Tennessee Fire Service Emergency Response Plan

Tennessee Fire Chiefs
Association

Version 1

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Tennessee Fire Chiefs Association
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CONCEPT AND DESIGN

Purpose

The purpose of the Tennessee Fire Service Emergency Response Plan (hereafter known as the Plan) is to provide local fire chiefs access to large quantities of fire service resources that may be needed in a large fire, disaster or other major emergency. The Plan is based on a series of observed occurrences and shared experiences during recent disasters and major emergencies in the State of Tennessee. It is also an evolution of our experiences in dealing with the day-to-day incidents that continually challenge our resources and competencies. Most importantly, it is a practical approach to provide fire service resources in quantities beyond the means of any single fire department.

The Tennessee Fire Chiefs Association created the Plan to provide for the systematic mobilization, deployment, organization, and management of fire service resources to assist local agencies in a large fire event, disaster, or other major emergency. The local fire service agency is the first line of defense in responding to the aftermath of a disaster. No community has the resources sufficient to cope with all emergencies.

Tennessee is susceptible to natural and man-made disasters, so it is logical to establish this level of coordination and preparation. The effective management of emergency response personnel during the early stage of any major incident and throughout its extended operations will have the most significant impact on reducing life loss and the severity of injuries to the affected population. The Plan provides for the rapid activation and response of aid to a community in the event of a localized disaster. These events can include a tornado or other severe weather event, a large fire event, train derailment, hazardous materials incident, wildland fire, domestic terrorism and other events that overwhelm the local fire department serving the community and its normal mutual aid resources.

Key Concepts of the Plan

The Plan enhances disaster management at the local, county, and state level of government by:

1. Providing a simple method to immediately activate large quantities of fire service personnel and resources.
2. Establishing the positions, roles, and responsibilities necessary to activate and maintain this plan.
3. Complimenting other disaster plans at the local and state level.
4. Using the Incident Command System embodied in the Tennessee Emergency Management Plan (TEMP).

Authority

The authority for local fire departments to participate in the Plan is found within T.C.A. §58-8-101 *et seq.*, known as the "Mutual Aid and Emergency and Disaster Assistance Agreement Act of 2004." A complete copy of the law is contained in Appendix D.

Briefly, the law contains a standard mutual aid agreement and provides that the mutual aid agreement is in effect between all governmental entities unless an entity adopts a resolution to opt out of the standard mutual aid agreement. The law permits the provision and receipt of mutual aid and assistance by participating governmental entities without the specific need to have an individual agreement with the other entity.

Plan Maintenance

Tennessee Fire Chiefs Association Emergency Response Plan Committee

The coordination of the Tennessee Fire Service Emergency Response Plan, including its development, revision, distribution, training and exercising is the responsibility of the Tennessee Fire Chiefs Association (TFCA). The TFCA Emergency Response Plan Committee will oversee this process. The committee will be composed of the following:

- TFCA State Plan Coordinator (Chairperson)
- TFCA Assistant State Plan Coordinator (Vice-Chairperson)
- Regional Plan Coordinators, two Municipal Technical Advisory Service (MTAS) fire consultants, one County Technical Assistance Service (CTAS) fire consultant, each representing grand division of the State of Tennessee
- Tennessee Emergency Management Agency (TEMA), one representative
- State of Tennessee, Division of Forestry, one representative
- Tennessee State Fire Marshal's Office, one representative
- Tennessee Association of Rescue Squads, one representative
- State of Tennessee Division of Emergency Medical Services, one representative

The State Coordinator may recommend to the Executive Board of the TFCA that the membership of the committee be altered as deemed necessary for the success of the Plan. The Executive Board will consider and approve/disapprove all such recommendations from the State Coordinator.

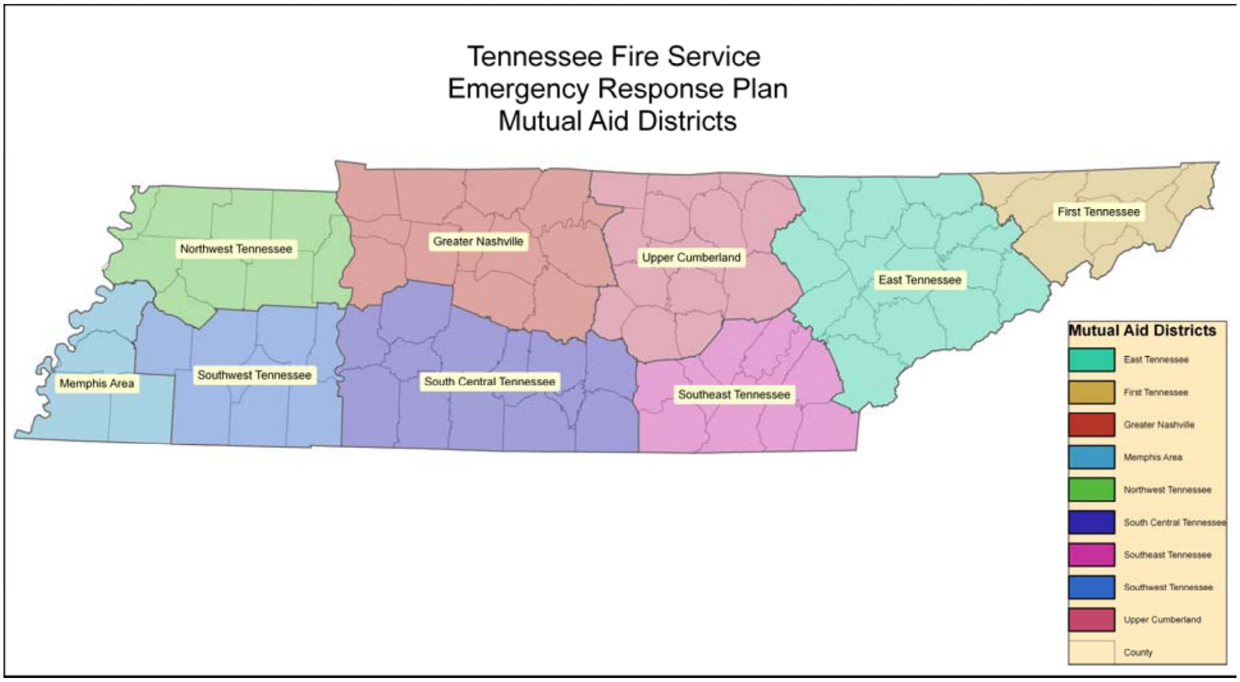
Organizational Structure and Responsibilities

The Tennessee Fire Chiefs Association divided the state into 3 Regions and 9 Districts. The 3 Regions are the 3 grand divisions of Tennessee (East, Middle, West) and the 9 Districts align with the Tennessee Regional Development Districts for maintaining the Plan. Each of the ninety-five counties will have a designated County Coordinator.

Within each grand division, a Regional Plan Coordinator is appointed to form a management team consisting of the Regional Plan Coordinator, the District Coordinators, and the County Coordinators. Each regional management team is responsible for tracking all available resources within that Region. District Coordinators are appointed by the Plan Coordinator upon recommendation and consultation with the Regional Coordinators.

County Coordinators must be selected by a consensus of their peers from each county in a method approved by their District Coordinator. The County Coordinator is considered a vital logistical link from the area. Alternates for County and District Coordinators shall be appointed in the event that the primary person is not available during a disaster. The above appointments should be geographically separate from each other in their county and district. With the assistance of the County Coordinators, the individual fire departments will be given the opportunity to designate resources available in support of the Plan. The combined resources of the nine Regions comprise the Plan's resource network.

Map of Regional Response Areas



Northwest (8)

Benton
Carroll
Crockett
Dyer
Gibson
Henry
Lake
Obion
Weakley

Greater Nashville (5)

Cheatham
Davidson
Dickson
Houston
Humphreys
Montgomery
Robertson
Rutherford
Stewart
Sumner
Trousdale
Williamson
Wilson

Upper Cumberland (4)

Cannon
Clay
Cumberland
De Kalb
Fentress
Jackson
Macon
Overton
Pickett
Putnam
Smith
Van Buren
Warren
White

East (2)

Anderson
Blount
Campbell
Claiborne
Cocke
Grainger
Hamblen
Jefferson
Knox
Loudon
Monroe
Morgan
Roane
Scott
Sevier
Union

First (1)

Carter
Greene
Hancock
Hawkins
Johnson
Sullivan
Unicoi
Washington

Memphis Area (9)

Fayette
Lauderdale
Shelby
Tipton

Southwest (7)

Chester
Decatur
Hardeman
Hardin
Haywood
Henderson
Madison
McNairy

South Central (6)

Bedford
Coffee
Franklin
Giles
Hickman
Lawrence
Lewis
Lincoln
Marshall
Maury
Moore
Perry
Wayne

Southeast (3)

Bledsoe
Bradley
Grundy
Hamilton
Marion
McMinn
Meigs
Polk
Rhea
Sequatchie

Key Positions in the Maintenance of the Plan

State Plan Coordinator (SPC)

Nominated by the President of the Tennessee Fire Chiefs Association, and approved by the Executive Board is responsible for chairing and directing the Emergency Response Committee. The State Plan Coordinator shall be either an active or retired fire service official, preferably with experience in the coordination of local/regional mutual aid systems. The State Plan Coordinator shall be a member of the Tennessee Fire Chiefs Association. The State Plan Coordinator shall recommend to the TFCA President candidates for the positions of Assistant State Plan Coordinator and Regional Plan Coordinators. The State Plan Coordinator is responsible for training and exercising of the Plan on the state level.

Assistant State Plan Coordinator (ASPC):

Nominated by the President of the Tennessee Fire Chiefs Association, and approved by the Executive Board to serves as vice-chairperson of the Emergency Response Committee. The Assistant State Plan Coordinator shall be either an active or retired fire service official, preferably with experience in the coordination of local/regional mutual aid systems. The Assistant State Plan Coordinator shall be a member of the Tennessee Fire Chiefs Association. The position is responsible for coordinating all grants and training programs in support of the Plan. The Assistant State Plan Coordinator functions as the liaison to external agencies and associations.

Regional Plan Coordinators (RPC):

The three RPCs shall be selected from among the fire consultants employed by the University of Tennessee's MTAS or CTAS. Coordinates the plan maintenance at the regional level and inventories resources with the assistance of the District Plan Coordinators. The Regional Plan Coordinators shall be a current member of the Tennessee Fire Chiefs Association preferably with experience in the coordination of local/regional mutual aid systems. The Regional Plan Coordinator is responsible for training and exercising of this plan on the regional level.

District Plan Coordinators (DPC):

District Coordinators are appointed by the Plan Coordinator upon recommendation and consultation with the Regional Coordinators. District Coordinators manage the plan maintenance at the District level and inventories resources with the assistance of the County Plan Coordinators. The District Plan Coordinators shall be current member of the Tennessee Fire Chiefs Association preferably with experience in the coordination of local/regional mutual aid systems. Approves the County Coordinator selection process. There are nine District Plan Coordinators, one per District, with at least one alternate per District. The District Plan Coordinator is responsible for training and exercising of this plan on the District level.

County Plan Coordinator (CPC):

County Coordinators must be selected by a consensus of their peers from each county in a method approved by their District Coordinator. There are ninety-five (95) persons identified, one per county. Rural areas may identify one person to handle more than one county. This position liaisons between the Emergency Management Director of each county and the Regional and State Plan Coordinators for this plan. This person shall maintain a county inventory of available fire resources. The County Plan Coordinator (CPC) is responsible for training and exercising of this plan on the county level.

Appendix A contains a checklist identifying roles and responsibilities for each key position.

ACTIVATION OF THE PLAN

When a disaster situation or other emergency locally affects a Fire Department, the Incident Commander will initially request additional assistance using the local mutual aid system. The Plan does not replace or inhibit the development of any local or regional mutual aid system. When a local jurisdiction is no longer able to obtain additional assistance through the area mutual aid system, the jurisdiction may activate this plan by requesting additional assistance from the TEMA EOC. During any major incident, interagency coordination is essential. Upon the activation of an Emergency Operations Center (EOC) or Multi-Agency Coordination Entity (MAC), requests for assistance shall be channeled through the local EOC/MAC. The TEMA EOC will attempt to fill all requests using the resource inventory.

Request for Assistance

A jurisdiction cannot submit a request for assistance until local mutual aid has been exhausted or a specialized team is needed. All requests for assistance will be processed through the TEMA EOC. Upon receiving a request for assistance, the TEMA EOC will complete the Request for Assistance Form (Appendix E) listing exactly what resources are being requested, what area(s) resources have already been used, the anticipated duration of the mission and nature of the mission to which those resources will be assigned. The TEMA EOC will then fill the request based upon the information given. Once the TEMA EOC has committed to filling a request, the State Plan Coordinator shall be contacted and advised of the Plan activation.

Resource Inventory

Each region shall maintain an updated inventory of the equipment, vehicles, and personnel that are available for response within the scope of the Plan. The participating agencies will review the resource inventory section for completion and submit to their County Coordinator, who will gather the resource sheets and pass them on to the District Coordinator. If a department receives a request that they cannot fill, the department has the right to refuse.

The TEMA EOC and the Regional and District Coordinators will use the resource inventory as a guide to track available resources.

The Tennessee Fire Chiefs Association has adopted NIMS as a method of typing resources that is indicated in Appendix B, along with completed examples. The list of available resources is to be updated annually in accordance with the following guidelines utilizing the Resource Inventory Forms.

Directions for Completing the Resource Inventory

1. **Include all resources that are physically available and properly equipped for a response to an incident**.
2. For planning purposes, the District and County Plan Coordinators shall ensure that the responding community will still have adequate resources to continue to provide fire and other essential services. A department or agency should commit no more than 50% of its resources to this plan.
3. Use the special information area on the inventory list for resources that need clarification for unusual attributes (Example: personnel that are bi-lingual or sign for the deaf).

Use a separate list, if necessary, for additional resources not typed on these resource lists. Be specific in describing features or qualifications.

DEPLOYMENT OF RESOURCES

Critical Concepts

All responding agencies must have a *mission number* and *code word* before deploying or the agency will not be allowed into the secured or operating area.

Critical to the success of this deployment plan is the concept of efficient timeframe for deployment. In concert with this concept, it is critical that all resources deployed are adequately documented and tracked.

Time Frame for Deployment

Scramble Response: In many emergencies, a more rapid deployment may be deemed necessary and authorized as a scramble response. Time frame for deployment of these missions shall be as soon as possible but preferably within thirty (30) minutes of notice from the TEMA EOC. Unless otherwise stated, the anticipated duration of the deployment will be up to 24 hours. Deployed resources shall respond to the designated Staging Area or assigned location. The Staging Area shall be under the direct supervision of a Staging Area Manager. It is anticipated that Immediate Need responses will peak rapidly and will terminate within a shorter time frame, thereby allowing for a shorter preparation time.

Standard Response: Unless specified otherwise at the time of request, the standard for deployment of fire service resources shall be within three (3) hours of notice from the TEMA EOC. Unless otherwise stated, the anticipated duration of the deployment will range from 24 hours to a maximum of 72 hours. Deployed resources shall respond to the designated Staging Area or assigned location. The Staging Area shall be under the direct supervision of a Staging Area Manager.

EMAC Response: Unless specified otherwise at the time of request, the standard for deployment for an EMAC response shall be within twenty-four (24) hours of notice from the TEMA EOC. Unless otherwise stated, the anticipated duration of the deployment will range from 3 days to a maximum of 14 days. Deployed resources shall respond to the designated Staging Area or assigned location. The Staging Area shall be under the direct supervision of a Staging Area Manager.

