operations plan developed jointly with the [Borough Office of Emergency Management and the] Alaska Division of Homeland Security and Emergency Management, which shall be adopted and when need be later amended by resolution with notification to the [Borough Office of Emergency Management and the] Alaska Division of Homeland Security and Emergency Management; and

FURTHER BE IT RESOLVED THAT (a) no emergency management agency or authorized emergency response personnel while in proper performance of his/her required duties shall be held liable for any damage sustained to persons or property as a result of emergency response activity except and unless as provided under applicable law,  
and

(b) no person owning or controlling real property, who allows the use of that property for emergency response activities shall be held liable for death or injury resulting from that use, except and unless as provided under applicable law.

PASSED AND APPROVED on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ by a duly constituted quorum of the [Tribal Government or Corporation Name] Council]

*Resolutions should be signed by the principal executive officer(s) and attested to by the clerk(s)/secretary(ies) of the resolving organization(s).*

*A tribal council and/or village corporation wishing to support a city in the development of an emergency operations plan may want to consider passing a resolution similar to that below.*

## **JOINT RESOLUTION # \_\_\_\_**

A JOINT RESOLUTION OF THE [Tribal Government Name] AND THE BOARD OF DIRECTORS OF THE [Village Corporation] APPROVING THE [Municipality Name] EMERGENCY OPERATIONS PLAN

WHEREAS, the [Village Corporation], [Tribal Government Name] and City of [Community Name] executed a Memorandum of Understanding on [Date] to recognize areas of mutual concern and support, and to establish a framework for cooperative relations and communication for the benefit of the community of [Community Name] as a whole and it is the desire of the three entities to cooperate concerning legal and political matters inherent in a private corporation to government to government relationship; and

WHEREAS, the City of [Community Name] has a 7-member council, the [[Tribal Government Name] has \_ members and the [Village Corporation] has a \_-member board of elected officials empowered to act for and on behalf of their members in adopting resolutions;

NOW THEREFORE BE IT RESOLVED THAT this resolution shall give notice that all three entities approve and support the [Community Name] Emergency Operations Plan (EOP) for the residents of [Community Name].

BE IT FURTHER RESOLVED THAT the [Village Corporation], [[Tribal Government Name] and City of [Community Name] hereby adopt the [Community Name] EOP and vow that in the event of a disaster emergency, they will work together and with others in the community, region, state and nation for the welfare of the residents of [Community Name], following the EOP guidelines and procedures; and

BE IT FURTHER RESOLVED THAT the [Village Corporation], [Tribal Government Name] and City of [Community Name] hereby recognize the need to inform community residents at open meetings concerning the actions, procedures and individual responsibilities required by the EOP and commit to an annual review meeting with community residents to update the EOP; and

BE IT FURTHER RESOLVED THAT by the Mayor's, Manager's and Presidents' signatures, this resolution was duly considered and adopted at the [meeting description] and was passed by a majority vote.

PASSED AND APPROVED on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ by duly constituted quorums of the [Village Corporation] Board, [Tribal Government Name] and [Community Name] City Council.

*Joint resolutions should be signed by the principal executive officers and attested to by the clerks/secretaries of the resolving organizations.*

### Plan Distribution List

Control Number	Plan Holder
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## **EMERGENCY MANAGEMENT POLICIES**

This plan is based upon the following emergency management policies:

- Safeguard life and property by making maximum use of all available resources (public and private).
- Minimize the effects of disaster emergencies through timely response.
- Before a disaster emergency occurs, encourage all citizens to be self-sufficient for up to 7 days.
- Encourage community residents to purchase insurance which covers known threats such as fire, flood or earthquake.

### **Emergency Response Priorities**

The [Community Name] observes the following response priorities:

- Protection of human life.
- Protection of public health.
- Protection of environmental/subsistence resources.
- Protection of socio-economic and cultural resources.
- Protection of public and private property.

### **Purpose of this Plan**

The [Community Name] Emergency Operations Plan serves the following purposes:

- Guides local response in any situation in which normal standing operating procedures are not sufficient to handle an emergency incident.
- Provides policy guidance and operational directives to coordinate and support response activities.
- Guides local responders in alert and warning of [Community Name] citizens and notification of outside agencies.
- Promotes local preparedness and response while waiting for outside aid to arrive.
- Promotes self-sufficiency and encourages personal and family preparedness to include purchase of appropriate insurance for known threats.
- Provides local information and guidance about the community to supplement regional response efforts.
- Identifies an [Community Name] [Incident Management Team](#) (IMT) consisting of representatives from the [city government/tribal government/tribal corporation/community association/volunteers].

## Phases of Disaster Emergency Management

Disaster emergency management is divided into four phases: mitigation, preparedness, response, and recovery. Each phase includes specific tasks but the process is dynamic and interconnected. That is, there is often no distinguishable line between each phase. This plan addresses all four phases of disaster emergency management, with a focus on response.

### 1. *Mitigation:*

- Includes actions taken to eliminate a hazard or to reduce the potential for damage should a disaster emergency occur.
- Mitigation actions include elevating buildings in a flood plain, increasing the size of drainage culverts, implementing a "Fire Wise" program to reduce fire hazards, special identifications and routing requirements for the movement of hazardous materials and land use requirements.

### 2. *Preparedness:*

- Includes actions taken to plan, train and equip citizens to respond to emergencies.
- Preparation includes developing and revising emergency response plans and standing operating procedures, training on them, exercising them and purchasing and making available equipment and supplies needed to respond to a disaster emergency.

### 3. *Response:*

- Includes actions taken to save lives and protect property during a disaster emergency.
- Response may include search and rescue, fire suppression, evacuation and emergency feeding and sheltering. It may also include behind-the-scenes activities such as activating disaster plans and opening and staffing an Emergency Operations Center.

### 4. *Recovery:*

- Includes those processes required to return the jurisdiction to normal following an emergency.
- Recovery could include reconstruction of roads and public facilities, securing financial aid for disaster victims, offering community counseling and psychological support services and reviewing and critiquing response activities.

Go to <http://training.fema.gov/EMIWeb/IS/crslist.asp> for a list of the Federal Emergency Management Agency's Independent Study Courses to learn more about managing emergencies.

## [Community Name] Hazards Analysis

*The first disaster emergency preparedness step is to understand the threats facing the community. Common hazards are identified below. You may add others and delete those that don't apply. Then use the guide on the following page to quantify the relative risk posed by each. Enter a "1," "2" or "3" in each box opposite each hazard below depending on whether the severity is low, medium or high for each risk factor. Total the scores to determine "Overall Risk." Reorganize the table in priority order from highest to lowest Overall Risk.*

The following table identifies the hazards with which [Community Name] is threatened. They were prioritized by degree of risk as shown on the next page, to enable decisions on what to prepare for first. Our threat of greatest concern is the one [with the worst possible outcome/we face most often]. We will base our exercises of this plan on scenarios that focus on that threat until we are confident in our ability to face it. We will then move on to focus on the next threat of concern.

Hazard	History	Vulnerability	Max Threat	Overall Risk
Avalanche				
Coastal Storm				
Drought				
Earthquake				
Electric Power Interruption				
Fire				
Flood				
Fuel Shortage				
Infectious Disease				
Oil/Hazmat Release				
Terrorism/WMD				
Thin Ice				
Transportation Accident				
Tsunami				
Volcanic Ashfall				
Weather Extreme				

## Hazard Risk Factors

**History:** The number of occurrences of each hazard in the past 100 years.

Severity Rating	Criteria
Low	0-1 event per 100 years
Moderate	2-3 events per 100 years
High	4 + events per 100 years

**Vulnerability:** The usual percentage of population and amount/value of property that is at risk from each hazard.

Severity Rating	Criteria
Low	<1 % affected
Moderate	1-10 % affected
High	>10 % affected

**Maximum Threat:** The maximum percentage of population and property that could be impacted under a worst case scenario.

