

Event Status and Logistics Worksheet

Name of Event _____

Location: _____

Date: _____

FRMAC Location: *Identify the location at which the FRMAC will be located. Provide the name of a contact person at the location and any phone numbers which may be pre-existing.*

	Contact Name (if any)	Address Phone Number#
FRMAC		

Concurrence with Checklist Decisions: *Signatures in this block indicate Decision Makers' agreement with the information and concerns listed in the attached document..*

Title	Signature	Date
DHS Representative		
Coordinating Agency Rep		
FRMAC Director		
State Representative		
Local Representative		

Event/Location: _____

Date: _____

I. List Key Officials, EOC(s) and Liaison(s) Information

Key Officials: *Identify DHS Principal Federal Official, Coordinating Agency Representative, State, Tribal, County, and Local Response leaders, and introduce FRMAC leaders. Enter all available contact information.*

Positions	Name	Location of Operation/ Phone Number
DHS Representative		
FEMA Representative		
Coordinating Agency Representative		
Lead State Official		
State Logistics Chief		
Incident Commander		
EPA Sr. Official		
NRC Representative, if applicable		
Advisory Team Leader		
FRMAC Director		
FRMAC Manager		
FRMAC Monitoring Manager		
FRMAC Assessment Manager		
FRMAC Health & Safety Manager		

Event/Location: _____

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Other Federal Agencies Involved in Response: *Identify and provide contact information for other Federal agencies involved in the response.*

EPA Regional Rep.		
HHS/Advisory Team		
USDA/Advisory team		
EPA/Advisory Team		

Operational EOCs: *List the status of and contact information for activated Emergency Operations Centers (state, local government).*

EOC	Contact Name	Location of Operation/ Phone Number#

State/Local Liaison(s): *Identify state and local contacts who will integrate with the FRMAC with support and information for logistics functions (e.g., Health & Safety, Monitoring & Sampling, Lab. Analysis).*

Organization	Contact Name	Location of Operation/ Phone Number#

Event/Location: _____

Date: _____

FRMAC Liaisons: *Identify FRMAC representatives who may be located in off-site locations. (For example: EOCs, JOC, JFO, etc.)*

Location	Contact Name	Location of Operation/ Phone Number

Incident Response Locations: *Identify any known information for locations of Incident Command Post, JFO, or Forward Staging Areas that may already have been activated.*

Location	Contact Name	Contact Phone/Pager/Cell Information

Logistics Support: *Identify local organizations which can provide support in the following areas.*

Item	Contact Name	Location of Operation/ Phone Number
Air Freight Delivery		
Radio Frequencies		
Liquid Nitrogen		

Event/Location: _____

Date: _____

II. Status/Description of Incident (On-Site and Off-Site)

Describe the Event

Has a release or loss occurred?	Yes	No	Unknown
Start Time (approximate)	Date:	Time:	
Stop Time (approximate)	Date:	Time:	Has not stopped
Multiple Releases?	If so, how many?		

Further details (Any actions taken to mitigate situation or necessary information)

Source Term

List involved isotopes and abundances if known:

What is the chemical form (powder, liquid, explosive dispersal, etc.)?

Data Products

Event/Location: _____

Date: _____

Models - *Have any models been created and if so, where are they being stored and how can they be accessed?*

Sample Data – *Has there been any field sampling/monitoring data collected? How can the FRMAC obtain this data?*

What Protective Action Guides will be used? (EPA, FDA, etc.) What is the status of the protective actions taken for public protection?

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Date: _____

III. Identify the Unit Leaders for Technical/Operational Meetings

List any additional units (and unit leaders) that will be formed to continue working issues. *(For example, the Monitoring and Sampling Plan.)*

Unit	Check if Unit Req'd	Unit Leader
Monitoring and Sampling	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	
Health and Safety	<input type="checkbox"/>	
Laboratory Analysis	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Event/Location: _____

Date: _____

IV. List of Concerns and Priorities.

<i>List operational problems, greatest needs/resource shortfalls..</i>		
Agency	Concern	Priority <i>(Leave blank. Complete at Advance Party Meeting.)</i>
State		
Local		
Other Federal Agency		
Nuclear Facility		