Code of Conduct

The conduct of deployed resources under the Tennessee Fire Chiefs Association Emergency Response Plan (ERP) is of the highest importance to the Tennessee Fire Chiefs Association (TFCA), the sponsoring agency, and the local Authority Having Jurisdiction (AHJ).

Mutual aid personnel are a well-organized, highly trained group of responders assembled to help communities in need of assistance. The behavior of personnel must be above reproach at all times during the deployment, whether working on an assignment or relaxing between assignments. At the conclusion of a mission, system members must ensure that their performance has been positive, and that they will be remembered for the outstanding way they conducted themselves both socially and in the work environment.

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the Plan. Each system member is both a representative of their response team and their sponsoring agency. Any violation of principles or adverse behavior demonstrated is unprofessional. Such behavior may discredit the good work that the resource completes and will reflect poorly on the entire team's performance and its sponsoring agency.

General Responsibilities:

It is the responsibility of the sponsoring agency to prepare its system members before deployment regarding conduct expectations. Each deployed member is duty-bound by their sponsoring agency's rules, regulations, policies, and procedures.

It is the responsibility of the TFCA fire service district coordinator or designee(s) to reinforce the Code of Conduct during all planning sessions, team meetings and briefings and to monitor compliance. Any violations must be documented, with appropriate follow-up action taken by the TFCA Statewide Emergency Response Committee, or the sponsoring agency.

At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.

It is the responsibility of each system member to abide by this Code of Conduct.

Unethical behavior will not be tolerated.

Basic Rules:

As a basic guide, system members will base all actions and decisions on the ethical, moral, and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all system events. Responding personnel will:

- Keep the value of life and the welfare of the victim constantly in mind
- Remain aware of cultural issues including race, religion, gender and nationality
- Abide by all local law enforcement practices, including its policy regarding weapons
- Abide by all regulations regarding the handling of sensitive information
- Follow local regulations regarding medial care and handling of patients and/or deceased
- Follow prescribed direction regarding dress code and personal protective equipment
- Not carry firearms or other weapons
- Not be in possession of non-prescribed or illegal substances
- Not consume alcoholic beverages while on duty or subject to call
- Only procure equipment through appropriate channels

- Follow AHJ and federal regulations or restrictions regarding taking and showing pictures of victims or structures
- Not remove property from an operational work site as a souvenir
- Not deface any property
- Travel only using approved roadways and not stray into restricted areas
- Demonstrate proper consideration for other team's capabilities and operating practices
- Not accept gratuities to promote cooperation
- Not operate or act in any manner that is contrary to the best interests of the Tennessee Fire Chiefs Association, the sponsoring agency, or the local authority having jurisdiction.
- Willingly accept missions as assigned

Documentation

Once requested resources arrive in the designated Staging Area or assigned location, it is critical that the documentation process begin. Documentation is required in order to receive funds should the incident become eligible for reimbursement at the State or Federal level. The documentation process is the responsibility of the requesting jurisdiction. The requesting jurisdiction must complete a "Disaster Team Deployment Form. The local jurisdiction will then forward such information to the Regional Coordinator. The Disaster Team Deployment Form shall contain the following information on each individual that has been deployed:

- **Mission Number** - to be issued by TEMA EOC.
- **Staging Area Location or Assignment** – as set by the requesting jurisdiction.
- **Date/Time Deployed** – available through TEMA EOC and to be updated as replacement crews are deployed.
- **Date/Time Demobilized** - to be updated as the mission is completed.
- **Full Name** - as it would appear on payroll, social security, etc.
- **Agency** - sponsoring department.
- **Position -** to indicate position within strike team, task force or position filled resource request. (May also indicate fire service rank)
- **Unit Designation** - apparatus number/designation individual is assigned.
- **Comments** - to provide additional information such special skills.
- **Emergency Contact** - Emergency contact number at the responding agency that can provide 24-hour notification of family member.

Dispatch Orders

The strike team leader or the person in charge of an individual/single resource will receive dispatch orders before responding to the incident. The orders will clearly identify:

1. The mission number and code word.
2. Call back telephone number of the TEMA EOC.
3. Contact name, telephone number, and radio frequency of the jurisdiction requesting assistance.
4. Staging area location in affected area (code word required for access).

5. Directions to staging area (maps are always helpful).
6. Any special instructions or relevant information.

LOGISTICAL SUPPORT

Self-Contained

The logistical support of mutual aid resources is critical in the management of a disaster effort. Logistical support will be established as soon as possible and will be maintained by the agency requesting the resources. Excluding Immediate Need responses, responding personnel shall bring food, water, clothing and personal hygiene items to support up to a 72 hour mission.

The size of the response sent to the area, the severity of the disaster, the extent of the area involved, and the infrastructure that is still functional within the affected area are factors affecting the extent to which logistical support is required. Items to consider include:

1. Transportation to and from the area:
    a) Staging areas, within and outside, the disaster area
    b) Overnight storage for vehicles
    c) Maps and directions for responding personnel
    d) Emergency towing and repairs
    e) Designating fuel, oil, and water depots

2. Food supplies and preparation:

    a) Self contained mobile food preparation units
    b) Personnel to prepare/distribute meals
    c) Sanitation and clean up
    d) Food supplies/utensils
    e) Bottled water

3. Overnight shelter and rehabilitation areas:

    a) Provide suitable (secure) overnight shelter
    b) Environmental considerations (rain, sun/heat, insects)
    c) Bedding
    d) Transportation to and from shelter
    e) Parking and security of apparatus
    f) Electricity/generator power
    g) Water and sanitary facilities

4. Critical Incident Stress Debriefing considerations
5. Affected worker support/assistance

Communications

The key to the successful operation of the various resources into a region will depend heavily upon the ability of these agencies to communicate effectively with other agencies. It is practical to assume that in the wake of a major disaster, the existing communication system in the affected area will be inoperable or severely compromised. Until an all-inclusive disaster communications network is in place, the requesting jurisdiction is responsible to arrange for effective communications. Common terminology shall be used for all voice transmissions. Refer to FEMA 205 form for communications.

Force Protection

Protection of responders will be coordinated with Emergency Services Function 13 (Law Enforcement & Security) based on the nature of the mission and extent of risk to those responders. This protection shall include but not be limited to: protection of personnel and equipment while in transit, security at the Base of Operations (BoO), protection during search & rescue operations, and protection during rescue operations.

The primary mission of the force protection resources is to assess and detect hostile activity before it becomes a risk to operations. The law enforcement officer must assess, evaluate, and then advise the Leader or the senior operations officer, regarding risk associated with criminal or hostile individuals or groups.

The responding agency shall not bring firearms or other weapons to the incident. Force protection is not allowed unless authorized.

Demobilization

Demobilization from incidents will be relayed through appropriate dispatch channels to notify home units of the release of their resources. All assigned resources must follow established incident demobilization procedures. The Incident Command System is in use until demobilization is complete.

ORGANIZATIONAL LIABILITY

Workers' Compensation Coverage

Per T.C.A. § 58-8-109(b), for the purposes of the Tennessee Worker's Compensation law, employees of the responding party will be considered as the responding party's employees at all times while performing their duties and will be considered as acting within the scope of their employment with the responding party. Each participating organization shall comply with the Tennessee Workers Compensation laws.

Automobile/Vehicle Liability Coverage

Each participating organization shall be responsible for its own actions and those of its employees and shall comply with the Tennessee vehicle financial responsibility laws.

General Liability, Public Officials, and Law Enforcement Liability

Per T.C.A. § 58-8-109(c), for liability purposes only, employees of the responding party are considered employees of the requesting party while performing their duties as part of their response under this plan while at the scene of the occurrence or emergency or other locations necessary for the response while under the supervision of the requesting party. At all other times in the response, including traveling to the scene and returning to the employing jurisdiction, such employees are considered, for liability purposes, employees of the responding party.

Tennessee Governmental Tort Liability Act

Per T.C.A. § 58-8-110, no part of this plan affects any immunity from, defenses to, or limitation on liability provided by the Tennessee Governmental Tort Liability Act or other law.

REIMBURSEMENT PROCEDURE

Upon the activation of this plan, this Reimbursement Procedure will be applicable to all on-scene and responding agencies. The requesting organization will reimburse the responding organization for all deployment and operational costs to include those related to personnel, use of equipment, and travel, as provided by TCA 58-8-101.

Financial Assistance Availability

STATE- The impact of major or catastrophic emergencies can exceed local financial resources and area fire departments ability to fulfill the needs of the citizens. Financial aid and assistance may be requested from the State of Tennessee. Financial assistance is available from a variety of sources within the state on a supplemental basis through a process of application and review. Fire departments responding under the Plan should contact the County Plan Coordinator and/or the County Emergency Management Director of the impacted county for the appropriate source of assistance and for application procedures.

FEDERAL- When damages are so extensive that the combined local and state resources are not sufficient, the governor submits a request for an emergency or major disaster declaration to the President through FEMA. A joint FEMA, state and local team will conduct a Preliminary Damage Assessment to determine if there is a need for federal assistance. If federal assistance is justified, the President issues an emergency or major disaster declaration and various emergency or disaster programs are made available. Federal assistance is often on a shared cost basis with 75% federal funds and 25% non-federal funds.

Documentation

Any reimbursement, either state or federal, is based on the supporting documentation. The same documentation procedures are applicable to both the state and federal claims. The documentation must be able to stand the test of audit. **The attached "Documenting Disaster Costs" will provide the guidelines and tools needed to set up files and document costs.** The forms used are also available in a computerized version using MS Excel. Failure to properly document costs may result in part or the entire claim being ineligible for reimbursement. It is very important to document the request for mutual aid in addition to documenting costs.

Eligibility

To meet eligibility requirements for reimbursement, an item of work must:

- Be required as the result of the emergency or disaster event.
- Have been requested by the impacted jurisdiction.
- Be located within a designated emergency or disaster area.
- Be the legal responsibility of the eligible applicant.

Fire service resources activated by this plan must submit reimbursement claims to the impacted jurisdiction(s).

Categories of Work

The work most often performed under this plan is Emergency Work. This work is performed immediately to save lives, to protect property, for public health and safety, and/or to avert or lessen the threat of a major disaster. Emergency Work contains two categories: Debris Clearance (Category A) and Protective Measures (Category B).

It is possible that certain types of claims will be made under Permanent Work categories. For example, certain damages or losses of facilities and equipment may fall into the Permanent Work categories.

Expenses for Personnel

Only the actual hours worked beyond the regular duty time, either overtime or regular time hours, can be claimed for FEMA category A and B (Emergency Work). Standby time is not eligible for reimbursement. If time and one-half or double time is paid to regular hourly employees for overtime or holiday work, these payments must be in accordance with rates established before the disaster (i.e. Collective Bargaining Agreement). For reimbursement under a state declared disaster, refer to TCA 58-8-111. Volunteer firefighters may be compensated up to three times the prevailing federal minimum wage.

In some cases, FEMA may approve reimbursement for overtime costs associated with backfilling. If approved, this option would allow the department to be reimbursed when personnel are called back to work on an overtime basis to replace existing employees already approved to perform disaster related activities elsewhere. To facilitate this reimbursement, the responding department must have a written policy concerning backfilling in existence before the disaster.

The information included in “Documenting Disaster Costs” details the required information and instructions for documenting the department’s personnel costs (Force Account Labor). It also provides guidance for claiming Fringe Benefit costs and includes a sample rate schedule. Include the Mission Number as issued by the TEMA EOC.

Expenses for Owned Equipment

Each department may be eligible for reimbursement for the use of equipment owned (Force Account Equipment) by the department when it is used in disaster work. To assist in the reimbursement process, FEMA has developed a “Schedule of Equipment Rates.” The impacted jurisdiction should obtain the most recent version of the schedule available at FEMA (http://www.fema.gov/government/grant/pa/eqrates.shtm) before submitting for reimbursement. A suggested form for recording the needed information and instructions can be found in “Documenting Disaster Costs.” The Mission Number as issued by the TEMA EOC should also be included.

Equipment damaged and/or lost during disaster incidents may be eligible for reimbursement. Document the damage and/or loss with sufficient supportive documentation such as video and/or photographs. Factors such as insurance, salvage, and age of the equipment (a Blue Book type figure) are part of the review of the claim. If the documentation is not comprehensive, detailed, and accurate, portions of the claim or the entire claim may be disallowed.

Expenses for Rented Equipment

A department may use some rented equipment. These costs may also qualify for reimbursement. Refer the "Documenting Disaster Costs" for the proper documenting of these expenses.

Processing Claims

Each department is responsible for preparing the necessary documentation and submitting a claim for resources deployed under this Plan. Where and how to file a claim is dependent on several factors because of the variety of possible reimbursement sources. The size of the event, the type of event and the type of emergency or disaster declaration can effect which funding sources are available. Some general guidelines are:

- Time is of the essence. Coordinate reimbursement claims with the fire department and Emergency Management Agency of the impacted county. That agency will work with the Tennessee Emergency Management Agency (TEMA) for recommendations and guidance for the best source for reimbursement for the particular event.
- For reimbursement from the State Disaster Relief Program, a letter of intent to seek reimbursement must be filed within 14 days. The letter should have an attachment, which includes a list of sites, a brief description of damages and an estimate of costs. For a federal claim, the Request for Public Assistance form must be filed within 30 days of the designation of the county for public assistance.

The Disaster Declaration Process

- **Local Government** responds to the emergency or disaster supplemented by neighboring communities and volunteer agencies. If the local government is overwhelmed, the county Emergency Management Agency requests an Emergency Declaration from the County Mayor/Executive requesting state assistance.
- **The State, coordinated by TEMA,** responds with state resources, such as the National Guard and other state agencies. If these resources are overwhelmed, then the state requests assistance from the Federal Emergency Management Agency (FEMA)**.**
- **Damage Assessment** by local, state, federal and volunteer organization teams determines losses and recovery needs**.**
- **A Major Disaster Declaration** is requested by the governor, based on the damage assessment, and an agreement to commit state funds and resources to long-term recovery;
- **FEMA Evaluates** the request and recommends action to the White House based on the disaster, the local community, and the state's ability to recover**.**
- **The President** considers the request and FEMA informs the governor whether it has been approved or denied. This decision process could take a few hours to several weeks depending on the nature of the disaster.

Reimbursement Procedure Notes

The following notes are offered to assist the fire service regarding reimbursement procedures:

- Because of the availability of a number of different possible funding programs at the state and federal level, no one procedure for filing reimbursement claims can be prescribed.

- The one procedure that can be consistent for preparing all claims is the documenting procedure. The attached "Documenting Disaster Costs" will provide the appropriate documentation for all potential funding sources.
- It is very important, especially for FEMA claims, that written mutual aid agreements be executed before a disaster. Tennessee Code Annotated §58-8-101 *et seq*. establishes written mutual aid agreements for all departments in Tennessee unless that department's governmental entity passed a resolution to opt out of the model plan or has a separate agreement for mutual aid with other governmental entities. The crucial points that the agreement must contain are: 1) the terms for charges for mutual aid; and 2) there is no contingency clause, i.e. "Payment will be provided only upon receipt of funding from FEMA."
- See appendix G for TEMA reimbursement procedures (confirm updated version). TEMA is an important resource to help match reimbursement claims with the best available funding source.
- Additional information is available from FEMA's "Public Assistance Guide" (FEMA 322) and FEMA's "Public Assistance Policy Digest (FEMA 321).