Severity Rating	Criteria
Low	<5 % affected
Moderate	5-25 % affected
High	>25 % affected

## VULNERABILITY REDUCTION

We intend to accomplish as many of the following actions as we can before a disaster emergency occurs or the threat of a disaster emergency arises. We will focus on our known hazards. We will inform [Community Name]'s citizens as soon as an action is accomplished and this plan will be revised accordingly.

1. We will organize for a disaster response per p. 19 of this plan. We will then designate the Incident Management Team (IMT) member most knowledgeable about the Incident Command System (ICS) to be our principal NIMS Coordinator and direct that he/she:
  - a. Contact the State of Alaska National Incident Management System (NIMS) Coordinator at the Division of Homeland Security & Emergency Management, 1-800-478-2337 or (907) 428-7000.
  - b. Identify yourself as [Community Name]'s NIMS Coordinator.
  - c. Ask for help as needed to act and report on NIMS implementation activities according to current compliance guides found on the NIMS Integration Center website at [http://www.fema.gov/emergency/nims/nims\\_compliance.shtm](http://www.fema.gov/emergency/nims/nims_compliance.shtm).
  - d. Go to <http://training.fema.gov/EMIWeb/IS/crslist.asp> for a list of the Federal Emergency Management Agency's Independent Study Courses. Scroll down to the IS-700-Series courses and complete them to learn more about the National Incident Management System.

When: As soon as possible.

Who:

Office & Home Phone:

2. Compile a list of all hobby amateur radio operators in the area with their call signs. Incorporate them into exercises of this plan in the event normal communications systems may not be operational. Consult <http://www.qrz.com/i/name-search.html> to obtain lists from other communities in the region. Additional assistance may be available by contacting <http://ares.k17kc.com/>.

When: As soon as possible.

Who:

Office & Home Phone:

3. Coordinate with the American Red Cross of Alaska, Community and Workplace Preparedness ([prepare@alaska.redcross.org](mailto:prepare@alaska.redcross.org)) or Anchorage Office (phone (907) 646-5400, toll free 888-345-HERO, fax (907) 276-1465, e-mail [anchorage@alaska.redcross.org](mailto:anchorage@alaska.redcross.org)). Identify and select facilities safe and suitable for the sheltering of evacuees and for the storage of evacuated equipment and emergency supplies. Consider acquiring a secondary potable water source for all possible shelters.

When: As soon as possible.

Who:

Office & Home Phone:

4. Determine if a child care facility will be needed to enable essential emergency workers to do their jobs. If so, identify and select a safe and suitable facility. Determine how many hours per day the facility must be operated. Determine how the facility will be staffed. Establish procedures to:
  - a. continue to care for children 24 hours/day if parents are unable to pick them up;
  - b. establish sanitation and hygiene standards required for child care facilities;
  - c. train staff to respond to the physical and emotional needs of children after a disaster;
  - d. stock sufficient food and other supplies to meet the needs of facility staff and the maximum number of children expected for up to 7 days; and,
  - e. coordinate with parents to provide a 7-day supply of the medicines each child will need if 24-hour/day care is required.

Consider acquiring a secondary potable water source for the facility. Consult <http://nccic.org/emergency/> for additional information.

When: As soon as possible.

Who: Office & Home Phone:

5. Encourage citizens to have tents, sleeping bags, other bedding, stoves, medicine, food, stored water, fuel for heating, and emergency lighting ready to move to a safe area in the event any threat may affect their homes. If community buildings have been selected as shelters, these items could be pre-positioned once warnings have been issued.

When: As soon as possible.

Who: Office & Home Phone:

6. Inventory available stocks and identify sources of equipment and supplies common to the needs of disaster workers. Include special clothing, hard hats, rubber boots, flotation gear, flashlights and batteries, flares, maintenance tools, rescue tools, fresh water and rations. Obtain funding and order any shortfall needed to execute this plan.

When: As soon as possible.

Who: Office & Home Phone:

7. Evaluate the vulnerability of essential public facilities and utility systems. Protect them as much as possible. Obtain back-up electric generators as needed. Include fuel tanks sufficiently sized to operate them for at least 7 days. Keep these tanks full.

When: As soon as possible.

Who: Office & Home Phone:

8. Make sure all fuel tank vents are above flood level and anchor bulk, public facility and residential fuel tanks to prevent them from dislodging. [You may need to list several responsible parties.]

When: Do it once as a permanent low cost prevention measure.

Who: Office & Home Phone:

9. Consider purchasing a portable satellite telephone to be maintained at [location] and positioned in the [Community Name] Emergency Operations Center whenever that facility is activated.

When: As soon as possible.

Who: Office & Home Phone:

10. Threat-proof public buildings at risk. Implement "[Firewise Alaska](#)" (hyperlink is to a 1.39 MB Adobe document) defensible space techniques as needed. [Survey community and list all at-risk public buildings, the job position of the logical person to threat-proof each and phone numbers.]

When: As soon as possible.

Who:

- o At-risk bldg. [i.e. Clinic] Position/office & home phone

- o At-risk bldg. [i.e. City Hall]      Position/office & home phone
- o At-risk bldg. [i.e. School]      Position/office & home phone

11. Mandate the use of threat-proof building techniques in new construction, i.e., use fire-proof & wind-proof roofing, build structures above known sea storm surge, tsunami, ice jam or runoff flood levels, use metal framing reinforcements, require “Firewise” defensible space techniques, etc.

When: As soon as the [Council[s]/Corporation/Association] can pass a resolution

Who: [drafts the act?]      Office & Home Phone:

12. Coordinate with the Alaska Department of Commerce, Community and Economic Development, [Floodplain Management](#) Program, Taunnie Boothby, phone (907) 269-4583. Determine if [Community Name] can and should become a National Flood Insurance eligible community. If so, take action.

When: As soon as possible.

Who:      Office & Home Phone:

13. Encourage people to buy appropriate hazard insurance (flood, fire and earthquake).

When: All year long

Who:      Office & Home Phone:

14. Buy appropriate hazard insurance for community-owned buildings.

When: Now.

Who:      Office & Home Phone:

**NOTE:** Flood insurance policies do not take effect until thirty days after the date of purchase.

15. Take steps to identify and protect vital records as indicated below.

When: As soon as possible.

Who: As identified on p. [38](#).

### **Identifying Vital Records**

Vital records are those needed to continue a community's essential operations, protect its legal and financial interests, and assist in its recovery from an incident. The following is not an all inclusive list:

Accounts Payable/Receivable	Minutes, Ordinances, Resolutions
Bank Account Information	Payroll/Pension Fund Records
Bonds and Coupons	Personnel Files
Budgets	Police Identification/Fingerprint Files
Building Plans and Blueprints	Property Tax Assessment Records
Capital Asset Records	Student Records
Charters	Succession List of Government Officials
Emergency Plans	Transportation Schedules/Routes
Computer Equipment/Software Documentation	Treasurer's Reports
Contracts, Leases, Agreements	Utility Construction Plans
Court Calendars and Docket Books	Vital Records List
Deeds	Vital Statistics (births, marriages, divorces, deaths)
Equipment/Supplies Inventories	Wills
General Ledgers	Zoning Records
Insurance Policies	Minutes, Ordinances, Resolutions
Medical Records	Payroll/Pension Fund Records

### **Protecting Vital Records**

The best method of protecting vital records is through duplication and dispersal. The record's storage medium will dictate how it should be duplicated.

Paper records may be photocopied or microfilmed on silver-halide film. (This is the only film type acceptable for preservation under ANSI/AIIM standards.)

Machine-readable, electronic records should be copied onto a back-up medium such as CD, DVD, magnetic tape or computer-output microfilm (COM).

Copies of vital records may be held in a vault or safe inside the agency; however, if the vault or safe is not "disaster proof," copies and originals will both be lost if the entire facility is destroyed.

