

Date Adopted:  by:  Official Signature (if not electronic):   
(LEGISLATIVE BODY) (I.E., CHAIRPERSON)

## VERMONT RAPID RESPONSE PLAN

City/Town of: , in  County

Business Address:   
 Tel:  Fax:  E-mail:

Point of Contact (POC)  POC Mailing Address:   
**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.**  
 Home #:  Work #:  Cell #:   
 Pager #:  E-mail:

### 1. Alert and Mobilize the Local Emergency Management Organization

(These people are the same as your Emergency Planning Team)

	First Name	Last Name	Job Title	Email Address:	Home #	Work #
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. Establish an Incident Command Post and make appropriate local decisions

<input type="checkbox"/>	a. Identify the Incident Commander		
<input type="checkbox"/>	b. Identify the Incident Command Post		
	c. Assess the Situation	<input type="checkbox"/>	Start a log of actions taken.
		<input type="checkbox"/>	Determine Type of Disaster
		<input type="checkbox"/>	Determine Casualties
		<input type="checkbox"/>	Secure a perimeter around affected area
		<input type="checkbox"/>	Reroute traffic if necessary
	<input type="checkbox"/>	<input type="checkbox"/>	Request additional resources (Mutual Aid) if needed.
<input type="checkbox"/>	d. Consider potential staffing needs (extended or multiple operational periods)		
<input type="checkbox"/>	e. Establish a communications plan for radio use		
<input type="checkbox"/>	f. Hold emergency meeting of governing body to determine if a local declaration of emergency is needed.		
<input type="checkbox"/>	g. If so, sign a request for a <b>Local Declaration of State of Emergency</b> form and attach		

### 3. Alert Vermont Emergency Management

<input type="checkbox"/>	Call Vermont Emergency Management Request activation of state resources such as VTrans, Agency of Natural Resources, Dept. of Labor, National Guard, Health Dept. etc. to provide State resources. (ie. Clean Drinking Water, Generators, Heavy Equipment, etc.)	<b>1-800-347-0488, 1-802-244-8721</b>
<input type="checkbox"/>	HAZMAT Hotline (spills, etc.) VEM Duty Officer will make additional State agency notifications.	<b>1-800-641-5005</b>

4. Alert General Population and Evacuate as Needed. (eg: siren, PA, Door-to-door, etc.)	
<input type="checkbox"/>	Alert the Public of the potential hazards of the event at the outset and during the event. Methods of alert: <input type="text"/>
<input type="checkbox"/>	Communicate protective action to be taken and evacuation information. Evacuation routes: <input type="text"/>
<input type="checkbox"/>	Additional Notes: <input type="text"/>