DOCUMENTING DISASTER COSTS

Following a major disaster, federal funding may be available to help local governments repair or replace damaged facilities. The primary reason that local governments fail to receive reimbursement is the lack of properly documented disaster costs. Since federal payments are based on Project Worksheets, final inspections, and audits, the proper documentation of costs is an absolute requirement. **It is not enough just to complete the disaster-related work - that work must be fully and accurately documented!**

Procedures

Documentation should begin immediately during the response to the disaster. The work done for such things as debris removal and emergency protective measures should be documented. A separate file folder shall be set up for each location where work is being done. Later, as Project Worksheets are completed, a separate folder should be established for each Project Worksheet. Place the Project Worksheet in its own folder along with all supporting documents to verify claim for potential reimbursement. If in doubt about starting a new folder, start a new folder. It is easier to consolidate folders than it is to separate documentation into new folders

There are two ways to complete items of work: one is by contract, and the other is by force account (using personnel, equipment, and materials belonging to the jurisdiction). The proper documentation in each case is described in appendix H.

Force Account Work

Before or immediately after a disaster occurs, someone should be appointed to start keeping a record of costs. Ideally, this person should have been designated and trained in advance. In addition, the person picked should attend the Applicant's Briefing that the state and federal officials will conduct.

If temporary workers or extra help are hired to complete items of work (which is frequently done for emergency work such as debris removal), they must be placed on the payroll and the job, wages, and period of employment must be recorded. The procedures for placing temporary workers on the payroll during an emergency should be planned in advance.

When a resource (personnel, materials and/or equipment) is used from another jurisdiction, (mutual aid), the resource must be documented and paid for as contract work to qualify for reimbursement. Invoices are required to show a description of the resource, dates the resource was used, name of the jurisdiction providing the resource, an invoice number, and cost of the resource.

Guidelines for documenting and organizing costs are outlined below.

Files

After a presidential declaration, there will be an initial meeting conducted by the Federal Public Assistance Officer. Guidance will be provided at this meeting for the formulation of Project

Worksheets. The jurisdiction may then write their own Project Worksheets without having to wait for the FEMA/State personal to write the Project Worksheets. Assistance to write the Project Worksheets may be requested from local, state, and federal officials. Approval of the Project Worksheets may not be received until several weeks after the disaster. In the meantime, emergency work must be started.

The problem is how to keep a separate record of costs for each project when it is not known what each project will cover. One way to accomplish this is to establish, immediately after the disaster, a separate folder for each emergency work project that must be done before project approval is received. For example, damage to three streets should have a separate folder set up for each street, not one folder for all three streets. If several buildings require repairs (such as repairing roofs to prevent further rain damage), set up a folder for each building. When the Project Worksheets are completed and approved, a permanent folder can be established for each project. It is easier to combine information from several folders than to separate information out of one folder.

Labor

Permanent and temporary employees must be on the payroll in order to be reimbursed for their work on disaster projects. The payroll records must show the pay period, employee name, job classification, number of hours worked each day, total hours worked for the pay period, rate of pay (regular and overtime), and total earnings. Most established payroll systems already include this information.

The records must also show which project the employee worked on each day and each hour if he/she worked on more than one project in a single day. Claims for labor must be documented for each project **individually**.

The time records must show how much time the employee worked on the disaster projects. Overtime must be shown on the records as being disaster related. Overtime pay must be in accordance with policies and practices in use by the jurisdiction before the disaster. That means that pay for overtime worked during a disaster cannot be claimed if overtime is not paid for extra hours worked before the disaster.

Procedures must be set up to record each day to show which employees worked on each disaster-related job, for how long, and what he or she did. The Force Account Labor Summary Record is needed for this purpose (*see Exhibit 1*). The record sheets should be used by the supervisor of each work crew and turned into the designated record keeper. The record keeper should also prepare the Fringe Benefit Rate Sheet (*see Exhibit 2*).

If an employee worked on two or more projects on the same date, the supervisor should turn in a separate Forced Account Labor Record for each project. These Force Account Labor Records are to be filed in the proper project folders.

There is no reimbursement for volunteer labor (other than Volunteer Firefighters as mentioned above). However, it is important to keep a record of volunteer labor if claims for equipment hours used by volunteers are being made.

Equipment

Equipment used on each project (both owned and rented) must be documented. Specifically, the documentation must show the Project Number, date used, FEMA code (if known), equipment description, operator, hours used each day, cost per hour, and total cost for each piece of equipment. **Equipment not in actual use is considered standby and is not eligible for reimbursement.** Use the Force Account Equipment Record (*see Exhibit 3*) or the Rental Equipment Summary Record *(see Exhibit 4)* to document the use of the equipment. Place the forms in each project folder immediately upon starting work. Operator costs associated with the use of equipment should be reported separately as part of the labor costs on the Force Account Labor Record unless the rental charge included the operator.

If the equipment is rented, the rental invoices must show the type of equipment, date and hours used, rate per hour (with or without operator), total cost, vendor name, invoice number, amount paid, and check number. This information is recorded on the Rented Equipment Summary Record (*see Exhibit 4*). Repair costs for rental equipment are not reimbursable.

Rates claimed for forced account equipment should correspond to those approved on FEMA's "Schedule of Equipment Rates." Preparing a list in advance of all available force account equipment showing the make, model and other specifications will facilitate the determination of the correct rate to charge. If a piece of equipment is used which is not listed on the rate schedule, FEMA will determine an applicable rate. However, having a record of the make, model number, and any other pertinent information will help in establishing the rate.

Materials and Supplies

A record of materials and supplies purchased or taken from stock must be kept for each project. Specifically, the documentation must show the name of the vendor, description of the material, quantity, unit price, total price, date of purchase, date used and whether purchased or taken from stock. The Material Summary Record (*see Exhibit 5*) can be used to record this information. Claims for materials taken from stock must be supported either by copies of the original purchase invoice or the invoice for replacement of the materials. Invoices for the materials must show the date paid, the amount paid and the check number and should be placed in the appropriate project folder.

Contract Work

The folder for each project that involves contract work must contain a copy of the contract and all invoices for that project. Each invoice must include a description of the work done, date of the work, name of the contractor, an invoice number, and amount billed. The Contract Work Summary Record (*see Exhibit 6*) is used to record this information. The folder must also contain a copy of the contract advertisement, a list of bidders, and proof that the work was awarded to the low bid contractor. If the low bid is not accepted (there can be some acceptable reasons for not taking the low bid), it must be documented why the bid was not accepted and that information must be placed in the project folder. The contract may be awarded to the next lowest bidder who is able to meet the terms of the contract. If the contract is significantly more than the approved Project Worksheet amount, the Tennessee Emergency Management Agency should be notified. **CAUTION: FEMA will not reimburse costs for cost-plus-percentage-of-cost contracts or any contract where payment for work is contingent upon federal**

reimbursement. Any work done by either type of contract will be ineligible and no federal funds will be paid for the work.

GENERAL DOCUMENTATION REQUIREMENTS

The dates used on all documentation must be within the allowable period for each project. This period is from the date of the disaster to the completion date of the work as shown in the Project Application. It is important that the dates on our supporting documentation agree with the project dates and final inspection. In other words, if 50 percent of the work was completed (as shown on the Project Worksheet) when the Project Worksheet was written, 50 percent of the work and costs must be shown between the date of the disaster and the date the Project Worksheet was prepared. The other 50 percent must be between the Project Worksheet date and the completion date shown on the final inspection report.

The approved Project Worksheet will show a total amount approved for each job. However, do not restrict the supporting documentation to these amounts. Overruns on large projects will be considered on a case-by-case basis for reasonable costs. Significant cost overruns on small projects will be considered in relation to the net overrun on all small projects. All overruns should be reported to the Tennessee Emergency Management Agency as soon as possible. This step is critical because early approval of overruns is necessary. If a large overrun is not approved, reimbursement will not cover the overrun.

FEMA will reimburse only for repairs included in scope of work on the Project Worksheet. If it is decided to change to an alternate project, FEMA approval is required. Immediately inform the Tennessee Emergency Management Agency of any proposed changes and justification for those changes. FEMA must approve alternate work projects. If the change is only to improve an existing work project, the state can approve the change, unless the change will involve required federal approval, such as the National Environmental Protection Act.

AVAILABLE ASSISTANCE

Contact the local Emergency Management Director who will arrange for assistance with the documenting of damage costs through the Tennessee Emergency Management Agency Response and Recovery Branch.

Reimbursement is tied to documentation. Good records must be kept!

Record Keeping Forms and Instructions

Introduction

It is essential that the expenses incurred in disaster response and recovery be accurately documented. Accurate documentation will help:

1. Recover all eligible costs.
2. Have the information necessary to develop Project Worksheets.
3. Have the information available for the state and FEMA to validate the accuracy of small projects.
4. Be ready for any state or federal audits or other program or financial reviews.

There are many ways to maintain documentation. It is important is to have the necessary information, readily available and that this information is in a usable format. The records for the documentation must be assembled under the Project Number as shown on FEMA's Project Worksheet. The Public Assistance Coordinator assigns project numbers.

Six record forms have been developed to assist in the organizing of the project documentation. Other systems can be used if the system will provide the required information. The forms are:

1. **Force Account Labor Summary Record** (Exhibit 1) -- used to record personnel costs.
2. **Fringe Benefit Rate Sheet** (Exhibit 2)-- used to record benefit costs.
3. **Force Account Equipment Summary Record** (Exhibit 3) -- used to record your equipment use costs.
4. **Rented Equipment Summary Record** (Exhibit 4) -- used to record the costs of rented or leased equipment.
5. **Material Summary Record** (Exhibit 5) -- used to record the supplies and materials that are taken out of stock or purchased.
6. **Contract Work Summary Record** (Exhibit 6) -- used to record the costs or work that is done by contract.

Exhibit 1

FORCE ACCOUNT LABOR SUMMARY RECORD INSTRUCTIONS

Force Account is the term to refer to the jurisdiction's own personnel and equipment. Keep the following points in mind when compiling force account labor information:

☐ Record regular and overtime hours separately.

☐ Record the benefits separately for regular and overtime hours. Most overtime hours include fewer benefits than regular hours.

☐ Attach a Fringe Benefit Rate Sheet giving a breakdown of what is included in the jurisdiction's benefits. By percentages, e.g., Social Security – 15.2%, Workman's Compensation – 4.3%, insurance – 18.5%, etc. Use an average rate if there are different benefit rates for different employees.

Complete the Force Account Labor Summary Record as follows:

☐ **<u>Heading:</u>**

☐ **Applicant:** Enter the jurisdiction's name.

☐ **Paid:** Enter the date these wagers were paid.

☐ **PW#:** Enter the Project Worksheet Number that this record covers.

☐ **Disaster Number:** Enter the assigned Disaster Number.

☐ **Location/Site:** Enter the location or site where the work was performed for this Project Worksheet.

☐ **Category:** Enter the category of work being done, e.g. A, B, C, etc.

☐ **<u>Detail Section:</u>**

☐ **Name:** Enter the names of the employees who worked on the project.

☐ **Job Title:** Enter the job title of each employee who worked on the project.

☐ **Reg:** Enter the regular hours that each employee worked on the project.

   ☐ **OT:** Enter the overtime hours that each employee worked on the project. **REMINDER: The only overtime that is eligible for reimbursement is overtime for emergency work. Record both regular and overtime hours, so that personnel hours can be compared with equipment use hours, if necessary.**

   ☐ **Date:** Enter the days date in the space at the top of each column.

   ☐ **Hours Worked:** Enter the hours worked by each employee, regular hours and overtime hours, in the blocks below the date worked.

   ☐ **Total Hours:** Add up the regular hours and enter the total. Add up the overtime hours and enter.

☐ **Hourly Rate:** Enter the regular hourly rate for each employee and enter the overtime rate for each employee.

☐ **Benefit Rate:** Enter the appropriate benefit rate from the Totals line on the Fringe Benefit Rate Sheet.

   ☐ **Total Hourly Wages:** Multiply the Hourly Rate by the Benefit Rate to get an hourly benefit rate. Add the hourly rate to the hourly benefit rate and enter that total.

   ☐ **Total Costs:** Multiply the Total Hours by the Total Hourly Wage and enter that total.

   ☐ **Totals Section:**

☐ **Total Force Account Labor – Regular Time:** Add up the Regular time Total Costs and enter.

☐ **Total Force Account Labor – Over Time:** Add up the Overtime Total Costs and enter.

☐ **Total Force Account Labor:** Add the Regular time total to the Overtime total and enter.

FORCE ACCOUNT LABOR SUMMARY RECORD

PAGE ____ OF ____

APPLICANT	PA ID NO.	PROJECT NO.	**DISASTER**
LOCATION/SITE		**CATEGORY**	PERIOD COVERING
DESCRIPTION OF WORK PERFORMED:			

NAME	**DATES AND HOURS WORKED EACH WEEK**								**COSTS**				
JOB TITLE	**DATE**								**TOTAL HOURS**	**HOURLY RATE**	**BENEFIT RATE/HR**	**TOTAL HOURLY RATE**	**TOTAL COSTS**
NAME	**REG.**												
JOB TITLE	**O. T.**												
NAME	**REG.**												
JOB TITLE	**O. T.**												
NAME	**REG.**												
JOB TITLE	**O. T.**												
NAME	**REG.**												
JOB TITLE	**O. T.**												
NAME	**REG.**												
JOB TITLE	**O. T.**												

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME →	$
TOTAL COSTS FOR FORCE ACCOUNT LABOR OVERTIME →	$

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

CERTIFIED	TITLE	DATE

Exhibit 2

APPLICANT’S BENEFITS CALCULATION WORKSHEET INSTRUCTIONS

Fringe Benefit Calculations:

Fringe benefits for force account labor are eligible for reimbursement. Fringe benefits for overtime will be significantly less than for regular time, except for extremely unusual cases. The following steps will assist in calculating the percentage for fringe benefits paid on an employee’s salary. Note that items and percentages will vary from one entity to another.

1. The normal year consists of 2080 hours (52 weeks X 5 workdays/week X 8 hours/day). This does not include holidays and vacations.
2. Determine the employee’s basic hourly pay rate (annual salary / 2080 hours).
3. Fringe benefit percentage for vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 e.g. (80 hours (2 weeks) / 2080 = 3.85%).
4. Fringe benefit percentage for paid holidays: Divide the number of paid holiday hours by 2080 e.g. (64 hours (8 holidays) / 2080 = 3.07%).
5. Retirement Pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
6. Social Security and Unemployment Insurance: Both are standard percentages of salary.
7. Insurance: This benefit varies by employer. Divide the amount paid annually by the jurisdiction by the basic pay rate determined in Step 2. Then divide the result by 100 to determine the correct percentage rate.
8. Workman’s Compensation: This benefit also varies by employee. Divide the amount paid annually by the jurisdiction by the basic pay ray determined in Step 2. Then divide the result by 100 to determine the correct percentage rate.

Note: Typically, the same rate should not be charged for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however, some entities may charge retirement tax on all income.

Sample Rates:

Although some rates may differ greatly between jurisdictions due to their particular experiences, the table below provides some general guidelines that can be used as a reasonableness test to review submitted claims. These rates are based on experience in developing fringe benefit rates for several state departments, the default rate used for the State of Florida, following Hurricane Andrew (August 1992), and the review of several FEMA claims. The rates are determined using the gross wage method applicable to the personnel hourly rate (PHR) method. The net available hours method would result in higher rates.