Off-site storage is usually a better method of dispersal. It involves keeping copies of vital records at a location outside the agency's primary facility, providing security in case the originals are destroyed.

Various commercial vendors around the state also store microfilm, magnetic tapes or disks, and paper records.

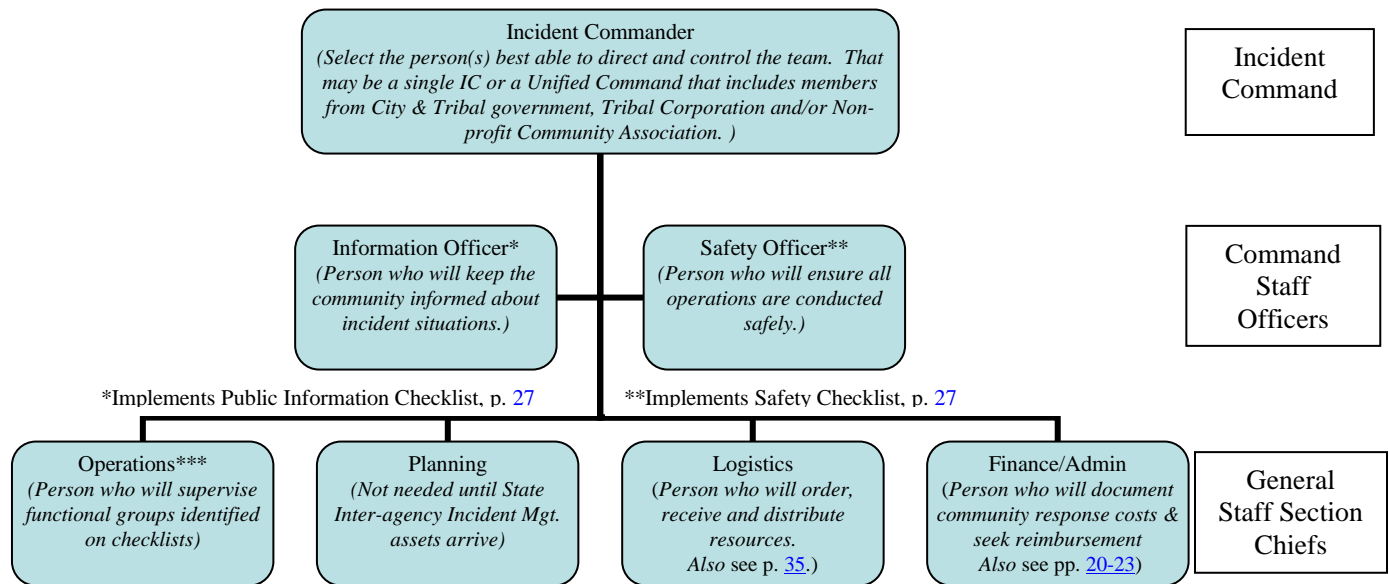
Whatever place is chosen, the off-site facility should offer economical, high-volume storage and quick records retrieval in the event of an emergency.

## DIRECTING AND CONTROLLING A RESPONSE

The [Community Name] will initially use the Incident Management Team (IMT) structure identified below to direct and control a disaster emergency response. The [Community Name] IMT will be led by an Incident Commander (IC) as indicated in the top box. The IC is responsible for all the command and general staff functions shown until people are assigned to those functional positions. Thus, one of the IC's first actions should be the assignment of the best-qualified, available person to fill each position.

The checklists in this plan are meant to eliminate the need for an Incident Action Plan. If they don't address everything that needs to be done, a Planning Chief may be ordered. The IC may also order other individuals to augment the IMT, especially if incident management is likely to be needed beyond one week. Augmentees will be integrated into and work with the [Community Name] IMT. To order IMT augmentation, simply identify the positions needed as a "Priority Need" on the next Incident Status [Summary](#) submitted to the [Borough Emergency Management Office/Alaska Division of Homeland Security and Emergency Management] (see Incident Actions, p. [25](#)).

### [Community Name] Incident Management Team (IMT)



\*\*\*Each checklist on pp. [28-40](#) in this plan identifies an infrastructure protection functional group. The Operations Section Chief will designate one of those tasked on each checklist to be the Group Supervisor for that functional group. Group Supervisors report to the Operations Section Chief. To ensure a manageable span of control, the Operations Section Chief may designate Branch Directors if more than seven of the checklists are used. One of the Group Supervisors on the checklists on pp. [28-35](#) may be tasked with additional duty as the Facilities Branch Director. And one of the Group Supervisors on the checklists pp. [36-40](#) may be tasked with additional duty as the Utilities Branch Director. In this case, Group Supervisors report to Branch Directors who report to the Operations Section Chief.

Go to <http://training.fema.gov/EMIWeb/IS/is700.asp> to learn more about directing and controlling an incident response.

## DAMAGE ASSESSMENT

Damage assessment is conducted in three phases: Initial Damage Assessment, Preliminary Damage Assessment, and Project Worksheet Development.

The Preliminary Damage Assessment and Project Worksheet Development processes are in-depth analyses of the long term affects and costs of a state or federal disaster. They occur subsequent to a state (and if appropriate, federal) disaster declaration and are accomplished with the combined efforts of community, state and federal agencies.

Discussion here focuses on Initial Damage Assessment because this part of the process is the sole responsibility of [Community Name] community officials. Initial Damage Assessment is used to provide the dollar estimate of our commitment to the disaster entered in a declaration requesting outside assistance (see p. [23](#)), and in [Community Name] Incident Status Summaries ([ICS-209](#)). It shall begin as soon as safely possible.

**The Finance/Admin Chief shall begin recording expenditures as soon as practicable after an incident begins.**

We will first document separately, our expenses while human life and safety is at risk. We will then analyze each damaged residence and public structure for integrity, safety and functional capability and estimate the cost to repair or replace it. The business management forms attached to Tab B, pp. [49-56](#) will be used as needed, one set for each “project” or repair item. Electronic copies may be obtained by calling ANTHC’s Emergency Management Department (907) 729-3653/4493. A separate accounting code will be assigned to each public assistance project or item. All damage will be photographed. The Alaska Division of Homeland Security and Emergency Management can augment our initial damage assessment capability with evaluators qualified to assess the structural integrity of buildings from a life-safety perspective. We will identify this [critical need](#) on the next Incident Status Summary (ICS 209) when appropriate. We will use the following priorities to conduct our Initial Damage Assessments.

### Priority 1 – Determine Emergency Response Costs

1. Fire, Police, EMS, Public Works & any other first response costs
2. Debris clearance

### Priority 2 – Determine Costs to Restore Public Services

1. Public buildings, vehicles and equipment
2. Clinics, schools and shelters
3. Water, electricity, bulk fuel and communications systems
4. Roads, airstrips, harbors and docks

### Priority 3 – Determine Individual & Family Property Restoration Costs

1. Residences, household goods and outbuildings
2. Vehicles and equipment

# DISASTER ASSISTANCE

## Introduction

Prompt and thorough reporting of disaster conditions will enhance receiving assistance. This section outlines reporting processes and contains sample disaster emergency declarations. These declaration templates will be used if the [Community Name] needs to declare a local disaster emergency to expedite procurement of community or regional response resources, or to request disaster assistance from the [Borough Name/State of Alaska].

## Reporting

Accurate situation information is important to decision making by the [Community Name] Incident Management Team (IMT).

- An Incident Status Summary (ICS-209) (pp. [45-46](#)) will be completed as soon as possible after an incident occurs. It will be updated at least every 24 hours thereafter.
- The Incident Status Summary (ICS-209) will be prepared and distributed by the fastest means possible to the [Borough Name Emergency Management Office: phone \_\_\_\_; fax \_\_\_\_; e-mail \_\_\_\_./Alaska Division of Homeland Security and Emergency Management (DHS&EM), phones 1-800-478-2337 or (907) 428-7000; fax (907) 428-7095; or e-mail [secc@ak-prepared.com](mailto:secc@ak-prepared.com)].
- The [Community Name] IMT may also decide to select and distribute information from the Incident Status Summary (ICS-209) to the media, the public, assisting agencies, adjacent jurisdictions, and volunteer organizations.

