

REQUESTING AGENCY CHECKLIST FORM 1

What is the Need?

- _____ Be sure a real need exists. The North Central Texas Mutual Aid Agreement is only to be activated for bona fide emergencies.
- _____ What is the nature of the emergency? What can a responding agency help repair or service?
- _____ Identify the type of equipment, material and skilled employees are needed as best you can. If possible use the FEMA Resource Typing (Ref: FEMA 508-7 Public Works Resources)
- _____ How long may they be needed? Will responding agency employees work independently or with one of your supervisors?
- _____ For longer duration support: Where will the Responding Agency employees eat, sleep, shower?
Are you contacting Red Cross for meal support? What facilities/motels are available for Responding Agency employees?
- _____ Are there any arrangements for refueling and repair of equipment?
- _____ Identify a staging area. Where will Responding Agency employees meet your Agency Supervisor for initial briefing and assigned work? Provide supervisor contact information including phone numbers, locations and times to meet and report.

Who can Help?

- _____ Review list of Public Works Emergency Response Team (PWERT) Mutual Aid Agencies and identify agencies not affected by the emergency.
- _____ Contact your local Designated Emergency Management for communication support if needed.
- _____ Or Call the Agency directly. Send written request soonest.
 - _____ Identify yourself and your agency.
 - _____ Fill out a Requesting Agency Mutual Aid Information Form 2
 - _____ Advise the Responding Agency on weather, road conditions and known transportation risks.
 - _____ How soon is the aid needed? Is the work time sensitive?
 - _____ Provide Responding Agency information needed from *What is the Need* Checklist above.

Briefing

- _____ Meet with Responding Agency's Supervisor(s) to discuss how staff will be used.

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- _____ Ensure Points of Contact are provided to Responding Agency's Supervisor to deal with issues and concerns.
- _____ Provide map(s) for safe routes to work location and designated work area.
- _____ Review standards and expected outcomes for the type of work tasked.
- _____ Establish a communication plan.

MUTUAL AID INFORMATION FORM 2
REQUESTING AGENCY

Date/Time:

Requesting Agency:

Name/Title Contact:

Phone Number/Fax Number:

Type of Emergency:

Estimated Duration Assistance will be required:

Assistance Requested (be as specific as possible)

Technical Assistance (for damage assessment, etc)

Equipment (for debris management operations, traffic control, communications, power, etc.)

Materials (shoring, lumber, rock etc)

RESPONDING AGENCY CHECKLIST FORM 3

Date: _____ Time: _____

Requesting Agency: _____

Name/Title Contact: _____

Phone Number: _____ Fax Number: _____

Type of Emergency: _____

Estimated Duration Assistance will be needed: _____

Review Mutual Aid Information Form 2

Clarify Need

- _____ Review types of damage and what Responding Agency employees can expect to deal with (safety, risk/hazards, weather, etc).
- _____ Review/validate types of equipment, materials and number/skills of employees that will be deployed
- _____ Confirm how long employees will be provided. Is/are relief crew(s) required or prepared?
- _____ Identify a communications plan for internal crews and linkage with Requesting Agency.
- _____ How will responding affect your agency's current operations? What are the limiting factors?
- _____ If night work: is mobile lighting available?

Preparations

- _____ Identify your responding employees. Ensure they are briefed on their type of tasking and expected duration of support.
- _____ Identify supervisory chain of command for responders.
- _____ Review emergency operations procedures and required record-keeping documentation.
- _____ Complete an inventory of tools and equipment. Inspect vehicles and ensure all are fueled. Provide communication equipment (radios, phones) as required.
- _____ Set up reporting/status update schedule to home base.
- _____ Ensure purchasing and/or gas card(s) are available for required support.
- _____ Ensure sufficient food and water available as determined with Requesting Agency.

EMPLOYEE AND EQUIPMENT INFORMATION FORM 4
Responding Agency

Agency: _____ Date: _____

Supervisor of Crew: _____

Communication Equipment/Phone Numbers: _____

Report Time: _____ Report Date: _____

Report to: _____ Area Assigned: _____

Type of Assistance Provided (Use FEMA Type of Resources Format if possible):

Supervisor & Crew Employees:

Technical Assistance

Equipment