Paid Fringe Benefits:

FICA (Social Security Matching) 7.65% (or slightly less)
Retirement – Regular 17.00% (or less)
Retirement – Special Risk 25.00% (or slightly less)
Health Insurance 12.00% (or less)
Life & Disability Insurance 1.00% (or less)
Worker’s Compensation 3.00% (or less)
Unemployment Insurance 0.25% (or less)

Leave Fringe Benefits:

Accrued Annual Leave 7.00% (or less)
Sick Leave 4.00% (or less)
Administrative Leave 0.50% (or less)
Holiday Leave 4.00% (or less)
Compensatory Leave 2.00% (or less)

Rates outside of these ranges are possible, but should be justified during the validation process.

APPLICANT'S BENEFITS CALCULATION WORKSHEET

PAGE ______ **OF** ______

1, APPLICANT

2. PA ID

3. DISASTER NUMBER

4. PW #

FRINGE BENEFITS (by %)	**REGULAR TIME**	**OVERTIME**
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL in % of annual salary		

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED BY	TITLE	DATE

Exhibit 3

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD INSTRUCTIONS

Complete the Force Account Equipment Summary Record as follows:

- ☐ **Heading**
- ☐ **Applicant:** Enter the jurisdiction's name.
- ☐ **Paid:** Enter the date these charges were paid.
- ☐ **PW#:** Enter the Project Worksheet Number that this record covers.
- ☐ **Disaster Number:** Enter the assigned Disaster Number.
- ☐ **Location/Site:** Enter the location or site where the work was performed for this Project Worksheet.
- ☐ **Category:** Enter the category of work being done, e.g. A, B, C, etc.
- ☐ **Detail Section:**
  - ☐ **Type of Equipment:** Enter the name of the equipment used including the size, capacity, horsepower, make, and model.
  - ☐ **Equip Code #:** Enter the FEMA Cost Code for the equipment, if known.
  - ☐ **Operator's Name:** Enter the name of the equipment operator.
  - ☐ **Date:** Enter the day's date in the space at the top of each column.
  - ☐ **Hours Used:** Enter the hours used for each piece of equipment in the blocks below the date. Idle and standby hours cannot be included.
  - ☐ **Total Hours:** Add up the Hours Used for the week and enter.
  - ☐ **Equipment Rate:** Enter the cost per hour to use the equipment.
  - ☐ **Total Cost:** Multiply the Total Hours by the Equipment Rate and enter the result.
- ☐ **Totals Section:**
- ☐ **Total Hours:** Add the Total Hours column and enter.
- ☐ **Total Cost:** Add the Total Cost column and enter.

FEDERAL EMERGENCY MANAGEMENT AGENCY

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

Page OF

APPLICANT

PA ID NO.

PROJECT NO.

DISASTER

LOCATION/SITE

CATEGORY

PERIOD COVERING

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										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
GRAND TOTAL →													

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

CERTIFIED

TITLE

DATE

FEMA Form 90-127

Exhibit 4

RENTED EQUIPMENT RECORD SUMMARY

Complete the Rented Equipment Summary Record as follows:

- ☐ **Heading**
- ☐ **Applicant:** Enter the jurisdiction's name.
- ☐ **Paid:** Enter the date these charges were paid.
- ☐ **PW#:** Enter the Project Worksheet Number that this record covers.
- ☐ **Disaster Number:** Enter the assigned Disaster Number.
- ☐ **Location/Site:** Enter the location or site where the work was performed for this Project Worksheet.
- ☐ **Category:** Enter the category of work being done, e.g. A, B, C, etc.
- ☐ **Detail Section:**
  - ☐ **Type of Equipment:** Enter the name of the equipment used including the size, capacity, horsepower, make, and model.
  - ☐ **Dates and Hours Used:** Enter the date used on the upper block and the hours used in the lower block.
  - ☐ **W/Opr:** Enter the rate charged per hour when the rental company provides the operator.
  - ☐ **W/O Opr:** Enter the rate charged per hour when the rental company does not provide the operator.
  - ☐ **Total Cost:** Multiply the Hours used by the appropriate Rate Per Hour and enter.
  - ☐ **Vendor:** Enter the name of the rental company.
  - ☐ **Invoice No:** Enter the rental Company's invoice number.
  - ☐ **Date and Amount Paid:** Enter the Date Paid in the upper block and the Amount Paid in the lower block.
  - ☐ **Check No:** Enter the number of the check used to pay the vendor.
- ☐ **Total Section**
  - ☐ **Grand Total:** Add the Amounts Paid in the Date and Amount Pd column and enter.

FEDERAL EMERGENCY MANAGEMENT AGENCY

RENTED EQUIPMENT SUMMARY RECORD

Page of

1. APPLICANT

2. PA ID

3. PW #

4. DISASTER NUMBER

5. LOCATION/SITE

6. CATEGORY

7. PERIOD COVERING
to

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				$			$	
				$			$	
				$			$	
				$			$	
				$			$	
				$			$	
				$			$	
				$			$	
				$			$	
					GRAND TOTAL →			

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

CERTIFIED

TITLE

DATE

Exhibit 5

MATERIALS SUMMARY RECORD

Complete Materials Summary Record as follows:

- ☐ **Heading**
- ☐ **Applicant:** Enter the jurisdiction's name.
- ☐ **Paid:** Enter the date these charges were paid.
- ☐ **PW#:** Enter the Project Worksheet Number that this record covers.
- ☐ **Disaster Number:** Enter the assigned Disaster Number.
- ☐ **Location/Site:** Enter the location or site where the work was performed for this Project Worksheet.
- ☐ **Category:** Enter the category of work being done, e.g. A, B, C, etc.
- ☐ **Detail Section:**
  - ☐ **Vendors:** Enter the name of the vendor supplying the materials.
  - ☐ **Description:** Enter a description of the materials used.
  - ☐ **Quantity:** Enter the quantity used.
  - ☐ **Unit Price:** Enter the price per unit.
  - ☐ **Date Purchased:** Enter the date purchased for use or replacement of stock.
  - ☐ **Date Used:** Enter the date the materials were used on this project.
  - ☐ **Info From:** Check whether the information on this record came from a vendor's invoice or from stock records.
- ☐ **Total Section:**
  - ☐ Add up the Total Price column and enter.

FEDERAL EMERGENCY MANAGEMENT AGENCY

MATERIALS SUMMARY RECORD

Page OF

APPLICANT

PA ID NO.

PROJECT NO.

DISASTER

LOCATION/SITE

CATEGORY

PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
			GRAND TOTAL →	$				

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

CERTIFIED

TITLE

DATE

FEMA Form 90-124

Exhibit 6

CONTRACT WORK SUMMARY RECORD

Complete the Contract Work Summary Record as follows:

☐ **Heading**

☐ **Applicant:** Enter the jurisdiction's name.

☐ **Paid:** Enter the date these charges were paid.

☐ **PW#:** Enter the Project Worksheet Number that this record covers.

☐ **Disaster Number:** Enter the assigned Disaster Number.

☐ **Location/Site:** Enter the location or site where the work was performed for this Project Worksheet.

☐ **Category:** Enter the category of work being done, e.g. A, B, C, etc.

☐ **Detail Section:**

☐ **Dates Worked:** Enter the dates for the work billed on the invoice listed.

☐ **Contractor:** Enter the name of the contractor.

☐ **Billing Invoice Number:** Enter the contractor's invoice submitted for payment.

☐ **Amount:** Enter the total billed on the invoice.

☐ **Comments – Scope:** Enter pertinent comments such as percentage of work completed, etc.

☐ **Total Section**

☐ **Amount:** Add up the Amount column and enter.

FEDERAL EMERGENCY MANAGEMENT AGENCY

CONTRACT WORK SUMMARY RECORD

Page **OF**

APPLICANT

PA ID NO.

PROJECT NO.

DISASTER

LOCATION/SITE

CATEGORY

PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

DATES WORKED	**CONTRACTOR**	**BILLING/INVOICE NUMBER**	**AMOUNT**	COMMENTS - SCOPE
		GRAND TOTAL →	**$**	

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

CERTIFIED

TITLE

DATE

FEMA Form 90-126

Appendix A - Checklists for positions within the response plan

Checklists for different positions within the response plan

PLAN ACTIVATION

Responsibility: Responsibility for activation of this plan shall remain with the person or persons with incident management authority in the event of a disaster within that jurisdictional area.

Actions:

_____ In the event of an emergency/disaster and local/regional mutual aid systems have been exhausted, the local jurisdiction shall determine the type and amount of additional resources required. Requests shall be in accordance with the Resource Inventory guidelines of this Plan.

_____ The local/regional dispatch center of the affected jurisdiction establishes contact with TEMA EOC at 1-800-262-3300 or 1-800-262-3400 and requests additional resources.

_____ During any major incident, interagency coordination is essential. Upon the activation of the County Emergency Operations Center (EOC), requests for assistance shall be channeled through the local EOC.

_____ The local/regional dispatch center shall then contact and notify the County Coordinator and the local County Emergency Manager to inform them of activation of the Plan.

_____ The TEMA EOC dispatches the requested resources, contacts the requesting dispatch center to verify the response, and advises the State Coordinator of activation of the Plan.

_____ The State Coordinator notifies the Assistant State Plan Coordinator and the Regional Coordinators of activation of the Plan

_____ The State Coordinator will establish an appropriate contact with the State Fire Marshall Office operating within the State EOC if the State EOC is activated.

PRESIDENT OF THE TENNESSEE FIRE CHIEFS ASSOCIATION

Position Responsibilities: Overall coordination of the Tennessee Fire Service Emergency Response Plan through the State Plan Coordinator.

Actions:

_____ Annually nominates the Chair of the TFCA Emergency Response Plan Committee who also serves as the State Plan Coordinator.

_____ Upon recommendation from the State Plan Coordinator, annually nominates the Assistant State Plan Coordinator and the nine (9) Regional Plan Coordinators.

_____ Considers and approves/disapproves recommendations from the State Coordinator regarding committee membership.

_____ Notifies the Fire Marshal's Office annually with the identity of the State Plan Coordinator.

_____ Communicates with State Plan Coordinator on all matters affecting Tennessee disaster planning.

_____ Assists State Plan Coordinator with plan management as necessary.

_____ Contacts adjacent state fire chief associations, as necessary, to coordinate planning activities.

_____ Liaison with IAFC for situation updates and assistance needs.

_____ Attends critiques of the Plan at his/her discretion.

STATE PLAN COORDINATOR

Position Responsibility: Overall coordination, management, maintenance of the Tennessee Fire Service Emergency Response Plan.

Actions:

_____ Nominated annually by the President of the TFCA.

_____ Serves as Chairman of the TFCA Emergency Response Plan Committee.

_____ Recommends candidates for the position of Assistant State Plan Coordinator to the President of the TFCA.

_____ Recommends candidates for the positions of District Plan Coordinators for each of the nine (9) disaster response regions to the President of the TFCA. Obtains input from the Regional Coordinators.

_____ Holds regular committee meetings, conducted at least semi-annually.

_____ Represents the Emergency Response Plan Committee to the TFCA Board of Directors.

_____ Makes reports to the full TFCA on the Plan and the activities of the committee, as needed.

_____ Makes annual written report to the President of the TFCA.

_____ Insures plan updating, training, and other administrative functions are on going.

_____ Notifies the President of the TFCA when the Plan is activated.

_____ Serves as Fire Service representative/liaison to ESF 4 in the State Emergency Operations Center.

_____ Serves as the liaison, during the disaster, to the affected District Plan Coordinator.

_____ Notifies District Plan Coordinators of plan activation and that resources may be required.

_____ Directs the coordination of the reimbursement process.

_____ Reviews responses with committee and makes appropriate recommendations to the TFCA for changes in the Plan.

_____ Develops a plan to provide for the continued staffing of the position during extended operations.

ASSISTANT STATE PLAN COORDINATOR

Position Responsibilities: Assists the State Plan Coordinator in the overall coordination and maintenance of the Ohio response plan.

_____ Nominated annually by the President of the TFCA.

_____ Serves as chairman and plan coordinator in the absence of the State Coordinator.

_____ Responsible for coordinating all grants and training programs in support of the Plan.

_____ Provides recommendations on revisions as necessary to update the Plan.

_____ Liaisons with external associations and agencies on training opportunities.

REGIONAL PLAN COORDINATOR

Position Responsibility: Maintenance and coordination of the Plan at the regional level.

Actions:

_____ Filled by the University of Tennessee MTAS and/or CTAS.

_____ During activation serves as coordinator for the Plan in support of ESF 4 in the TEMP.

_____ During activation works with the District Coordinator or his assigned liaison in the disaster area.

_____ Serves as member of the TFCA Emergency Response Plan Committee.

_____ Recommends District Plan Coordinators to the State Plan Coordinator.

_____ Maintains current resource list of equipment, personnel, etc. within the region that are available for response upon Plan activation. Updates resource list at least semi-annually.

_____ During Plan activation communicates with the State Plan Coordinator.

DISTRICT PLAN COORDINATOR

Position Responsibility: Maintenance and coordination of the Plan at the district level.

Actions:

_____ Appointed by the Plan Coordinator upon recommendation and consultation with the Regional Coordinators.

_____ Identifies and trains at least one (1) alternate for the District (preferably a County Coordinator).

_____ During activation serves as coordinator for the Plan in the assigned district.

_____ During activation responds to the disaster and acts as a liaison in the disaster area.

_____ Serves as member of the TFCA Emergency Response Plan Committee.

_____ Appoints County Plan Coordinators with the input of the County Fire Chiefs' Associations in the area.

_____ Maintains current resource list of equipment, personnel, etc. within the district that are available for response upon Plan activation. Updates resource list at least semi-annually.

_____ During Plan activation communicates with the State Plan Coordinator.

COUNTY PLAN COORDINATOR

Position Responsibility: Maintenance and coordination of the Plan at the county level.

Actions:

_____ Appointed annually by the District Plan Coordinator.

_____ Identifies a contact for each department in the county.

_____ Identifies the fire service dispatching points within the county.

_____ Maintains current resource list of equipment, personnel, etc. within the county that are available for response upon Plan activation. Updates resource list at least semi-annually.

_____ Before Plan activation, establishes and maintains an on-going dialogue the local EMA.

_____ Assists with the creation/expansion of local and county mutual aid systems.

_____ Serves as a liaison for the Plan to the local fire service representatives within the County EOC.

_____ Assists local jurisdictions and EMA with incident documentation and the processing of reimbursement document.

Appendix B - Resource Inventory

TENNESSEE FIRE CHIEFS ASSOCIATION
STATE FIRE RESPONSE RESOURCE DEFINITIONS

Engine (Eng.)	A combination vehicle having a pumping capacity of 1,000 gpm or greater, a water tank of at least 250 gallons and hose and equipment similar to NFPA 1901. Note: This classification also includes telesquirts when such vehicles are equipped and operated as an engine company. Minimum staffing of 3 personnel (4 preferred).
Ladder (Lad)	A vehicle with a powered aerial ladder capable of reaching a minimum height of 50 feet. This unit shall have hose and equipment similar to that recommended by NFPA 1901 and may or may not include a pump and booster tank. Note: This classification includes aerial ladders, snorkels, elevated and articulated platforms, as well as telesquirts when equipped and operated as a ladder company. Minimum staffing of 3 personnel (4 preferred).
Tanker (Tnk)	A water transporting vehicle having a minimum capacity of 1,500 gallons. The unit shall have hose and equipment similar to that recommended by NFPA 1901. Note: This unit shall have a quick dump capacity. Minimum staffing of 1 person (2 preferred).
ALS Unit	An ambulance (transporting vehicle) equipped and staffed to provide paramedic advanced life support (ALS) services. Minimum staffing of 2 personnel (1 paramedic, 1 EMT), 3 preferred. (Confer with TN Division of EMS for proper definition)
BLS Unit	An ambulance (transporting vehicle) equipped and staffed to provide basic life support (BLS) services. Minimum staffing of 2 personnel (2 EMTs), 3 preferred. (Confer with TN Division of EMS for proper definition)
Air Supply	A vehicle designed and operated to provide a quantity of purified breathing air, as defined by NIOSH/OSHA. This classification includes those vehicles with mobile cascade systems having a minimum of 4 bottles of 4,500 psi or greater and/or mobile units having mobile compressors. Minimum staffing of 1 person.
Special Teams	Special Teams are organized units equipped to handle specific hazards and emergencies. Special Teams are trained and certified in accordance with accepted standards. Such hazards and emergencies may include: Water Rescue Dive Rescue/Recovery Fast and Cold Water Rescue Technical Rescue Trench Rescue Confined Space Rescue Building Collapse Rope Rescue Hazardous Materials Decontamination

TFCA resource definitions will be used until NIMS resource typing is adopted.