## Declaring a Local Disaster Emergency

- The [community name & title of principal executive officer] has the legal authority to declare a local disaster emergency pursuant to the [Alaska Disaster Act \(Alaska Statute 26.23.\)](#), Section 140, [community name and code or resolution reference], and this plan.
- If the [title of principal executive officer] is unable to act due to absence or incapacity, one of the following successors listed in priority order will exercise local disaster emergency declaration authority. [These are suggestions. Develop your own list of successors.]
  - City or Tribal Administrator
  - City Clerk or Tribal Secretary
  - A primary Unified Command Team member
  - A successor to a Unified Command Team member, providing no primary member is available
- The declaration of a local disaster emergency must include a description of the situation and existing conditions, must delineate the geographic boundaries, and must outline what special powers are being activated by the [Community Name], if any.
- The declaration should accompany the next Incident Status Summary (ICS-209) submitted.

## Template for a Declaration to Expedite Community or Regional Resource Acquisition

**Comments**

*A brief description of the incident, and when and where it occurred*

*A statement identifying the political subdivision*

*A statement outlining the disaster or emergency conditions, areas affected, damages*

*A statement that local response timeliness requires freedom from normal fiscal constraints*

*A statement by the appropriate principal executive officer authorized to declare a disaster emergency*

*Signature of principal executive officer authorized by [AS 26.23.140](#) and/or local ordinance/resolution*

*Signature of official witness to the principal executive officer's authority*

**Example**

WHEREAS, commencing on (date), the [Community Name], Alaska sustained severe losses and threats to life and property from (describe the event or situation); and,

WHEREAS, the [Community Name] is a political subdivision within the [Borough Name and the] State of Alaska; and,

WHEREAS, the following conditions exist as a result of the disaster emergency (describe the event and its impacts, damages, etc.); and,

WHEREAS, the severity and magnitude of the emergency requires an immediacy of response that necessitates suspension of the [cite any existing fiscal constraints on purchasing];

THEREFORE, be it resolved pursuant to Alaska Statute 26.23.140 and [local code or resolution reference] that the [title of principal executive officer] of [Community Name] does declare a Disaster Emergency to exist in the [Community Name], Alaska.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

---

[title of principal executive officer] of [Community Name]

ATTEST: \_\_\_\_\_  
[title of clerk or secretary] of [Community Name]

## Template for a Declaration to Request Assistance

<u>Comments</u>	<u>Example</u>
<i>A brief description of the incident, and when and where it occurred</i>	WHEREAS, commencing on (date), [Community Name], Alaska sustained severe losses and threats to life and property from (describe the event or situation); and
<i>A statement identifying the political subdivision</i>	WHEREAS, the [Community Name] is a political subdivision within the [Borough Name and the] State of Alaska; and
<i>A statement outlining the disaster or emergency conditions, areas affected, damages</i>	WHEREAS, the following conditions exist as a result of the disaster emergency (describe the event and its impacts, damages, etc.); and
<i>A statement that local capability has been exceeded</i>	WHEREAS, the severity and magnitude of the emergency is beyond the timely and effective response capabilities and resources of the [Community Name];
<i>A statement by the appropriate principal executive officer authorized to declare a disaster emergency.</i>	THEREFORE, be it resolved pursuant to Alaska Statute 26.23.140 and [local code or resolution reference] that the Mayor of the [Community Name] does declare a Disaster Emergency to exist in the [Community Name], Alaska.
<i>A request that the Borough Mayor/Manager or Governor designate the political subdivision a disaster area and furnish Borough/State assistance</i>	FURTHERMORE, it is requested that the [Borough Mayor/Manager/Governor of the State of Alaska] declare a Disaster Emergency as defined in Alaska Statute 26.23.900 to exist in the [Community Name].
<i>A dollar estimate of local government commitment to the disaster including "in-kind" use of equipment or people</i>	FURTHERMORE, it is requested that the [Borough Mayor/Manager/Governor of the State of Alaska] provide any and all available assistance to the [Community Name] as is needed during its response and recovery from this event.
<i>Signature of principal executive officer authorized by AS 26.23.140 and/or local ordinance/resolution</i>	FURTHERMORE, the undersigned certifies that the [Community Name] has or will as a result of this disaster, expend local resources valued at \$____, for which no [Borough,] State or Federal reimbursement will be requested.
<i>Signature of official witness to the principal executive officer's authority</i>	<p style="text-align: center;">SIGNED this ____ day of _____, 20__</p> <hr style="border: 1px solid black;"/> <p style="text-align: center;">[title of principal executive officer] of [Community Name]</p> <p style="text-align: center;">ATTEST: _____</p> <p style="text-align: center;">[title of clerk or secretary] of [Community Name]</p>

## CONTACT NUMBERS

<u>Agencies</u>	<u>Contact</u>	<u>Office &amp; Home Phone</u>	<u>Fax</u>
Alaska Division of Homeland Security & Emergency Management	State Emergency Coordination Center	428-7000 800-478-2337	428-7009
Alaska River Forecast Center	Hydrologist	266-5160	266-5188
Alaska Dept. of Commerce, Community & Economic Development	Flood Insurance Program	269-4583	269-4539
Alaska Dept. of Environmental Conservation	Disaster Coordinator (primary)	376-1865	376-2382
	Disaster Coordinator (alternate)	269-7683	269-7648
	Oil/HazMat Release Reporting	Anchorage 269-3063 Juneau 465-5340 Fairbanks 451-2121 After Hours 800-478-9300	
Alaska State Troopers	(Local or Regional Office)		
American Red Cross, Anchorage Office	Disaster Services	646-5400 888-345-4376	276-1465
American Red Cross, Fairbanks Office	Disaster Services	456-5937	456-7329
American Red Cross, Juneau Office	Disaster Services	463-5713	463-5717
American Red Cross, Kodiak Office	Disaster Services	486-4040	486-4754
American Red Cross, Kenai Peninsula Office	Disaster Services	283-4556	283-5331
American Red Cross, Wasilla Office	Disaster Services	357-6060	357-6062

*Note: Add pertinent contacts for your community to this list. Include borough contacts if appropriate.*

## INCIDENT ACTIONS

Community leaders or their successors shall implement these actions as soon as an imminent threat to life or property is known to exist or an actual incident occurs without warning.

1. Call an emergency meeting of all available community leaders and officials. At the meeting:
  - Identify all known information about the situation (see pp. [45-46](#), Incident Status Summary (ICS-209)).
  - Decide what needs to be done from the checklists on the following pages.
  - Determine if outside assistance is needed. If so, make an appropriate declaration as described on pp. [21-23](#), Disaster Assistance.
  - Ensure each person pre-designated to accomplish each job on each selected checklist is available. If not, assign someone else.
  - Organize the community for emergency operations (see p. [19](#), Directing and Controlling a Response) and select a suitable facility to serve as the [Community Name] Emergency Operations Center (EOC).
  