5. Contact Shelter Coordinator and Open Emergency Shelters if evacuation requested.							
Local Coordinator		e-mail address		Home #		Work #	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Facility Name		Address		Phone #		Fax #	
<input type="checkbox"/>	Shelter # 1: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Shelter # 2: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Shelter # 3: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Expand the ICS Structure as needed to the size and scope of the incident (See ICS 203 and ICS Responsibilities Review document)	
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7. Activate the Emergency Operations Center to Support the Incident Commander as Needed.					
Facility Name		Address		Phone Number	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Conduct repairs according to Mitigation Plan when feasible and document all repairs (ie. repair with larger culvert, replace with better materials, etc)	
Known Problem	Mitigation Solution
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9. If incident expands over multiple operational periods, assign relief workers for <u>ALL</u> positions. As incident winds down, release excess resources as per demobilization plans.	
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10. As incident enters Recovery Phase, conduct a complete damage assessment for public and private damages. Meet with State and Federal Officials to map out next steps.	
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<b>ICS Responsibilities Review</b>	
<b>Command Section</b>	
<b>Incident Commander</b>	<b>Overall responsibility for and management of the incident</b>
Public Information Officer	Central contact for gathering from and dissemination to the news media and other agencies and organizations
Safety Officer	Assess hazardous and unsafe situations and develop measures for assuring personnel safety
Liaison Officer	Point of contact at the incident for personnel from assisting or cooperating agencies. These agencies have pre-existing chains of command, and protocols. They work for the Incident Commander and are given assignment and tasks, through the Liaison Officer. These would include: Vermont Emergency Management, FEMA, American Red Cross, VT National Guard Units, VT HAZMAT Team, County Sheriff, Search and Rescue, Civil Air Patrol and the like.
<b>Operations Section</b>	
<b>Operations Section Chief</b>	<b>Responsible for the direction and coordination of all incident tactical operations,</b>
Divisions / Groups	
Law Enforcement	Traffic; law & order, alert and warning
Fire & Rescue	Fire & Rescue & Evacuation; alert and warning
Ambulance	Emergency Medical and Emergency Transportation
Public Works	Roads, Bridges, Sewer, Water
HAZMAT Team	Hazardous Materials, Radiological Hazards
Search and Rescue	Search and Rescue
Staging Areas	locations at an incident where resources are placed while awaiting tactical assignment
<b>Planning Section</b>	
<b>Planning Section Chief</b>	<b>Responsible for the collection and evaluation of incident situation information, preparing situation status reports, displaying situation information, maintaining status of resources, developing an Incident Action Plan, and preparing required incident related documentation.</b>
Units	
Resources Unit	Responsible for all check-in activity and for maintaining the status of all personnel and equipment resources assigned to the incident.
Situations Unit	Collects and processes information of the current situation, prepares situation displays and situation summaries, develops <b>maps</b> and projections.
Documentation Unit	Prepares the <b>Incident Action Plan</b> , maintains documentation, and provides duplication services.
Demobilizing Unit	Assists in ensuring that an orderly, safe, and cost-effective movement of personnel will be made when they are no longer required at the incident.
<b>Logistics Section</b>	
<b>Logistics Section Chief</b>	<b>Responsible for providing services and support to meet incident needs.</b>
Units	
Communications Unit	Develop Communications Plan, distribute and maintain communications equipment, and manage the Incident Communications Center
Medical Unit	Develop a Medical Plan, provide 1 <sup>st</sup> aid and light medical treatment for personnel assigned to the incident, develop emergency medical transportation plan and reports
Food Unit	Supplies feeding and potable water requirements at all incident facilities.
Supply Unit	Orders personnel, equipment, and other supplies as needed
Facilities Unit	Sets up and manages facilities in support of the incident. Also provides security support for the facilities and incident as required.
Ground Support Unit	Provides transportation, maintains and fuels vehicles assigned to the incident
<b>Finance / Administration Section</b>	
<b>Finance/Admin. Section Chief</b>	<b>Responsible for monitoring incident-related costs, and administering any necessary procurement contracts</b>
Units	
Time Unit	Ensures that all <b>personnel time</b> on an incident or event is recorded
Procurement Unit	Processes paperwork associated with equipment rental and supply contracts. Responsible for <b>equipment time</b> reporting.
Compensation/Claims Unit	<u>Compensation</u> : Is responsible for workers compensation claims and maintains files of injuries and/or illnesses associated with the incident <u>Claims</u> : Handles investigation of all claims involving damaged property associated with or involved in the incident.
Cost Unit	Responsible for providing all cost estimates and cost saving recommendations

ICS 203 Local ICS Organization Assignment List (use during an emergency)			
ICS Staff Position	Contact	Name	Contact Numbers
<b>1. Incident Commander</b>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Deputy	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Safety Officer	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Public Information Officer	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Liaison Officer	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Name & Contact Number			
<b>2. Operations Section Chief</b>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
EMS Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Police Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Fire Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/> Division/Group	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Name & Contact Numbers			
<b>3. Planning Section Chief</b>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Situation Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Resources Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Documentation Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Demobilization Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Name & Contact Number			
<b>4. Logistics Section Chief</b>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Communications Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Facilities Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Food Unit Leader	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
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<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Name & Contact Numbers			
<b>5. Finance/Admin Section Chief</b>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Cost Unit	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
Procurement Unit	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<input style="border: 1px solid red;" type="text"/>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="text"/>	<input style="border: 1px solid red;" type="text"/>
<b>Prepared By:</b>			<b>Date:</b>
<input style="border: 1px solid red;" type="text"/>			<input style="border: 1px solid red;" type="text"/>

**Planning Task #1 - Functional Areas/State Support Functions**

**Identify who or what agency/department will gather and maintain a resource list for, and Coordinate actions within, each Functional Area.**

Agency	(1) Transportation	(2) Communications	(3) Public Works/Engineering	(4) Firefighting	(5) Emergency Mgmt, Recovery, Mitigation	(6) Mass Care, Food & Water	(7) Resource Support	(8) Health & Medical Services	(9) Search & Rescue	(10) Hazardous Materials	(11) Agriculture & Natural Resources	(12) Energy	(13) Law Enforcement	(14) Public Information
Road Crew / DPW														
Fire Department														
School														
Town Selectboard														
Constable / Police														
1st Response / Rescue														
Shelter Coordinator														
Animal Control Officer														
Town Health Officer														
Recreation Coordinator														
Town Clerk														
Town Treasurer														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														