Appendix C – Tennessee Emergency Management Overview

Structure

The emergency management structure in the state of Tennessee is guided by Tennessee Code Annotated, 58-2-101 *et seq*., and sets up a structure with four levels of intervention (local, county, state and federal). The basic concept of this plan is the lowest level of government shall have initial responsibility for disaster response and relief, attempting to mitigate the situation with the resources available at that level. Requests for assistance from the next higher level of government will be made when either the magnitude of the disaster exceeds the resources of the local level of government or the resources needed are not available at the local level.

Under T.C.A. § 55-2-110, each county government is to operate an emergency management agency for coordinating disaster relief efforts in that county. Upon exhaustion of resources at the county level, requests for State assistance will be made to the Tennessee Emergency Management Agency (TEMA). TEMA will evaluate the damage and the assistance needed through the State. Based on this or other information, the Governor may declare a state of emergency exists, and direct state resources into the affected area. The State Emergency Operations Center (EOC) would be activated at this time and will provide direct liaison to the County EOC regarding the coordination of State resources operating and/or responding into the affected area.

State agencies will provide resources to local government according to the functional responsibilities outlined in the Emergency Support Functions (ESF) found in the Tennessee Emergency management Plan (TEMP). For each function, one State agency has primary responsibility and will provide resources and leadership relating to that function.

When local and state resources are determined to be inadequate to respond to the disaster, the Governor will request assistance through the Federal Emergency Management Agency (FEMA). The requests will be based on State and local damage reports and expenditure reports for disaster-related activities. When the President of the United States declares an emergency or a major disaster, federal assistance would then be authorized to assist State government. In Tennessee, TEMA has been designated as the State agency responsible for coordinating assistance received through federal programs.

Appendix D - Mutual Aid and Emergency and Disaster Assistance Agreement Act of 2004

CHAPTER NO. 743

SENATE BILL NO. 3139

By McNally, Ketron, Crowe, McLeary, Kilby, Williams, Norris

Substituted for: House Bill No. 3094
By Rinks, Casada, Shaw

AN ACT to amend Tennessee Code Annotated, Title 7 and Title 58, relative to mutual aid, emergency and disaster assistance, and homeland security.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 58, is amended by adding the following as new Chapter 8:

58-8-101. This act shall be known and may be cited as the "Mutual Aid and Emergency and Disaster Assistance Agreement Act of 2004".

58-8-102. As used in this chapter, unless the context otherwise requires:

(1) "Activities under service agreements" means day-to-day cooperation and activities based upon interlocal service or operational agreements or contracts between or among governmental entities;

(2) "Aid" means the same as assistance except that aid is provided in an occurrence during any period of time when a state of emergency has not been declared;

(3) "Assistance" means the provision of personnel, equipment, facilities, services, supplies, and other resources to assist in firefighting, law enforcement, the provision of public works services, the provision of emergency medical care, the provision of civil defense services, or any other emergency assistance one governmental entity is able to provide to another in response to a request for assistance in a municipal, county, state, or federal state of emergency;

(4) "Disaster" means any natural, technological, or civil emergency that results in substantial injury or harm to the population or substantial damage to or loss of property of sufficient severity and magnitude that there is a declaration, resulting from the emergency, of a disaster by the governor under state law or the president under federal law;

(5) "Emergency" means an occurrence or threat of an occurrence, whether natural or man-made, that results in or may result in substantial injury or harm to the population or substantial damage to or loss of property and which results in a declaration of a state of

emergency by a municipal mayor, a county mayor or executive, the governor, or the president;

(6) "Emergency assistance" means assistance provided by a participating governmental entity to another under this act;

(7) "Employee" means paid, volunteer, and auxiliary personnel and emergency management workers of a governmental entity;

(8) "Governmental entity" means any political subdivision of the state, including, but not limited to, any incorporated city or town, metropolitan government, county, utility district, school district, nonprofit volunteer fire department receiving public funds and recognized under Title 68, Chapter 102, Part 3, rescue squad, human resource agency, public building authority, airport authority, and development district, or any instrumentality of government created by one (1) or more of these named governmental entities or the general assembly, or any entity otherwise recognized by state law as a local governmental entity;

(9) "Occurrence" means the imminent threat of an event or an actual event and its aftermath, whether natural or man-made, that could lead to substantial bodily injury or property damage and that could lead to the declaration of a state of emergency;

(10) "Participating governmental entity" means any governmental entity in the state that requests or responds to a request for aid or assistance under this act;

(11) "Responding party" means a governmental entity that has received and responded to a request to provide mutual aid or assistance to another governmental entity under this act; and

(12) "Requesting party" means a governmental entity that requests aid or assistance from another governmental entity under this act.

> 58-8-103. (a) On and after July 1, 2004, the provision and receipt of mutual aid and assistance by participating governmental entities shall be governed by this act, and no separate agreement is necessary except with regard to aid or assistance provided to entities in other states, and governmental entities that decide to provide aid and assistance under a separate agreement. Governmental entities may choose by resolution of their governing bodies to continue agreements existing on July 1, 2004, until they expire or are terminated in accordance with their terms. Governmental entities may also by resolution extend existing agreements or make new agreements relative to mutual aid and assistance after July 1, 2004. When there is an agreement between or among governmental entities, the provisions of that agreement and applicable authorizing law govern activities under the agreement. For any governmental entity with no agreement with the particular requesting party governing mutual aid or assistance, the provisions of this act apply to both parties.

(b) It is not the intent of this act to affect activities under service agreements. Service and operational agreements may continue to be made and enforced under Sections 5-1-113, 5-1-114, 5-16-107, 5-19-106, 6-54-307, 6-54-601, Title 12, Chapter 9; Title 49, Chapter 2, Part 13, or other applicable law.

(c) The purposes of this act are to authorize mutual aid and to enhance public safety and homeland security by facilitating assistance among governmental entities in any state of emergency or declared disaster while conforming to federal guidelines relative to reimbursement of costs for assistance rendered.

(d) Aid and assistance to entities in other states continues to be governed by the Interlocal Cooperation Act, compiled in Title 12, Chapter 9, and other applicable law.

58-8-104. (a) The mayor of a municipality or the mayor or county executive of a county or metropolitan government may declare a local state of emergency affecting such official's jurisdiction by executive order consistent with and governed by § 58-2110(3)(A)(v).

(b) The mayor or executive of any municipality or county, or such official's designee, may declare a state of emergency for such official's municipality or county regardless of whether the event in question affects only that jurisdiction or multiple jurisdictions.

(c) The declaration of a state of emergency by a jurisdiction entitles the responding party or parties to cost reimbursement as provided in § 58-8-111. The requesting party is required to make this reimbursement to the responding party or parties.

(d) The municipal mayor or county mayor or executive may declare the state of emergency at any time during the imminent pendency or happening of the occurrence.

58-8-105. (a) When a governmental entity is affected by an occurrence that its resources will not be adequate to handle, the governmental entity may request aid through the appropriate emergency management employee or official, or a county or municipality may declare a local state of emergency as provided in § 58-8-104 and request assistance by communicating the request to a potential responding party or multiple potential responding parties. Requests for aid or for assistance must be made by the appropriate official or employee to the emergency communications dispatch center of potential responding parties or other officials authorized by the potentially responding party to respond to requests under this act.

(b) Each request for aid or assistance may be made verbally and should, to the extent possible, include the following:

(1) A statement that an occurrence is imminent, in progress, or has occurred. The statement should also indicate whether a declaration of a state of emergency has been made and give a general description of the occurrence or emergency, including an initial estimate of the damages and injuries sustained or expected;

(2) Identification of the service functions for which aid or assistance is needed and the particular type of aid or assistance needed;

(3) The amount of personnel, equipment, materials, and supplies needed; and

(4) An estimated time and place for a representative of the requesting party to meet the responding party.

(c) Each request for aid or assistance may include the following if known or necessary:

(1) An estimate of the amount of time, aid, or assistance that will be needed.

(2) Identification of the types of infrastructure for which aid or assistance is needed (e.g., water and sewer, streets, gas, electric, or other infrastructure); and

(3) Identification of the need for sites, structures, or other facilities outside the requesting party's jurisdiction to serve as relief centers or staging areas for incoming emergency goods or services.

(d) All requests for assistance shall be confirmed in writing to the responding party or parties within thirty (30) days of the initial request. Parties shall keep records of all requests made for assistance under this act.

> 58-8-106. Any participating governmental entity may, upon receiving a request for mutual aid in an occurrence or for assistance from a requesting party in a municipal, county, state, or federal state of emergency, send its personnel and equipment outside its boundaries and into any other jurisdiction necessary to respond to the request.
>
> 58-8-107. (a) This act does not create a duty on participating governmental entities to respond to a request for aid or assistance nor to stay at the scene of an

occurrence or emergency for any length of time. Upon receipt of a request for aid or assistance, a potential responding party shall determine whether and to what extent it will provide the aid or assistance. If the potential responding party determines in its complete discretion that it is not in its best interest to provide aid or assistance, it shall notify the requesting party of its decision as soon as possible. If the potential responding party determines that aid or assistance can be provided, it shall communicate the following information to the requesting party as soon as possible:

(1) A description of what personnel, equipment, and other resources it will provide;
(2) An estimate of the length of time aid or assistance will be available; and
(3) An estimated time of arrival at the scene or designated meeting place.

(b) The responding party may withdraw aid or assistance at any time. The responding party shall notify the requesting party as soon as possible of any decision to withdraw aid or assistance.

(c) The provisions of this section that require certain actions are directory rather than mandatory and do not create a public or special duty on the part of any participating governmental entity.

58-8-108. The representative or representatives of the requesting party authorized to be in charge of emergency response at the scene shall be in command at the scene as to strategy, tactics, and overall direction of the operations. The requesting party may delegate command as needed. Generally accepted incident command procedures shall be implemented and followed. The responding party shall designate supervisory personnel for its employees sent to render aid or assistance. All orders or directions regarding the operations of the responding party shall be relayed to the responding party through these designated supervisory personnel unless a different arrangement is determined by the parties in the field to be more advantageous.

58-8-109. (a) When employees of the responding party are sent from the employing jurisdiction to other jurisdiction or jurisdictions in response to a request for aid or assistance under this act, they have the same powers, duties, rights, privileges, and immunities as if they were performing their duties in the jurisdiction in which they normally function.

(b) Employees of the responding party will be considered as the responding party's employees at all times while performing their duties under this act for purposes of the workers' compensation law and for that purpose will be considered as acting within the course and scope of their employment with the responding party.

(c) Under § 29-20-107(f), for liability purposes only, employees of the responding party are to be considered employees of the requesting party while performing their duties under this act at the scene of the occurrence or emergency or other locations necessary for the response while under the supervision of the requesting party. At all other times in the response, including traveling to the scene and returning to the employing jurisdiction, such employees are to be considered for liability purposes to be employees of the responding party.

58-8-110. Nothing in this act shall be construed to remove any immunity from, defenses to, or limitation on liability provided by the Tennessee Governmental Tort Liability Act or other law.

58-8-111. (a) Except as provided in this section, the requesting party shall pay the responding party all documented costs incurred by the responding party in extending assistance to the requesting party under this act. The requesting party is ultimately responsible for reimbursement of all eligible expenses, not to exceed the Federal Emergency Management Agency's reimbursement fee schedules.

(b) Eligibility for reimbursement begins immediately upon the declaration of the state of emergency. The responding party is entitled to receive payment for 1/2 its reimbursable costs for the first six (6) hours of its response after the state of emergency is declared. The responding party is entitled to one hundred percent (100%) reimbursement of eligible costs incurred after six (6) hours are exceeded. Time periods for the response subject to reimbursement shall be calculated from the time the state of emergency is declared or the time the responding party leaves its jurisdiction, whichever occurs later, to the time it returns. Reimbursement of personnel, equipment, and materials and supply costs are all subject to the limitations of this subsection.

(c) During the period of assistance, the responding party shall continue to pay its employees according to then-prevailing wages, including benefits and overtime. The requesting party shall reimburse the responding party for all direct and indirect payroll costs, including travel expenses, incurred during the period of assistance, including but not limited to, employee retirement benefits as determined by generally accepted accounting principles. The requesting party is not responsible for reimbursing any amounts paid or due as benefits to responding party's personnel under the terms of the Tennessee Workers' Compensation Act, compiled in Title 50, Chapter 6.

(d) The requesting party shall reimburse the responding party for the use of its equipment during the period of assistance according to the Federal Emergency Management Agency fee schedules for hourly rates. For instances in which the costs are reimbursed by the Federal Emergency Management Agency, eligible direct costs shall be determined in accordance with 44 C.F.R. 206.228.

(e) The requesting party shall reimburse the responding party for all material and supplies furnished by it and used or damaged during the period of assistance, except for the cost of equipment, fuel, and maintenance materials, labor, and supplies, which shall be included in the equipment rate unless it is damaged and the damage is caused by the gross negligence, willful and wanton misconduct, intentional misuse, or recklessness of the responding party's personnel. The measure of reimbursement shall be determined in accordance with 44 C.F.R. Part 13 and applicable Office of Management and Budget (OMB) circulars.

(f) The responding party shall maintain records and submit invoices for reimbursement by the requesting party. For instances in which costs are reimbursed by the Federal Emergency Management Agency, the requesting party must submit requests for reimbursement to the Tennessee Emergency Management Agency on forms required by Federal Emergency Management publications, including 44 C.F.R. Part 13 and applicable OMB circulars. The reimbursement request shall include the certification or level of training of the personnel who responded and the type of equipment that was sent.

(g) The responding party shall forward the reimbursable costs with an itemized invoice to the requesting party as soon as possible, but no later than sixty (60) days after the provision of assistance has ended.

(h) Nonparticipating governmental entities and participating governmental entities that have separate agreements with nonparticipating governmental entities, may by agreement provide for different reimbursement provisions.

(i) The preceding provisions of this section do not apply to aid or assistance provided under § 58-2-113 at the request of the Tennessee Emergency Management Agency. Reimbursement of costs for aid or assistance provided in these situations is governed by § 58-2-113 and any other applicable provision of Title 58, Chapter 2.