2. Once organized, the [Community Name] Incident Management Team (IMT) will direct and control the incident response and/or monitor the threat and the community for problems. The IMT will take the following actions:
  - Make sufficient copies of each selected checklist and if needed, page [41](#), Safe Water, to provide those assigned to accomplish tasks with a copy of their checklist(s) and set them to work on it.
  - Identify "[critical resource needs](#)." That is, state the things we need to do as soon as possible, but can't because we lack the capability. Include the need for people to augment the [Community Name] IMT if the checklists in this plan are insufficient to cover what needs to be done, or incident management will be needed for more than seven days.
  - Assess damages (see p. [20](#), Damage Assessment).
  - Complete an Incident Status Summary (ICS-209). Use the format at Tab A, pp. [45-46](#). Enter as much information as possible. Attach a disaster declaration if one is needed and copies of each selected checklist with personnel assignments. Send the ICS-209 by the fastest means possible to the [Borough Emergency Management Office: phone \_\_\_\_; fax \_\_\_\_; e-mail \_\_\_\_./Alaska Division of Homeland Security and Emergency Management (DHS&EM), phones 1-800-478-2337 or (907) 428-7000; fax (907) 428-7095; or e-mail [secc@ak-prepared.com](mailto:secc@ak-prepared.com)]. Request the [Borough/DHS&EM] immediately acknowledge receipt. **Keep at least one [Community Name] EOC contact phone free at all times to enable the [Borough/DHS&EM] to reach us.**
  - Provide the Incident Commander, command staff and general staff with a copy of the initial Incident Status Summary (ICS-209) and a copy of the checklists with personnel assignments. **These documents form the community's incident action plan (IAP).**
  - Receive and evaluate forecasts and predictions for damage potential. Confirm these reports and get further information and guidance from the [Borough/DHS&EM].
  - Meet as often as needed but not less than daily to plan incident actions:
    - ✓ Identify tasks completed on each assigned checklist.
    - ✓ Reassign idle responders to uncompleted tasks as needed.
    - ✓ Begin Initial Recovery Actions (p. [42](#)) as early as possible.
    - ✓ Update the ICS-209 and retransmit it to the [Borough/DHS&EM].
    - ✓ Provide copies of the current ICS-209 and checklist assignments (the IAP) to the Incident Commander, command staff and general staff.

## PUBLIC INFORMATION CHECKLIST

The [City/Tribal] Administrator [or an equivalent position] or a successor will use this guide to ensure the citizens of [Community Name] know of the threat and recommended protective actions, and that the [Community Name] IMT is equipped with appropriate checklists.

Who: [City/Tribal] Administrator      Office & Home Phone:

When: At the time people are tasked to execute parts of this plan.

1. Attend emergency incident action planning meetings (see p. [25](#) above) to receive information and assignments.
2. Provide people with information on what to do.
  - a. Copy and distribute appropriate checklists, pp. 26-40, to those assigned to accomplish checklist tasks.
  - b. Copy and distribute daily Incident Status Summaries ([ICS-209](#)).
  - c. Copy and distribute p. [41](#), Safe Water as needed.
3. If possible, conduct an inspection of areas prone to impact from the threat and document pre-incident conditions and include photographs.
4. Keep citizens and visitors informed about the incident. Schedule a public/media briefing at the same time and place each day of the incident.
  - a. Ensure the information you release is approved by the Incident Commander.
  - b. Make sure you know the truth and tell it to the public.
  - c. If you can't answer a question, say so and promise to provide the answer at the next public/media briefing.
  - d. Advise all IMT members of the following standing operating procedure: to prevent rumors and misinformation, the IMT Information Officer will be the only voice to the public from the IMT other than the Incident Commander and others needed at public/media briefings to provide technical expertise. Any IMT member who receives a question about the incident should refer the questioner to the Information Officer for an answer.
5. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

Go to <http://training.fema.gov/EMIWeb/IS/is702.asp> to learn more about providing information to the public during a disaster.

## SAFETY CHECKLIST

Responders, who themselves become victims during an incident lessen the ability of the [Community Name] IMT to execute a timely, effective response. Safety of the IMT then, is always the first and foremost objective of the response, with safety of the public next. The Village Public Safety Officer (VPSO) [or an equivalent position] or a successor will use this guide to ensure the [Community Name] IMT conducts its operations as safely as possible, minimizing potential risk to its team members and the public.

Who: VPSO

Office & Home Phone:

When: At the time people are tasked to execute any part of this plan.

1. Attend emergency incident action planning meetings (see p. [25](#) above) to receive information and assignments.
2. Continually survey all IMT members in all work situations. Look for the following human factors that interfere with situational awareness and good decision-making:
  - Low Experience Level
    - ✓ Unfamiliar with the area or the organizational structure
  - Distraction from Primary Duty
    - ✓ Conflict
    - ✓ Previous errors
    - ✓ Collateral duties
  - Fatigue
    - ✓ Carbon Monoxide
    - ✓ Dehydration
    - ✓ Heat stress and poor fitness level can reduce resistance to fatigue
    - ✓ 24-hours awake affects decision-making capability like .10 blood alcohol content
  - Stress Reactions
    - ✓ Communication deteriorates or grows tense
    - ✓ Habitual or repetitive behaviors
    - ✓ Target fixation – locking into a course of action; whether it makes sense or not, just try harder
    - ✓ Action tunneling – focusing on small tasks but ignoring the big picture
    - ✓ Escalation of commitment – accepting increased risk as completion of task gets near
  - Hazardous Attitudes
    - ✓ Invulnerable – that can't happen to us
    - ✓ Anti-authority – disregard of the team effort
    - ✓ Impulsive – do something even if it's wrong
    - ✓ Macho – trying to impress or prove something
    - ✓ Complacent – just another routine response
    - ✓ Resigned – we can't make a difference
    - ✓ Group Think – afraid to speak up or disagree
  - Stop any unsafe act immediately! Report observations and trends from a safety viewpoint at every IMT meeting. Continually preach that safety is paramount.
3. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

Go to <http://training.fema.gov/EMIWeb/IS/is100LE.asp> to learn more about incident management.

## AIRPORT CHECKLIST

1. Monitor the airport during any threatening incident and close it if necessary.

When: The National Weather Service issues a watch or warning.

Who: [City/Tribal] Administrator      Office & Home Phone:

2. Direct that all aircraft be moved to safer ground. (Consider moving aircraft to another airport not affected by the incident.)

When: When the National Weather Service issues a flood watch or another forecasted incident threatens aircraft.

Who: [City/Tribal] Administrator      Office & Home Phone:

3. Coordinate the emergency use of aircraft with owners and operators. Determine reimbursement rates to be used under a declared disaster. Inventory those aircraft whose owners and operators agree to their emergency use. Use Support Vehicle Inventory ([ICS-218](#)) form, p. 48.

When: When the National Weather Service issues a flood watch or another forecasted incident threatens aircraft.

Who: [City/Tribal] Administrator      Office & Home Phone:

4. Report runway conditions on the daily Incident Status Summary (ICS-209) to the [Borough Name/Division of Homeland Security and Emergency Management] (see Incident Actions, p. [25](#)).

When: When any forecasted incident threatens to or does close the airfield.

Who: [City/Tribal] Administrator      Office & Home Phone:

5. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: [City/Tribal] Administrator      Office & Home Phone:

## CLINIC[S] CHECKLIST

1. Represent the medical treatment facility at Incident Action planning meetings (see Incident Actions, p. [25](#)) to help plan the community's response to the threat.

When: When the [Mayor/village Council President] calls for the meeting.

Who: Office & Home Phone:

2. Protect the medical treatment facility against the threat as much as possible.

When: All year long and as soon as possible.

Who: Office & Home Phone:

3. Determine an alternate site to provide medical care if current facility is likely to become damaged beyond use or isolated from its users. Ensure a 7-day supply of fuel for back-up generators (*once obtained*) at both locations.

When: As soon as possible if an alternate site has not been pre-designated.

Who: Office & Home Phone:

4. Inventory pharmaceuticals and medical supplies and equipment needed in the response. Prepare to move these stocks to an alternate site if needed. Order any shortages using normal methods unless they won't arrive in time. In that case, identify these shortages and our normal supplier to the [Community Name] Incident Management Team (IMT) and ensure they are listed as a "Priority Need" on the daily Incident Status Summary (ICS-209) (see Incident Actions, p. [25](#)).

When: As soon as possible.

Who: Office & Home Phone:

5. Protect medical records (see p. [38](#), Records Protection Checklist).

When: Review record storage annually and prior to any forecasted Incident (see item #[15](#) on pp. 17-18, Vulnerability Reduction). Take action as needed during an incident.