P= Primary Agency, S= Support Agency

<b>Functional Area/ State Support Function Review</b>	
<b>(For use in completing table associated with Planning Task #1)</b>	
<b>1. Transportation</b> - Control of transportation assets in support of the movement of emergency resources, including the evacuation of people and distribution of food and supplies.	<b>8. Health &amp; Medical Services</b> - Provides care and treatment for the ill and injured; mobilizes trained health and medical personnel and other emergency medical supplies, materials and facilities; provides public health and environmental sanitation services, disease and vector control, and the collection, identification, and protection of human remains. Coordinates special medical needs shelters.
<b>2. Communications</b> - Provides emergency warning, information and guidance to the public and responders. Secures resources needed to provide backup capability for all means of communication.	<b>9. Search &amp; Rescue</b> - Provides resources for activities to locate, identify and remove from a stricken area, persons lost or trapped in buildings and other structures.
<b>3. Public Works &amp; Engineering</b> - Provides debris clearance, road, highway and bridge repairs. Repair and restoration of essential public works systems and services and the safety inspection of damaged public buildings.	<b>10. Hazardous Materials</b> - Provides response, inspection, containment and cleanup of hazardous materials.
<b>4. Firefighting</b> - Provides for mobilization and deployment, and assists in coordinating structural and wildfire fire fighting resources; provides incident management assistance for on-scene incident command and control operations.	<b>11. Agriculture &amp; Natural Resources</b> - Provides coordinated response in the management and containment of communicable diseases in an animal health of plant emergency.
<b>5. Emergency Management, Recovery &amp; Mitigation</b> - In support of the local Incident Commander, provides for the overall coordination of the town's emergency operations; collects, analyzes and disseminates critical information on emergency operations for decision making purposes; provides liaison with state/federal government.	<b>12. Energy</b> - Coordinates with the private sector the emergency repair and restoration of critical public energy utilities. Coordinates the rationing and distribution of emergency power and fuel.
<b>6. Mass Care, Food &amp; Water</b> - Manages and coordinates sheltering, feeding and first aid for disaster victims. Identifies, secures, prepares, and/or arranges for transportation of safe food and water supplies for mass feeding to affected areas following a disaster.	<b>13. Law Enforcement</b> - Provides for the protection of life and property by enforcing laws, orders and regulations. Provides for area security, traffic and access control.
<b>7. Resource Support</b> - Provides for coordination and documentation of personnel, equipment, supplies, facilities and services used during disaster response and initial relief operations.	<b>14. Public Information</b> - Provides for effective collection, control and dissemination of public information to inform the general public of emergency conditions and available assistance.

Planning Task #2					
Identify Agency Contact Person and contact methods					
AGENCY	Contact Person	Home Phone	Work Phone	Pager #	Cell Phone
Road Crew / DPW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Department	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town Selectboard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Constable / Police	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st Response / Rescue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal Control Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town Health Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recreation Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town Clerk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town Treasurer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Planning Task #3		
High Hazard and/or Vulnerable Sites List (Initial locations to check to determine damage)		
Low-lying areas; problem culverts & bridges; stream survey, railway crossing, etc.		
	Identified Sites (actual locations)	Checked by:
<input type="checkbox"/> 1:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 7:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 8:	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9:	<input type="text"/>	<input type="text"/>

<b>Planning Task #4</b>			
<b>High Risk Populations List (for special attention/possible evacuation during an incident)</b>			
<b>Identify schools, daycare centers, nursing homes, medical equipment-dependent residents, handicapped residents, etc.</b>			
	<b>High Risk Population (address)</b>	<b>Verified by:</b>	<b>Evacuated by:</b>
<input type="checkbox"/> 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 7:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 8:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 10:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 11:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 12:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 13:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Planning Task #5 Disaster Lead Agency/Coordinator															
Who or what agency will command this type of disaster															
Agency	Drought	Flood	Fire	Winter Storm	Ice Storm	Power Outage	Infectious Disease	Animal/Plant Emergency	Mass Casualty Incident	Hazardous Materials Spill	Public Gathering	Civil Unrest	Other (Please Specify)	Other (Please Specify)	Other (Please Specify)
Road Crew / DPW															
Fire Department															
School															
Town Selectboard															
Constable / Police															
1st Response / Rescue															
Shelter Coordinator															
Animal Control Officer															
Town Health Officer															
Recreation Coordinator															
Town Clerk															
Town Treasurer															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
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Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															

P= Primary Agency, S= Support Agency

**Planning Task #6  
MUTUAL AID and OTHER RESOURCES**

**Critical phone numbers of available resources for use in disaster**

Resource	24 hour Phone #	Primary Radio Frequency
<input type="checkbox"/> American Red Cross: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fire, Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fire, Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fire, Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Police, Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> EMS, Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Public Works Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Public Works Town of: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CERT: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Power Company: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Fuel Company: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Phone Company: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>	<input type="text"/>

**Planning Task #7  
Evacuation Routes and Shelter Facilities**

**Please attach additional maps or diagrams to this document, and provide a reference and Title for each below. Include Local Maps Showing Locations of Critical Facilities, Areas of Concern, Shelters and evacuation Routes**

City/Town of

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