> 58-8-112. Governmental entities that are parties to existing mutual aid agreements may by resolution of their governing bodies determine to continue to operate under those agreements until they expire or are terminated. If a governmental entity does not affirm the continued existence of the agreement, it shall expire on July 1, 2004, and the provisions of this act apply. If the governmental entity affirms an agreement, the terms of the agreement and applicable authorizing law will continue to govern activities under the agreement. Mutual aid agreements between Tennessee governmental entities and governmental entities in other states are not affected by this act and continue to be authorized and governed by the Interlocal Cooperation Act compiled in Title 12, Chapter 9, Part 1, and other applicable law. Except for the continuation of existing agreements as provided in this section, any new agreements made after July 1, 2004, and aid or assistance provided at the request of Tennessee Emergency Management Agency under § 58-2-113, this act is the exclusive method for providing mutual aid and emergency assistance between governmental entities.
>
> 58-8-113. In addition to any other authority provided by this act, any governmental entity may provide aid or assistance in any area of the state to any state or federal agency upon request by the state or federal agency, and the governmental entity and its employees will be subject to the same protections and immunities they have under this act in furnishing aid or assistance to other governmental entities. The provisions of this section and any other portion of this act are in addition to and not in substitution for, and do not diminish, the authority provided in § 58-2-113 or any other provision of law that authorizes a local governmental entity to respond to a request for aid or assistance from the Tennessee Emergency Management Agency or any other state or federal agency. "Nothing in this chapter shall be construed to require that employees of the responding party are to be considered employees of the state or any of its agencies for any purpose."
>
> 58-8-114. When any other state provides that it will recognize and enforce the Tennessee Governmental Tort Liability Act and other Tennessee laws governing the tort liability of Tennessee's governmental entities and their employees in any case brought in that state's courts against the governmental entity or its employees arising from aid or assistance provided by a Tennessee governmental entity in that state, Tennessee shall recognize and enforce that state's laws relative to the tort liability of its political subdivisions and their employees and agents in any case brought in a Tennessee court against the political subdivision or its employees and agents arising from aid or assistance provided by the political subdivision of that state in Tennessee.
>
> 58-8-115. (a) Notwithstanding the provisions of Section 58-8-111(b), a

governmental utility system that is a responding party is eligible for reimbursement and entitled to one hundred percent (100%) reimbursement of eligible costs after the state of emergency is declared.

(b) For purposes of a governmental utility system that is a responding party, the words "then-prevailing wages, including benefits and overtime" in Section 58-8-111(c) mean the present wage structure, including benefits and overtime, of the governmental utility system that is a responding party.

(c) For purposes of this section, "governmental utility system" means a governmental entity that provides electric, gas, sewer, water, wastewater, telephone, cable or other like service, or any combination of these services, and is limited to these operations of the governmental entity and does not extend to other operations of function of the governmental entity.

SECTION 2. Tennessee Code Annotated, Section 58-2-111, is amended by deleting subsections (a) and (b), and subdivisions (1) through (9) of subsection (c).

SECTION 3. The Tennessee Code Commission is directed to recodify Tennessee Code Annotated, § 58-2-111(c)(10), as a section in Title 7, Chapter 51.

SECTION 4. Tennessee Code Annotated, Section 58-2-112, is deleted in its entirety.

SECTION 5. If any part of this act is declared invalid, other portions of the act that can be given effect without the invalid part shall remain in effect, and to that end the provisions of this act are declared severable.

SECTION 6. This act shall take effect July 1, 2004, the public welfare requiring it.

PASSED: May 6, 2004

APPROVED this 24th day of May 2004

JOHN S. WILDER
SPEAKER OF THE SENATE

JIMMY NAIFEH, *SPEAKER*
HOUSE OF REPRESENTATIVES

PHIL BREDESEN, GOVERNOR

Appendix E – Forms to Use to Activate the Plan

How to request Intrastate Mutual Aid when you need help.

1. Make your request directly to the TEMA EOC.

2. Use the following numbers:
   TEMA EOC at 1-800-262-3300
   TEMA EOC at 1-800-262-3400

3. Say the following things:

   This is an emergency.

   This is ____________________________________ (your name, agency and role or rank).

   I have a ____ (structure fire, wildland fire, hazardous materials spill, etc.) emergency.

   I am requesting activation of the Tennessee Fire Service Mutual Aid Plan.

   I need the following resources (engines, trucks, personnel, Hazmat units, etc.).

   ____

   ____

   ____

   My callback number is ______________________ and this is a ______________ (land line, cell phone, etc.).

   The staging area is located at ____.

   The manager is _______________________ and his contact number is _______________.

4. Wait for the TEMA dispatcher to give you a mission number and code word

   Write down the mission number and code word ___________________________________.

Tennessee Fire Service Mutual Aid Request For Assistance

Assign a TEMA event number and code word: ______________________________________

Date: ______________ Time: ____________ Supervisor Name: _________________________

Requesting Organization: _____________________ Name of Caller: ______________________

Call Back Number(s): ____

Agency Requesting Assistance: ____

Agencies/Counties Already Committed: ____

Staging Address (be specific); ____

____

City: _________________________________ ZIP: __________

Response Type:

Scramble 30 minute response Onsite up to 24 hours	**Standard** En route within 3 hours Onsite up to 72 hours	**EMAC** En route within 24 hours Onsite up to 14 days

Activation Requested By: ___________________ Contact Number: ______________________

Fax Number: _____________________________ Freq./Talkgroup: ______________________

Incident Commander: ______________________ Contact Number: ______________________

Staging Area Manager: _____________________ Contact Number: ______________________

Situation (Be specific but brief): ____

____

____

____

____

Select Resources

Type of Unit	Number Requested

Appendix F - Training Credentials and Minimum Qualification Requirements

The following training credentials and qualifications are to ensure the public safety profile for the communities being served by the Tennessee Fire Service Emergency Response Plan (TFSERP). This plan enhances safety for the responders mobilized to respond in the event of an emergency. Personnel mobilized in conjunction with this plan will be at least 18 years of age and be medically qualified to wear a respirator (SCBA) as per NFPA requirements. The personnel will be covered by their department or employer's worker's compensation insurance and be adequately trained and qualified for the position tasked. Fire Departments or organizations wishing to participate in the TFSERP will be required to maintain the certification and training documents and provide proof when requested by the County or Regional Coordinator. The Fire Chief or their designee will be required to certify that the deployed personnel are properly trained and medically qualified for the work required.

All responders must have the NIMS training required for their level of response.

The following are recommended minimum training requirements for the following positions but will not necessarily exclude persons with appropriate experience from participating in this plan as certified by the fire chief of the department.

1. **Firefighter** – Three years experience as a firefighter and completion of the 84 hour basic training course offered by the Tennessee Fire and Codes Enforcement Academy or Firefighter I, and a valid CPR card.
2. **Firefighter/EMT** – Three years experience as a firefighter and completion of the 84 hour basic training course offered by the Tennessee Fire and Codes Enforcement Academy or Firefighter I, Tennessee Basic or Intermediate EMT license.
3. **Firefighter/Paramedic** – Three years experience as a firefighter and completion of the 84 hour basic training course offered by the Tennessee Fire and Codes Enforcement Academy or Firefighter I, Tennessee Paramedic license.
4. **Driver/Operator Pumper –**Driver/Operator certification or meet NFPA 1002 as determined by the authority of the local fire chief, and a valid CPR card.
5. **Driver/Operator Aerial** –Aerial Driver/Operator certification, Aerial Operator, or meet NFPA 1002 as determined by the authority of the local fire chief, and a valid CPR card.
6. **Company Officer** – must hold a company or chief officer position in their fire department, Firefighter II, Fire Officer I.
7. **Chief Officer** – must hold a chief officer position in their fire department, Firefighter II, Fire Officer I and II, or an Associates Degree or Higher.

Due to the technical expertise required for the positions below, the following criteria must be met.

1. **Hazardous Materials Technician** – Hazardous Materials Awareness, Hazardous Materials Operations, Hazardous Materials Technician Certification and a valid CPR card.
2. **Structural Collapse** – Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
3. **Rope Rescue** – Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
4. **Confined Space Search and Rescue –** Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
5. **Vehicle and Machinery Search and Rescue –** Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
6. **Water Search and Rescue –** Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
7. **Wilderness Search and Rescue –** Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
8. **Trench and Excavation Search and Rescue –** Must meet the requirements for NFPA 1006, current edition, and valid CPR card.
9. **Dive Rescue Technician –** Open Water Diver, Dive Rescue Specialist I 24 hour Course, and a valid CPR card.

The following are minimum training requirements for the key positions within the TFSERP:

1. **State Emergency Response Coordinator (State Coordinator)-**Firefighter II, Fire Officer I and II or Associates Degree or Higher, ICS 100, 200, 300 and 400; IS 700 and 800 or equal training from the NFA or EMI.
2. **Vice Chair** same as chair
3. **Regional Emergency Response Coordinators (Regional Coordinator**) - ICS 100, 200, IS 700 & 800.
4. **SEOC Liaison Officers** - ICS 100, 200, 300, 400; IS 700 and 800, Receive training from TEMA on EOC operations or equal training from the NFA or EMI. Firefighter II, Fire Officer I and Tennessee EMT-Basic license.
5. **County Emergency Response Coordinator (County Coordinator) -** ICS 100, 200, IS 700 & 800.
6. **State EMS Liaison** – Tennessee EMT Basic, ICS 100, 200, IS 700 and 800.
7. **State Hazmat Liaison** -Trained to and certified at the Hazardous Materials Technician level and active in an organization that regularly responds to Hazmat incidents. ICS 100, 200, IS 700 and 800.
8. **State USAR Liaison** - Trained to the USAR Specialist level, and regularly trained or engaged in USAR operations in the course of their duties. ICS 100, 200, IS 700 and 800

Appendix G – Pre-Trip Checklists

A major event causes extensive damage to community resources, and the amount of mobilized resources will cause more of a drain on the local community resources. To ensure essential personnel needs, mobilized personnel should prepare themselves for a multi-day operation without relief. Personnel will need to bring adequate work clothing based on the weather and plan to be self-sufficient for three days. This is a basic checklist. The team leader should add to this list as appropriate based upon the mission and prevailing conditions.

Personal Items for Each Responder

_____ Food/water (at least three day supply)
_____ Full set of NFPA compliant protective Structural Firefighting gear including SCBA (coat, pants, helmet, fire fighting gloves, suspenders, boots, protective eyewear, and flash hood).
_____ Full set of wildland fire PPE (including fire shelter) [for wildland response only]
_____ Infectious disease control kit, with basic body-substance isolation items (gloves, goggles, pocket mask, etc.)
_____ Shirts appropriate for the weather (at least three)
_____ Sweat-shirts (at least three, based on weather)
_____ Long pants (at least three; no shorts in the field, shorts OK in camp)
_____ Socks (at least three pair)
_____ Boots - consider brining an extra pair
_____ Jacket (based on weather)
_____ Under-clothing (at least three sets)
_____ Personal toiletry items (soap, shampoo, deodorant, toilet paper, shaving kit, towels, toothbrush, toothpaste, hand sanitizer, etc.)
_____ Medicines (at least a weeks supply)
_____ Bed roll & pillow (cot optional)
_____ Eye glasses / Contact lens (extra set)
_____ Money
_____ Identification materials
_____ Sunscreen
_____ Rain gear
_____ Heavy-duty work gloves (not to be used for fire fighting)

General Items for the Team

_____ Invitation (the number given to the team by TEMA)
_____ Radios with batteries, spare batteries, and chargers
_____ Flashlights – all shapes and sizes
_____ Extra batteries for flashlights and battery tools
_____ Tools – hand, power, and extrication as appropriate to the mission
_____ Compressed breathing air
_____ Generator, lights, extension cords, adapters
_____ Thermal imagers, gas meters
_____ Fuel for power tools, oil, spare parts
_____ Tool kit (wrenches, pliers, screwdrivers, etc.)
_____ Shelter, tents, etc. for Base of Operations
_____ Cash, credit cards, or purchase orders for team expenses

Appendix H – ICS Forms

Appendix H contains copies of the following ICS forms.

ICS 201	Incident Briefing
ICS 202	Incident Objectives
ICS 203	Organization Assignment List
ICS 204	Division Assignment List
ICS 205	Incident Radio Communications Plan
ICS 206	Medical Plan
ICS 207	Flow Chart
ICS 208HM	Site Safety and Control Plan - Hazmat
ICS 209	Incident Status Summary FS-5100-11
ICS 211	Incident Check-In List
ICS 211E	Incident Check-In List (Equipment)
ICS 211P	Incident Check-In List (Personnel)
ICS 213	General Message
ICS 214	Unit Log
ICS 214a	Incident Action Plan Safety Analysis
ICS 215	Operational Planning Work Sheet
ICS 216	Radio Requirements Worksheet
ICS 217	Radio Frequency Assignment Worksheet
ICS 218	Support Vehicle Inventory
ICS 220	Air Operations Summary
ICS 221	Demobilization Checkout
ICS 224	Crew Performance Rating
ICS 225	Incident Personnel Performance Rating
IRSS 01	IRSS Check-In Form
IMT 1	OSHA Abatement Plan -- Incident Management Team Checklist

ICS-201 INCIDENT BRIEFING

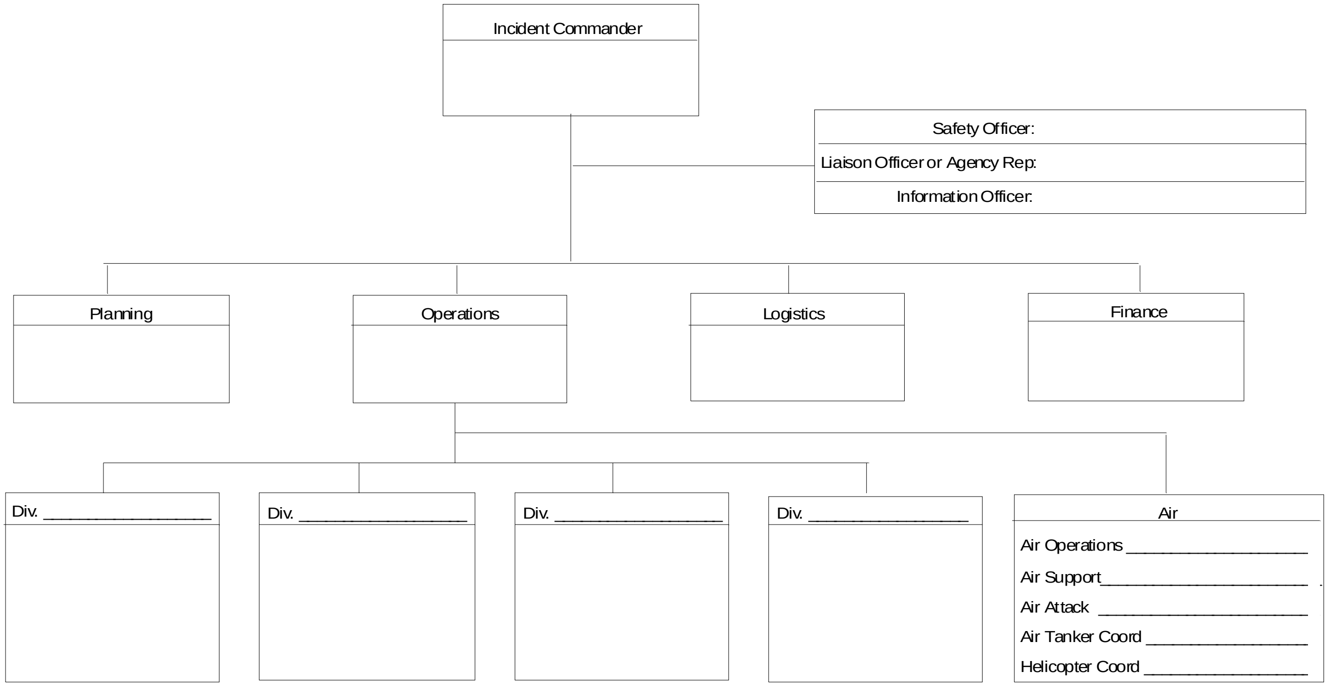
1. Incident Name

2. Date

3. Time

4. Map Sketch

5. Current Organization



Page 62 of

6. Prepared by (Name and Position)

6. Resources Summary

Resources Ordered	Resource Identification	ETA On Scene	Location/Assignment

7. Summary of Current Actions

Page 2 of

ICS-202 INCIDENT OBJECTIVES	1. Incident Name	2. Date	3. Time

4. Operational Period

5. General Control Objectives for the Incident (include alternatives)

6. Weather Forecast for Period

7. General Safety Message

8. Attachments (mark if attached)

☐ Organization List - ICS 203
☐ Div. Assignment Lists - ICS 204
☐ Communications Plan - ICS 205
☐ Medical Plan - ICS 206
☐ Incident Map
☐ Traffic Plan
☐ (0ther)
☐
☐