Who: Office & Home Phone:

6. Help ensure water disinfecting guidelines are distributed and followed (see p. [41](#), Safe Water).

When: Throughout the incident.

Who: Office & Home Phone:

7. Advise the [Community Name] Incident Management Team and Area Health Corporation of each clinic's status daily or more frequently if needed. Include any actual or forecasted shortages of pharmaceuticals, supplies and/or equipment and identify our normal supplier(s).

When: Throughout the incident.

Who:

Office & Home Phone:

8. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor

Office & Home Phone:

Go to <http://training.fema.gov/EMIWeb/IS/is100.asp> to learn more about incident management.

## EVACUATION AND SHELTER CHECKLIST

**NOTE:** Evacuation of people from [Community Name] by air, water, or land is an emergency, life-saving measure and shall be used only as a last resort. Not only can it be expensive, but in bad weather it can be dangerous or even impossible. Returning people to the community and re-supplying emergency survival items occurs after the emergency phase of an incident. It is thus not considered an emergency, return will be by whatever means are available at the time, and we will have to share the responsibility and expense. Whenever possible, people who must leave their homes will be sheltered in a safe, pre-designated shelter facility (see p. 15, item #3, Vulnerability Reduction) in [Community Name].

1. Contact the American Red Cross of Alaska (ARC AK) at 1-800-451-8267 to obtain emergency services for individuals and families affected by disasters, including individual disasters like house fires. ARC AK provides emergency clothing, groceries, bedding and other available assistance based on individual/family needs. And, they have a system to ship these items to [Community Name].

When: As soon as individual/family needs are known.

Who:

Office & Home Phone:

2. Prepare to shelter people whose homes are damaged. Estimate the number of evacuees, open sufficient shelters and arrange for their operation. Make preparations for the orderly movement and reception of those to be sheltered. This may need to be done more than once if additional areas become threatened.

When: As soon as the potential need for shelters is known.

Who:

Office & Home Phone:

3. If available evacuation routes are limited and flooding may occur but not render the routes impassable, arrange for markers to identify the route alignment, or arrange for pilot vehicles to guide evacuees. Assure that evacuation routes to the staging areas or shelters selected will not become impassable before they can be reached.

When: As soon as evacuation is considered

Who:

Office & Home Phone:

4. Help people move to shelter:

When: When an evacuation has been ordered by the [Community Name] Incident Commander.

Who:

Office & Home Phone:

5. Monitor the status of people with special needs. They could be: physically (e.g., hearing, sight or mobility-impaired) or mentally challenged; those who don't speak English; the institutionalized; the aged or infirm; the incarcerated; the hospitalized; school children; children in day care; nursing home residents; transient populations; and people without transportation.

When: Any time evacuation or sheltering is being considered

Who:

Office & Home Phone:

6. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident

Who: Group Supervisor

Office & Home Phone:

## SCHOOL CHECKLIST

1. Notify school management of the possible need to use the school as an emergency shelter.

When: Prior to or as soon as it is known that an incident might or does require evacuation.

Who: [City/Tribal] Administrator      Office & Home Phone:

2. Test the school's backup generator (*once obtained*) and assure that there is and will be an adequate fuel supply to operate it.

When: Prior to or as soon as it is known that an incident requires evacuation to the school.

Who:      Office & Home Phone:

3. If the school has an alternate communications system, test it.

When: Prior to or as soon as it is known that an incident requires evacuation to the school.

Who:      Office & Home Phone:

4. Store water and post water disinfecting guidelines at the school (see p. [41](#) Safe Water).

When: At any time a threat to the community water system is suspected or known to have occurred.

Who:      Office & Home Phone:

5. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor      Office & Home Phone:

Go to <http://training.fema.gov/EMIWeb/IS/is362.asp> to learn more about multi-hazard planning for schools.

## VEHICLES AND EQUIPMENT CHECKLIST

1. Move all community-owned vehicles and equipment to safe storage areas.

When: When a threat to them is known.

Who:

Office & Home Phone:

2. Check shop area and work sites to make sure community-owned materials and property are safe from the threat.

When: When a threat is forecasted.

Who:

Office & Home Phone:

3. Arrange for the protection and distribution of fire fighting equipment away from threatened areas.

When: When a threat is forecasted.

Who:

Office & Home Phone:

4. Assure that all community-owned vehicles are topped off with fuel daily as a known threat approaches.

When: When a threat is forecasted.

Who:

Office & Home Phone:

5. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor

Office & Home Phone:

Go to <http://training.fema.gov/EMIWeb/IS/is100PW.asp> to learn more about incident management.

**NOTE: The Logistics Section Chief may accept all responsibility for vehicles and equipment. But at the minimum, once vehicles and equipment protection has been accomplished, the remaining checklist items are the responsibility of the Logistics Section Chief.**

6. Inventory vehicles and their owners and operators on Support Vehicle Inventory ([ICS-218](#)), p. 48.

- Include school buses. Organize and establish a ready emergency motor pool and a reserve.
- Arrange for central dispatch and recording of missions assigned and accomplished.
- Assign vehicles to missions and areas in advance as much as possible.

When: Annually and when an evacuation or other need for mass transit is apparent.

Who: Logistics Section Chief

Office & Home Phone:

7. Inventory motor boats, ATVs and snowmobiles on Support Vehicle Inventory ([ICS-218](#)), p. 48.

- Test run motors and have a supply of fuel safely stored.
- Assure boats are adequately equipped with running lights, life jackets, rubber boots, rope and flashlights with spare batteries.
- Organize and establish a ready emergency vessel or transportation pool and reserve.

When: When any type of flood incident is forecasted.

Who: Logistics Section Chief

Office & Home Phone:

8. Support transportation needs within capability. Order resource capability(ies) needed but not available locally.

When: When the Operations Section Chief identifies the need.

Who: Logistics Section Chief

Office & Home Phone:

9. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Logistics Section Chief

Office & Home Phone:

## ELECTRIC POWER CHECKLIST

1. Warn residents whenever the potential for an interruption of electricity is known to exist.

When: As soon as the threat is known

Who: Office & Home Phone:

*The remainder of this checklist will not be needed until the [Community Name] community and/or one or more public facilities within the community obtain a back-up generator(s). When and if that occurs, each facility with a back-up generator will need to take the following actions.*

2. Charge generator starter batteries.

When: One week prior to the forecasted date of any threat.

Who: Office & Home Phone:

3. Shut down generator.

When: Whenever the generator or its fuel supply is threatened.

Who: Office & Home Phone:

4. Remove batteries to a safe location.

When: Whenever the power plant is threatened.

Who: Office & Home Phone:

5. Ensure a 7-day fuel supply is on hand; protect it as needed and close valves.

When: Whenever the fuel supply is threatened.

Who: Office & Home Phone:

6. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor Office & Home Phone:

**NOTE:** If a fuel spill occurs, notify the Alaska Department of Environmental Conservation at: 269-3063 (Anchorage Office); or 451-2121 (Fairbanks Office); or 465-5340 (Juneau Office); or after-hours at 800-478-9300. Notify also the National Response Center, 1-800-424-8802.

## FUEL STORAGE CHECKLIST

Bulk fuel is stored in tanks owned by [Community Name], [Community Name] School, [business #1, 2 & 3, etc.] Managing officials for these enterprises will each need to implement the items on this checklist applicable to their facility.

1. Close valves to prevent fuel spills if lines break.

When: At the onset of any threat that might disturb the tanks.

Who: Phone:

2. Move all barrels and other portable containers of fuel to safety.

When: Prior to the forecasted date of any threat.

Who: Phone:

3. Arrange for petroleum distributors to meet the additional demand for fuels in preparation for the emergency.

- Establish, if possible, the amounts of various fuels and oils on hand.
- Arrange for distribution during the emergency.

When: Prior to the forecasted date of any threat.