9. Prepared by (Planning Section Chief)	10. Approved by (Incident Commander)

ICS 203 ORGANIZATION ASSIGNMENT LIST

1. Incident Name

2. Date

3. Time

4. Operational Period

Position	Name
5. Incident Commander and Staff	
Incident Commander	
Deputy	
Safety Officer	
Information Officer	
Liaison Officer	
6. Agency Representative	
Agency	Name
7. Planning Section	
Chief	
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	
Human Resources	
Training	
8. Logistics Section	
Chief	
Deputy	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Communications Unit	
Medical Unit	
Security Unit	
Food Unit	

9. Operations Section		
Chief		
Deputy		
a. Branch I - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
b. Branch II - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
c. Branch III - Division/Groups		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
d. Air Operations Branch		
Air Operations Branch Director		
Air Attack Supervisor		
Air Support Supervisor		
Helicopter Coordinator		
Air Tanker Coordinator		
10. Finance Section		
Chief		
Deputy		
Time Unit		
Procurement Unit		
Compensation/Claims Unit		
Cost Unit		

Prepared by (Resource Unit Leader)

ICS 204 DIVISION ASSIGNMENT LIST

1. Branch	2. Division/Group
3. Incident Name	4. Operational Period Date: Time:

5. Operations Personnel

Operations Chief		Division/Group Supervisor	
Branch Director		Air Attack Supervisor No.	

6. Resources Assigned this Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time

7. Control Operations

8. Special Instructions

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	Channel
Command		King NIFC		Logistics		King NIFC	
Tactical Div/Group		King NIFC		Air to Ground		King NIFC	

Prepared by (Resource Unit Leader)	Approved by (Planning Section Chief)	Date	Time

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name

2. Date/Time Prepared
/

3. Operational Period
to

4. Basic Radio Channel Utilization

Radio Type	Channel	Function	Frequency (s) / Tone	Assignment	Remarks
HF – AM VHF – AM VHF-FM					
HF – AM VHF – AM VHF-FM					
HF – AM VHF – AM VHF-FM					
HF – AM VHF – AM VHF-FM					
HF – AM VHF – AM VHF-FM					
HF – AM VHF – AM VHF-FM					

5. Prepared by (Communications Unit)

MEDICAL PLAN (ICS 206)	Incident Name / No.	Date Prepared	Time Prepared
		Operational Period to	

INCIDENT MEDICAL AID STATIONS

Medical Aid Stations	Location	Paramedics	
		Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

6. Transportation

A. Ambulance Services

Name	Address	Phone	Paramedics	
			Yes	No
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

B. Incident Ambulances

Name	Location	Paramedics	
		Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐

7. Hospitals

Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Gnd		Yes	No	Yes	No
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

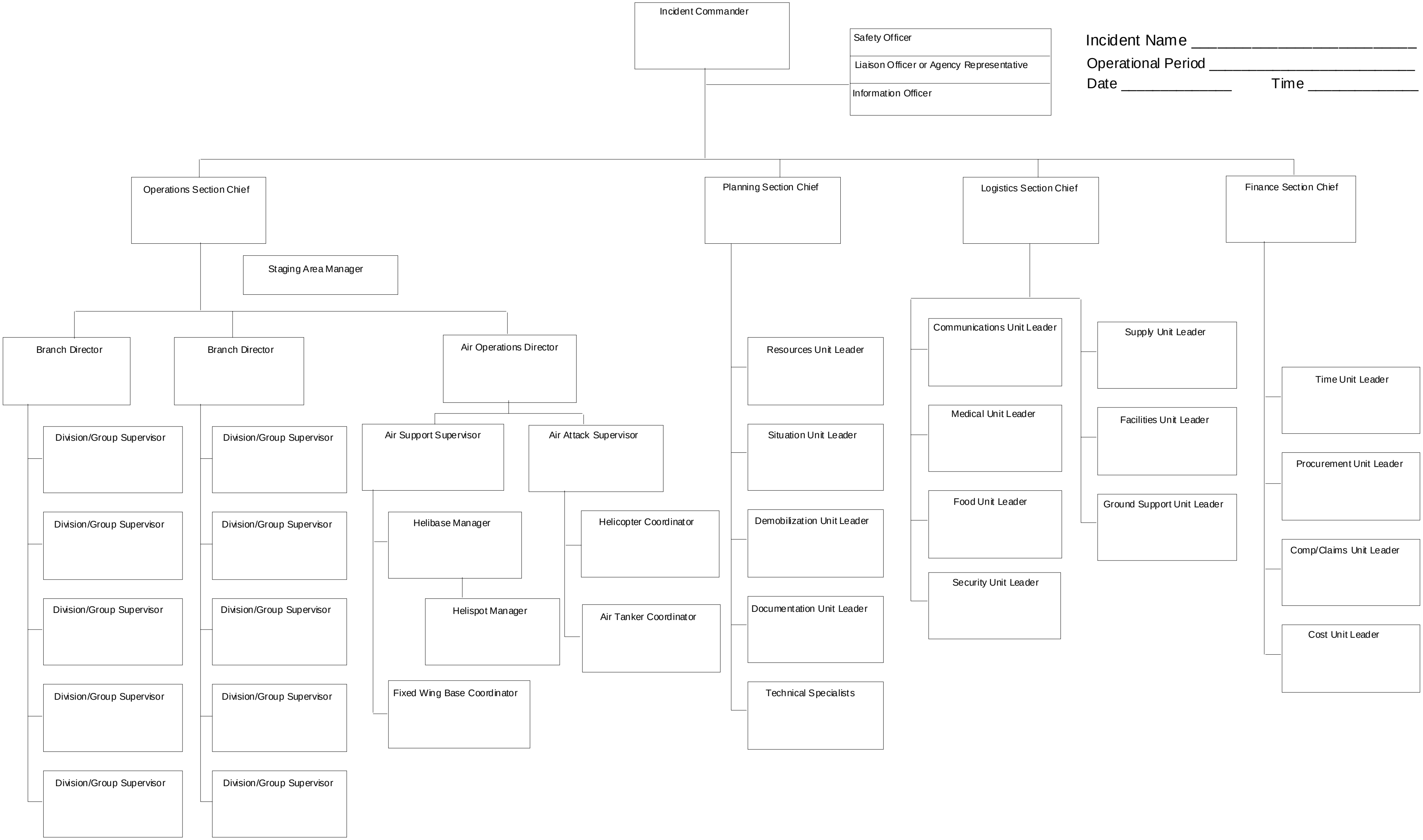
8. Medical Emergency Procedures

9. Prepared by (Medical Unit Leader)	10. Reviewed by (Safety Officer)

Incident Name ___________________________

Operational Period _________________________

Date _____________ Time _____________



ICS 207

SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name:	2. Date Prepared:	3. Operational Period: Time:

Section I. Site Information

4. Incident Location:

Section II. Organization

5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:
14. Environmental Health:	15.	16.

17. Entry Team: (Buddy System) Name: PPE Level		18. Decontamination Element: Name: PPE Level	
Entry 1		Decon 1	
Entry 2		Decon 2	
Entry 3		Decon 3	
Entry 4		Decon 4	

Section III. Hazard/Risk Analysis

19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL

Comment:

Section IV. Hazard Monitoring

20. LEL Instrument(s):	21. O_2 Instrument(s):
22. Toxicity/PPM Instrument(s):	23. Radiological Instrument(s):

Comment:

Section V. Decontamination Procedures

24. Standard Decontamination Procedures:	YES:	NO:

Comment:

Section VI. Site Communications

25. Command Frequency:	26. Tactical Frequency:	27. Entry Frequency:

Section VII. Medical Assistance

28. Medical Monitoring:	YES:	NO:	29. Medical Treatment and Transport In-place:	YES:	NO:

Comment:

Section VIII. Site Map

30. Site Map: Weather ☐ Command Post ☐ Zones ☐ Assembly Areas ☐ Escape Routes ☐

Other ☐

Section IX. Entry Objectives

31. Entry Objectives:

Section X. SOP S and Safe Work Practices

32. Modifications to Documented SOP s or Work Practices: YES: NO:

Comment:

Section XI. Emergency Procedures

33. Emergency Procedures:

Section XII. Safety Briefing

34. Asst. Safety Officer - HM Signature: Safety Briefing Completed (Time):

35. HM Group Supervisor Signature:

36. Incident Commander Signature:

INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN ICS 208 HM

A Site Safety and Control Plan must be completed by the Hazardous Materials Group Supervisor and reviewed by all within the Hazardous Materials Group prior to operations commencing within the Exclusion Zone.

Item Number Item Title Instructions
1. Incident Name/Number Print name and/or incident number.
2. Date and Time Enter date and time prepared.
3. Operational Period Enter the time interval for which the form applies.
4. Incident Location Enter the address and or map coordinates of the incident.
5 - 16. Organization Enter names of all individuals assigned to ICS positions. (Entries 5 & 8 mandatory). Use Boxes 15 and 16 for other functions: i.e. Medical Monitoring.
17 - 18. Entry Team/Decon Enter names and level of PPE of Entry & Decon personnel. (Entries 1 Element - 4 mandatory buddy system and back-up.)
19. Material Enter names and pertinent information of all known chemical products. Enter UNK if material is not known. Include any which apply to chemical properties.

<u>Definitions:</u>
ph = Potential for Hydrogen (Corrosivity)
IDLH = Immediately Dangerous to Life and Health
F.P. = Flash Point
I.T. = Ignition Temperature
V.P. = Vapor Pressure
V.D. = Vapor Density
S.G. = Specific Gravity
LEL = Lower Explosive Limit
UEL = Upper Explosive Limit)

20 -23. Hazard Monitoring List the instruments which will be used to monitor for chemical.
24. Decontamination Check NO if modifications are made to standard decontamination
Procedures procedures and make appropriate Comments including type of solutions.
25 -27. Site Communications Enter the radio frequency(ies) which apply.
28 - 29. Medical Assistance Enter comments if NO is checked.
30. Site Map Sketch or attach a site map which defines all locations and layouts of operational zones. (Check boxes are mandatory to be identified.)
31. Entry Objectives List all objectives to be performed by the Entry Team in the Exclusion Zone and any parameters which will alter or stop entry operations.
32 - 33. SOP s, Safe Work List in Comments if any modifications to SOP s and any emergency Practices, and procedures which will be affected if an emergency occurs while Emergency personnel are within the Exclusion Zone. Procedures
34 - 36. Safety Briefing Have the appropriate individual place their signature in the box once the Site Safety and Control Plan is reviewed. Note the time in box 34 when the safety briefing has been completed.

ICS 209 INCIDENT STATUS SUMMARY
FS-5100-11

1. Date/Time

2. Initial ☐
Update ☐
Final ☐

3. Incident Name

4. Incident Number

5. Incident Commander

6. Jurisdiction

7. County

8. Type Incident

9. Location

10. Started Date/Time

11. Cause

12. Area Involved

13. % Controlled

14. Expected Containment Date/Time

15. Estimated Controlled Date/Time

16. Declared Controlled Date/Time

17. Current Threat

18. Control Problems

19. Est. Loss

20. Est Savings

21. Injuries

Deaths

22. Line Built

23. Line to Build

24. Current Weather
WS Temp
WD RH

25. Predicted Weather
WS Temp
WD RH

26. Cost to Date

27. Est. Total Cost

28. Agencies

29. Resources																							TOTALS	
Kind of Resource	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST
ENGINES																								
DOZERS																								
CREWS Number of Crews:																								
Number of Crew Personnel:																								
HELICOPTERS																								
AIR TANKERS																								
TRUCK COS.																								
RESCUE/MED.																								
WATER TENDERS																								
OVERHEAD PERSONNL																								
TOTAL PERSONNEL																								

30. Cooperating Agencies

31. Remarks

32. Prepared by

33. Approved by

34. Sent to:
Date Time By

ICS 209 INCIDENT STATUS SUMMARY
FS-5100-11

1. Date/Time	2. Initial ☐ Update ☐ Final ☐	3. Incident Name	4. Incident Number

5. Incident Commander	6. Jurisdiction	7. County	8. Type Incident	9. Location	10. Started Date/Time

11. Cause	12. Area Involved	13. % Controlled	14. Expected Containment Date/Time	15. Estimated Controlled Date/Time	16. Declared Controlled Date/Time

17. Current Threat	18. Control Problems

19. Est. Loss	20. Est Savings	21. Injuries	Deaths	22. Line Built	23. Line to Build

24. Current Weather WS Temp WD RH	25. Predicted Weather WS Temp WD RH	26. Cost to Date	27. Est. Total Cost

28. Agencies

29. Resources																							TOTALS	
Kind of Resource	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST
ENGINES																								
DOZERS																								
CREWS Number of Crews:																								
Number of Crew Personnel:																								
HELICOPTERS																								
AIR TANKERS																								
TRUCK COS.																								
RESCUE/MED.																								
WATER TENDERS																								
OVERHEAD PERSONNL																								
TOTAL PERSONNEL																								

30. Cooperating Agencies

31. Remarks

32. Prepared by	33. Approved by	34. Sent to: Date Time By

ICS209 General Instructions

Completion of the Incident Status Summary will be as specified by Agency or municipality. Report by telephone, teletype, computer, or facsimile to the local Agency or municipality headquarters by 2100 hours daily on incidents as required by Agency or municipality (reports are normally required on life threatening situations, real property threatened or destroyed, high resource damage potential, and complex incidents that could have political ramifications). Normally, wildland agencies require a report on all Class D (100 acres plus) and larger incidents (unless primarily grass type in which case report Class E (300 acres or larger). The first summary will cover the period from the start of the incident to 2100 hour the first day of the incident, if at least four hours have elapsed; thereafter the summary will cover the 24 hour period ending at 1900 (this reporting time will enable compilation of reporting data and submission of report to local agency or municipality headquarters by 2100 hours) daily until incident is under control. Wildland fire agencies will send the summary to NIFC by 2400 hours Mountain Time.

1. Enter date and time report completed (mandatory).
2. Check appropriate space (mandatory).
3. Provide name given to incident by Incident Commander or Agency (mandatory).
4. Enter number assigned to incident by Agency (mandatory).
5. Enter first initial and last name of Incident Commander (optional).
6. Enter Agency or Municipality (mandatory).
7. Enter County where incident is occurring (optional).
8. Enter type of incident, e.g. wildland fire (enter fuel type), structure fire, hazardous chemical spill, etc. (mandatory).
9. Enter legal description and general location. Use remarks for additional date if necessary (mandatory).
10. Enter date and Zulu time incident started (mandatory - maximum of six characters for date and four characters for time).
11. Enter specific cause or under investigation (mandatory).
12. Enter area involved, e.g. 50 acres, top three floors of building, etc. (mandatory).
13. Enter estimate of percent of containment (mandatory).
14. Enter estimate of date and time of total containment (mandatory).
15. Enter estimated date and time of control (mandatory).
16. Enter actual date and time fire was declared controlled (mandatory).
17. Report significant threat to structures, watershed, timber, wildlife habitat or other valuable resources (mandatory).
18. Enter control problems, e.g. accessibility, fuels, rocky terrain, high winds, structures (mandatory).
19. Enter estimated dollar value of total damage to date. Include structures, watershed, timber, etc. Be specific in remarks (mandatory).
20. Enter estimate of values saved as result of all suppression efforts (optional).
21. Enter any serious injuries or deaths which have occurred since the last report. Be specific in remarks (mandatory).
22. Indicate the extent of line completed by chains or other units of measurement (optional).
23. Indicate line to be constructed by chains or other units of measurement (optional).
24. Indicate current weather conditions at the incident (mandatory).
25. Indicate predicted weather conditions for the next operational period (mandatory).
26. Provide total incident cost ot date (optional).
27. Provide estimated total cost for entire incident (optional).
28. List agencies which have resources assigned to the incident (mandatory).
29. Enter resource information under appropriate Agency column by singe resource or stike team (mandatory).
30. List by name those agencies which are providing support (e.g. Salvation Army, Red Cross, Law Enforcement, National Weather Service, etc. mandatory).
31. The Remarks space can be used to (1) list additional resources not covered in Section 28/29; (2) provide more information on location; (3) enter additional information regarding threat control problems, anticipated release or demobilization, etc.(mandatory).
32. This will normally be the Incident Situation Status Unit Leader (mandatory).
33. This will normally be the Incident Planning Section Chief (mandatory).
34. The ID of the Agency entering the report will be entered (optional).

INCIDENT CHECK-IN LIST (ICS 211)

Check one:

☐ Personnel
☐ Engines
☐ Helicopters
☐ Handcrew
☐ Dozers
☐ Aircraft
☐ Misc.

1. Incident Name

2. Check-In Location (complete all that apply)

☐ Base ☐ Camp ☐ Staging Area ☐ ICP Restat ☐ Helibase

3. Date/Time

Check-In Information

4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format:					5.	6.	7.	8.	9. Manifest		10.	11.	12.	13.	14.	15.	16.
Agency	Single	Kind	Type	I.D. No/Name	Order/Request Number	Date/ Time Check-In	Leader's Name	Total No. Personnel	Yes	No	Crew or Individual's Weight	Home Base	Departure Point	Method of Travel	Incident Assignment	Other Qualifications	Sent to RESTAT Time/Int

Page _____ of _____

17. Prepared by (Name and Position) *Use back for remarks or comments*

1. Incident Name

2. Operational Period:
/ Z to Z

3. Check-In Location
☐ Command Post ☐ Staging Area
☐ Other

CHECK-IN LIST (Equipment)
ICS-211E

Equipment Check-In Information

4. Equipment Description				**5. Equipment Identification CPF No / Tail No. / Type**	**6. Home Base / Squadron**	**7. Pilot in Command or Vehicle Operator**	**9. Initial Incident Check-In?**	Time	
POV	POA	Corp. Vehicle	Corp Aircraft				**(X)**	In	Out
☐	☐	☐	☐				☐		
☐	☐	☐	☐				☐		
☐	☐	☐	☐				☐		
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☐	☐	☐	☐				☐		
☐	☐	☐	☐				☐		

10. Prepared by: Date / Time
/ Z

11. Date / Time Sent to Resources Unit
/ Z

Check-In List (Equipment) **ICS-211E**

1. Incident Name

2. Operational Period:
/ Z to Z

3. Check-In Location
☐ Command Post ☐ Staging Area
☐ Other

CHECK-IN LIST (Personnel)
ICS-211P

Personnel Check-In Information

4. Name / Grade	**5. Grade**	**6. CAP ID**	**7. Qualifications (‘*X*’ *is Qualified,* ‘*T*’ *is Training*)**																		**7. Emergency Contact Information** Name and Phone Number	**Initial Incident Check-In? (X)**	Time	
			IC	OPS	PLANS	LOGS	FASC	AOBD	GOBD	SAFETY	IO	ALO	MP	MO	MS	CUL	MRO	FLS	FLM	MSA			In	Out
																						☐		
																						☐		
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10. Prepared by: Date / Time
/ Z

11. Date / Time Sent to Resources Unit
/ Z

Check-In List (Personnel) **ICS-211P**

GENERAL MESSAGE

ICS 213

TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:

MESSAGE:

SIGNATURE:	POSITION:

REPLY:

DATE:	TIME:	SIGNATURE/POSITION:

UNIT LOG ICS 214	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 214A)

1. Incident Name

2. Date

3. Time

LCES* Analysis of Tactical Applications **L**ookouts **C**ommunications **E**scape routes **S**afety zones												Other Risk Analysis							
Division/Group	Indirect Fireline	Downhill Fireline	Underslung Fireline	Mid-slope Fireline	Frontal Assault	Anchor Points	Extreme Conditions (Spotting, Wind-driven)	Reburn Potential			LCES Mitigations	Hazard Materials	Transportation, 1 Hr +	Communications	Structure Protection			Other Risk Mitigations

Prepared by (Name and Position)

Incident Action Plan

ICS 215
Operational Planning Summary

Incident Name:	Date Prepared:	Time Prepared:	Operational Period Date: From: To:	Operational Period Time: From: To:

Division/Group Or Other Location	Work Assignments		Equipment																				Personnel				Reporting Location	Requested Arrival Time
		Req.																										
		Have																										
		Need																										
		Req.																										
		Have																										
		Need																										
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		Need																										
		Req.																										
		Have																										
		Need																										
Total Resources Required:																											Prepared By: (Name & Position)	
Total Resources on Hand:																												
Total Resources Needed:																												

Prepared By:	Company Name:	ICS Position:	Approved By:	Company Name:	ICS Position:

RADIO REQUIREMENTS WORKSHEET (ICS 216)

1. Incident Name	2. Date	3. Time

4. Branch	5. Agency	6. Operational Period	7. Tactical Frequency

8. Division/Group	Division/Group	Division/Group	Division/Group
Agency	Agency	Agency	Agency

9. Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements	Agency	ID No.	Radio Requirements

Page 83 of	10. Prepared by (Name and Position)

RADIO FREQUENCY ASSIGNMENT WORKSHEET (ICS 217)

1. INCIDENT NAME

2. DATE

3. OPERATIONAL PERIOD (DATE/TIME)

4. INCIDENT ORGANIZATION 3. RADIO DATA					BRANCH	DIVISION	DIVISION	DIVISION	BRANCH	DIVISION	DIVISION	DIVISION	BRANCH	DIVISION	DIVISION	DIVISION	INCIDENT COMMANDER	SAFETY OFFICER	OPERATIONS SECTION CHIEF	AIR OPERATIONS	AIR TACTICAL GROUP SUPERVISOR	PLANNING SECTION CHIEF	GROUND SUPPORT UNIT	BASE UNIT								COMM CENTER	TOTAL BY REQ.
SOURCE		FUNCTION	CH#	FREQUENCY																													
5. AGENCY	ID.		CH#	FREQUENCY																													
6. TOTAL RADIOS REQUIRED																																	

7. PREPARED BY (NAME/POSITION)

SUPPORT VEHICLE INVENTORY (ICS 218)

(Use separate sheet for each vehicle category)

1. Incident Name

2. Date Prepared

3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. “E” Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Page _____of _____

5. Prepared by (Ground Support Unit)

SUPPORT VEHICLE INVENTORY (ICS 218)

(Use separate sheet for each vehicle category)

1. Incident Name

2. Date Prepared

3. Time Prepared

Vehicle Category: ☐ Buses ☐ Dozers ☐ Engines ☐ Lowboys ☐ Pickups/Sedans ☐ Tenders ☐ Other

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity Size	Agency/Owner	Vehicle License Rig Number	Location	Release Time

Page _____of _____

5. Prepared by (Ground Support Unit)

AIR OPERATIONS SUMMARY (ICS 220)	1. Incident Name	Helibases Fixed Wing Bases	

4. Personnel and Communications	Name	Air/Air Frequency	Air/Ground Frequency	5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)
Air Operations Director				
Air Attack Supervisor				
Helicopter Coordinator				
Air Tanker Coordinator				

6. Location/Function	7. Assignment	8. Fixed Wing		9. Helicopters		10. Time		11. Aircraft Assigned	12. Operating Base
		No.	Type	No.	Type	Available	Commence		
	13. Totals								

14. Air Operations Support Equipment	15. Prepared by *(include Date and Time)*

DEMOBILIZATION CHECKOUT (ICS 221)

1. Incident Name/Number

2. Date/Time

3. Demob. No.

4. Unit/Personnel Released

5. Transportation Type/No.

6. Actual Release Date/Time

7. Manifest? ☐ Yes ☐ No Number

8. Destination

9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch

Name:

Date:

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to sign off from the following:
Demob. Unit Leader Check the appropriate box

Logistics Section

☐ Supply Unit ______________________________

☐ Communications Unit ______________________________

☐ Facilities Unit ______________________________

☐ Ground Support Unit Leader

Planning Section

☐ Documentation Unit

Finance Section

☐ Time Unit

Other

☐

☐

12. Remarks

13. Prepared by (include Date and time)

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name/No.	Enter Name and/or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block # 12.*
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. *Would normally be last item of form to be completed.*
7.	Manifest	Mark appropriate box. If yes, enter manifest number. *Some agencies require a manifest for air travel.*
8.	Destination	Enter the location to which Unit or personnel have been released. *i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.*
9.	Area/Agency/ Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. *Not all agencies require these ratings.*
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

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11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.

CREW PERFORMANCE RATING
ICS 224

Instructions: This rating is to be used only for determining an individual's fire fighting qualifications. All blocks must be completed. Crew will be rated by the immediate supervisor, not crew representative. If deficiencies are indicated for items 9 and 10, explain in item 11.

1. Crew Name and Number

2. Fire Name and Number

3. Crew Boss *(name)*

4. Crew Home Unit and Address

5. Location of Fire *(complete address)*

6. Crew Representative

7. Dates on Fire

8. Number of Shifts Worked

9. Crew Evaluation

Rating Factors	Excellent	Satisfactory	Deficient	Needs To Improve
Physical Condition				
Hot Line Construction				
Mop-Up				
Off Line Conduct				
Use of Safe Practices				
Crew Organization and Equipment				
Other (specify)				
10. Supervisory Performances				
Crew Boss				
Squad Bosses				
Crew Representative				

11. Areas Needing Improvement

12. Names of Outstanding Workers *(comment)*

13. Names of Individuals Needing Improvement *(indicate area(s))*

14. Remarks

15. Crew Boss *(signature)* This rating has been discussed with me.

16. Date

17. Rated By *(signature)*

18. Home Unit *(address)*

19. Position of Fire

20. Date

INCIDENT PERSONNEL
PERFORMANCE RATING
ICS 225

INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.

THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE

1. Name

2. Fire Name and Number

3. Home Unit *(address)*

4. Location of Fire *(address)*

5. Fire Position

6. Date of Assignment
From: To:

7. Acres Burned

8. Fuel Type(s)

9. Evaluation

Enter **X** under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:

0 - Deficient. Does not meet minimum requirements of the individual element.
DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.

1 - Needs to improve. Meets some or most of the requirements of the individual element.
IDENTIFY IMPROVEMENT NEEDED IN REMARKS.

2 - Satisfactory. Employee meets all requirements of the individual element.

3. - Superior. Employee consistently exceeds the performance requirements.

Rating Factors	Hot Line				Mop-Up				Camp				Other specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																
Ability to obtain performance																
Attitude																
Decisions under stress																
Initiative																
Consideration for personnel welfare																
Obtain necessary equipment and supplies																
Physical ability for the job																
Safety																
Other *(specify)*																

10. Remarks

11. Employee *(signature)* This rating has been discussed with me

12. Date

13. Rated By *(signature)*

14. Home Unit *(address)*

15. Position of Fire

16. Date

IRSS Check-In Form

Incident Name	Check-in Location	Date/Time

Request Number	Name	Agency	S T/F S/T	Date/ Time Check in	Leader's Name	Home Unit	City State	Airport	Method of Travel	Transport ID	Incident Assignment	Other Qualifications Put a (T) for Training Quals	Last R&R Date	Company Name Agreement No.

Page _____ of ______ *Use back for comments.*

OSHA Abatement Plan
Incident Management Team Checklist

☐ Direction has been given and IMT will ensure a briefing be given to all arriving fire line personnel.

☐ IMT should monitor performance of firefighters and fire line supervisors and ensure that they understand and exercise their responsibilities.

☐ Incident Management Teams should utilize Incident Safety Debriefing forms.

☐ IMT should implement procedures requiring appropriate briefing for personnel assigned to fires. Briefing should include the following:

- Incident Organization
- Objectives/Operational Plan
- Safety Information
- Weather
- Fire Danger/Fire Behavior
- Fuels
- Topography

☐ Incident Management Team will provide a briefing to fire line personnel prior to each operational period.

☐ Fire weather forecasts should be communicated twice daily and include NFDRS outputs one a day.

☐ Crew supervisors and firefighters know they must receive a briefing prior to beginning their assignment and I.C. is responsible for ensuring that all resources assigned to an incident are briefed prior to fire line duty.

☐ Fire line supervisors need to ensure that lookouts are posted in potentially dangerous situations.

☐ IMT needs to take immediate corrective actions when unsafe practices and processes are identified. It is the responsibility of every person to take immediate action when violations are found.

☐ Local Agency Administrators should monitor and evaluate suppression operations and individual performance on all fires.

☐ Policy of "The Fire Orders are Firm; We Don't Bend Them, We Don't Break Them" should be communicated to all fire line personnel.

☐ Fire line supervisors should ensure that downhill/indirect fire line will not begin until the elements of the downhill/indirect fire line construction guidelines have been evaluated and the decision has been made that the operations can be implemented safely.

☐ IMT will monitor fire suppression operations to ensure that the guidelines for downhill/indirect fire line construction are adhered to and take immediate corrective action when violations are found.

☐ Assigned Safety Personnel, I.C.s, and fire line supervisors have authority to correct any and all safety violations.

☐ FBA should obtain and distribute fire weather information in a timely and consistent manner by radio transmission or other appropriate methods. This has high priority over all other transmissions except life threatening situations.

☐ IMT should receive a hard copy of both morning and afternoon weather forecasts. In addition, these forecasts should be read over the radio in morning and afternoon. Forecasts should be relayed to incident and incoming personnel.

☐ IMT should monitor fire situations and implement appropriate suppression organizations commensurate with the fire threat and complexity of situation.

☐ IMT has a role in ensuring that the appropriate suppression organizations are in place and are commensurate with complexity of the situation.

☐ Special weather updates should be evaluated and adjustments made to operating plans. These updates will be communicated to personnel assigned to fires.

☐ IMT should monitor fire activity and ensure fire management systems and processes are in place and functioning and that safety requirements are not compromised.

☐ IMT should evaluate individual fire suppression operations and perform post fire critiques to ensure safe practices have been implemented. Immediate corrective actions should be taken when unsafe practices or processes are identified.