Who: Office & Home Phone:

4. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor Office & Home Phone:

**NOTE:** If a fuel spill occurs, notify the Alaska Department of Environmental Conservation at: 269-3063 (Anchorage Office); or 451-2121 (Fairbanks Office); or 465-5340 (Juneau Office); or after-hours at 800-478-9300. Notify also the National Response Center, 1-800-424-8802.

## RECORDS PROTECTION CHECKLIST

1. Make sure all vital Community, Tribal Government and Tribal Corporation records have been identified and protected from the threat (see pp. 17-18, item #15, Vulnerability Reduction). If not, the individuals identified below will take these actions:
  - On the basis of possible damage, arrange to move vulnerable vital records to an area that is not threatened. Include computer disk and tape backups, as well as microfilm.
  - Ensure if possible, that the temporary storage area has a properly controlled environment and a means of access to the records (back-up computer equipment, microfilm reader-printers, etc.).
  - If you are unable to remove vulnerable records to a safe site, store them as safely as possible. Consider wrapping them in plastic and taping the plastic to hold it in place.
  - Wrap each vulnerable computer in a plastic garbage bag and secure the bag with a tie around the electrical cord.

When: Review record storage annually and prior to any forecasted incident. If necessary, relocate vulnerable records when the threat becomes apparent.

Who:

<input type="checkbox"/>	churches	
	o [Moravian]	Position/office & home phone
	o [Russian Orthodox]	Position/office & home phone
	o [7 <sup>th</sup> Day Adventist]	Position/office & home phone
<input type="checkbox"/>	school(s)	Principal/office & home phone
<input type="checkbox"/>	village corporation	Position/office & home phone
<input type="checkbox"/>	village council	Position/office & home phone
<input type="checkbox"/>	city government	City Administrator/office & home phone
<input type="checkbox"/>	postal	Position/office & home phone
<input type="checkbox"/>	clinic	Position/office & home phone
<input type="checkbox"/>	store	Position/office & home phone
<input type="checkbox"/>	airfield	City Administrator/office & home phone
<input type="checkbox"/>	utilities	Position/office & home phone

2. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor      Office & Home Phone:

## COMMUNICATIONS SYSTEMS CHECKLIST

1. Charge batteries that provide backup power to the telephone system. This applies to the satellite dish, local exchange system and/or satellite phones.

When: At any time there is a known or potential threat to the electrical system.

Who: Office & Home Phone:

2. Identify and reserve portable generators that are capable of keeping the phone system up in case of a prolonged loss of community power.

When: At any time there is a known or potential threat to the electrical system.

Who: Office & Home Phone:

3. Survey community members to determine who may have a satellite telephone. Attach a list of satellite phone numbers and their locations to the daily Incident Status Summary (ICS-209) (see Incident Actions, p. [25](#)).

When: During the initial Incident Action Planning meeting

Who: Office & Home Phone:

4. Survey community members to determine who may have an amateur radio operator's license and operational HF radio equipment. Attach a list of call signs and their locations to the daily Incident Status Summary (ICS-209) (see Incident Actions, p. [25](#)).

When: During the initial Incident Action Planning meeting

Who: Office & Home Phone:

5. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.

When: Throughout the incident.

Who: Group Supervisor Office & Home Phone:

## WATER, SEPTIC AND SEWER SYSTEMS CHECKLIST

1. Encourage people to store water and refresh their supply twice a year (see p. [41](#), Safe Water).  
  
When: All the time. Reinforce when any incident that threatens the water supply is forecasted.  
  
Who: [City/Tribal] Administrator Office & Home Phone:
  
2. Warn citizens to stop using all domestic water supplies in which a potential for contamination exists. Coordinate with the [Borough Name/Alaska Division of Homeland Security and Emergency Management] for assistance in restoring these supplies.  
  
When: Whenever potential for contamination exists  
  
Who: [City/Tribal] Administrator Office & Home Phone:
  
3. Store water in the [Community Name] School building in preparation for opening it as a shelter.  
  
When: Whenever sheltering is a possible requirement.  
  
Who: Principal Office & Home Phone:
  
4. Test community water at the [Community Name] School building in accordance with established operator's procedures after any threat to the water system is suspected or known to have occurred.  
  
When: Immediately after the occurrence.  
  
Who: Principal Office & Home Phone:
  
5. If the sewage lagoon is breached or overflows, notify the [Borough Name/Alaska Division of Homeland Security and Emergency Management] using the daily Incident Status Summary (ICS-209) (see Incident Actions, p. [25](#)).  
  
When: Immediately.  
  
Who: [City/Tribal] Administrator Office & Home Phone:
  
6. Distribute water disinfecting guidelines (see p. [41](#), Safe Water).  
  
When: At any time a threat to the water system is suspected or known to have occurred.  
  
Who: [City/Tribal] Administrator Office & Home Phone:
  
7. Report time worked, equipment used and supplies expended on the incident to the Finance/Admin Section Chief.  
  
When: Throughout the incident.  
  
Who: Group Supervisor Office & Home Phone:

Go to <http://training.fema.gov/EMIWeb/IS/is100PW.asp> to learn more about incident management.

## SAFE WATER

There are three basic procedures for disinfecting water.

1. Boiling. Boiling is the safest method of disinfecting water. Bring water to a rolling boil for at least two minutes, keeping in mind that some water will evaporate. To improve taste, pour from one container to another several times.

2. Disinfectant tablets. These tablets are available at most sporting goods or drug stores. Follow directions on the package. Usually one tablet is enough for one quart of water; double this for cloudy water.

3. Bleach disinfectant. Liquid household bleach can also be used if the label lists sodium hypochlorite as the only active ingredient and there is no perfume (such as "lemon-scent") in the bottle. Add bleach according to the table below, stir and let stand for 30 minutes. If the water does not taste and smell of chlorine after 30 minutes, add another dose and let stand another 15 minutes. (Note: Do not use this method to disinfect water in a waterbed. Use a manufacturer-provided disinfectant that will not harm the plastic.)

<u>AMOUNT OF WATER</u>	<u>CLEAR WATER</u>	<u>CLOUDY WATER</u>
1 quart	2 drops	4 drops
1 gallon	8 drops	16 drops
5 gallons	½ teaspoon	1 teaspoon

## INITIAL RECOVERY ACTIONS

The [Community Name] Incident Management Team will accomplish the following actions when and where immediate threats to life and property no longer exist.

- Identify safety hazards using safety cones, surveyor tape, etc. Remove these hazards if possible.
- Assess damage (see p. [20](#), Damage Assessment).
- Clear debris and restore essential public facilities and utilities.
- Clear culverts and drain water pockets if needed.
- Arrange for a health and sanitation survey and initiate disease prevention measures if required. Contact [regional health corporation] for assistance if needed.
- Arrange for the return of evacuees, particularly heads of households, to complete individual damage assessment and cleanup.
- Distribute instructions on how to clean and restore real and personal property. Current information can be obtained from the American Red Cross of Alaska at [http://www.alaska.redcross.org/index.php?pr=Home\\_Page](http://www.alaska.redcross.org/index.php?pr=Home_Page) or phone (907) 646-5400, toll free 888-345-HERO, fax (907) 276-1465, e-mail [anchorage@alaska.redcross.org](mailto:anchorage@alaska.redcross.org).
- Arrange for emergency housing as may be needed.
- Try to salvage any vital records that may have been water-damaged in the incident (see suggestions below).
- Coordinate with the [Borough Name/Alaska Division of Homeland Security and Emergency Management] for assistance in initiating other immediate and long-range recovery measures and programs.

**NOTE:** If a fuel spill occurs, notify the Alaska Department of Environmental Conservation at: 269-3063 (Anchorage Office); or 451-2121 (Fairbanks Office); or 465-5340 (Juneau Office); or after-hours at 800-478-9300. Notify also the National Response Center, 1-800-424-8802.

### **Salvaging Water-Damaged Records**

Water-damaged records are usually recoverable if salvage work begins within two days. Thereafter, mold and mildew develop rapidly.

Because the disaster site may be extremely humid, salvage must be undertaken elsewhere. A clean, dry area with a temperature of 65 degrees and a relative humidity of 40% is ideal.

Cover floors or tables used as work areas with plastic sheeting, and move water-damaged records with extreme care. Milk crates or similar ventilated plastic cartons are good carriers.

Do not try to separate stuck-together pages as long as they are saturated. When the pages are drier, paper towels may be placed between them to absorb water. Change the towels frequently, using fans to circulate air over damaged records.

Vacuum freeze-drying is the best and quickest way of drying paper records, but it is expensive and requires professional assistance.

Damp microfiche can be air-dried on a clean, lint-free white cotton sheet. Do not unroll wet microfilm, as this may cause the emulsion layer to separate from the base film. Leave wet microfilm rolls in their containers and place them in clean water. Salvaged microfilm will not be archival-quality and must be recopied on silver-halide film.

Recovery of water-damaged computer disks is problematic, and placing a wet disk in the drive can seriously damage your computer.

Magnetic tapes can sometimes be hand-dried (at some risk to the data), but contact your computer equipment's manufacturer before attempting to dry the hardware.

# ICS Forms

INCIDENT STATUS SUMMARY (ICS-209), Page 1 of __				
DATE:	TIME:	REPORT NO.	REPORTING PERIOD	8 12 24
PREPARED BY:		INCIDENT:		
TELEPHONE CONTACT:		EMAIL:		
FAX NUMBER:		JURISDICTION:		
INCIDENT DESCRIPTION				
DATE/TIME INCIDENT OCCURED:		INCIDENT COMMANDER:		
INCIDENT IMPACT				
Number DEAD:		Number MISSING:		
Total Number ILL/INJURED:	INJURED	CONTAMINATED	ILL	ISOLATED
Needing transport for medical treatment:				
Within local medical treatment capability:				
INFRASTRUCTURE	DAMAGES	STATUS (OP or NON-OP)	SOURCE OF INFORMATION	
AIRPORT/ROADS				
CLINIC				
SCHOOL				
VEHICLES & EQUIPMENT				
ELECTRIC POWER				
FUEL STORAGE				
TELEPHONE SYSTEM				
WATER, SEPTIC & SEWER SYSTEMS				
SHELTER STATUS				
Number open shelters during past 24 hrs:				
Number people sheltered during past 24 hrs:				
Comments:				

INCIDENT STATUS SUMMARY (ICS-209), Page 2 of __			
WEATHER/ENVIRONMENTAL CONDITIONS		DATE/TIME _____	
CURRENT WEATHER:		WEATHER FORECAST:	
TEMPERATURE	PRECIPITATION / WIND	TEMPERATURE	PRECIPITATION / WIND
OTHER ENVIRONMENTAL CONDITIONS:			
CRITICAL RESOURCE NEEDS			
PROBLEM/LOCATION (IN PRIORITY ORDER)	PERSONNEL NEEDS	MEDICAL SUPPLY / EQUIPMENT NEEDS	OTHER RESOURCE NEEDS
1.			
2.			
3.			
RESPONSE SUMMARY			
PROBLEM/LOCATION (IN PRIORITY ORDER)	COMPLETED	IN-PROGRESS	WAITING RESOURCES
1.			
2.			
3.			
INTENTIONS:			
EMERGENCY OPERATIONS CENTER			
LOCATION:		OPERATING HOURS:	
CONTACTS:		PRIMARY	SECONDARY
1. PHONES::			
a. Commercial			
b. Cell			
c. Satellite			
2. FAX			
3. E-MAIL			



# **Alaska State Incident Business Management Forms**

### Initial Damage Assessment

Date	Time	Assessed By	Phone or On-Site Visit	
Resident Information	Name		# of People in Residence	
	Mailing Address			
	Home Phone	Cell Phone	Work Phone	Other
Residence Information	Single Family	Multi-Family	Mobile Home	Business
	Physical Address		GPS	
	Owned/Rented/Leased		Primary/Secondary Home	
	Insurance - Home/NFIP/Other		Assessed or Appraised Value	

	YES	NO		YES	NO
Any injuries sustained?			Any contamination of well?		
Is food supply adequate?			Do you have electricity?		
Damage to domestic well?			Do you have telephone service?		
Damage to septic system?			Any livestock or pets lost?		
Need for alternate housing?			Ages & any special considerations:		
How many people?					

	Affected	Minor \$1,000-4,000	Major \$4,000-20,000	Destroyed	Estimated Total of Damage
Damage to your yard?					
Damage to basement or crawl space?					
Damage to living or sleeping areas?					
Damage to heating system?					
Damage to electrical systems?					
Threat/damage to fuel containment? <small>(propane, diesel, gasoline, other haz mat)</small>					
Damage to vehicles?					
Damage control measures used?					
Damage to other equipment?					
Any other contamination or safety issues?					
<b>Estimated Damage Total</b>					<b>\$</b>

Photos Taken:

Any other comments or concerns:

**THIS FORM IS NOT AN APPLICATION FOR DISASTER ASSISTANCE. THE INFORMATION GATHERED ON THIS FORM WILL ONLY BE USED TO DETERMINE IF A DISASTER NEEDS TO BE DECLARED.**

**ONLY need to fill out the yellow boxes because the white boxes are auto filled from previous sheets.**

<b>MATERIAL SUMMARY SHEET</b>					PAGE                      OF			
APPLICANT		PA ID NO.		PROJECT NO.			DISASTER	
LOCATION/SITE				CATEGORY			PERIOD COVERING TO	
DESCRIPTION OF WORK PERFORMED								
VENDOR	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
<b>GRAND TOTAL</b>				\$ -				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
-----------	-------	------

**ONLY need to fill out the yellow boxes because the white boxes are automatically filled from previous sheets. Period Covering is filled in**

FORCE ACCOUNT LABOR SUMMARY RECORD												PAGE		OF			
APPLICANT				PA ID NO.				PROJECT NO.				DISASTER					
LOCATION/SITE								CATEGORY				PERIOD COVERING TO					
DESCRIPTION OF WORK PERFORMED																	
	Type of Employee (Permanent, Temporary, Seasonal, etc.)	DATE	Dates and Hours Worked Each Week										Costs				
														TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	NAME	REG.											0.00		0.00%	\$ -	\$ -
<input type="checkbox"/>	JOB TITLE	O.T.											0.00		0.00%	\$ -	\$ -

**ONLY need to fill out the yellow boxes because the white boxes are auto filled from previous sheets.**

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD											PAGE		OF			
APPLICANT			PA ID NO.				PROJECT NO.				DISASTER					
LOCATION/SITE						CATEGORY				PERIOD COVERING TO						
DESCRIPTION OF WORK PERFORMED																
Type of Equipment		OPERATOR'S NAME	Dates and Hours Used Each Day										Costs			
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE											TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -
			Hours											0.00		\$ -

**ONLY need to fill out the yellow boxes because the white boxes are auto filled from previous sheets.**

RENTED EQUIPMENT SUMMARY RECORD					PAGE _____ OF _____			
APPLICANT		PA ID NO.		PROJECT NO.		DISASTER		
LOCATION/SITE				CATEGORY		PERIOD COVERING _____ TO _____		
DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT <small>Indicate size, Capacity, Horsepower, Make and Models as Appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
<b>GRAND TOTAL</b>							\$ -	

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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<b>Division of Homeland Security and Emergency Management APPLICANT'S BENEFITS CALCULATION WORKSHEET</b>		PAGE 1 OF 1
1. APPLICANT		2. FIPS # or TAX ID#
3. DISASTER NAME / NUMBER		4. PW #
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH INSURANCE		
LIFE INSURANCE BENEFITS		
OTHER		
TOTAL in % of annual salary	0.000%	0.000%
COMMENTS		
I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.		
CERTIFIED BY	TITLE	DATE