

Index of Forms

This section contains forms that are referenced throughout the plan and are reprinted here to make them easy to access, remove, reproduce, and fill out. Blank pages are included in anticipation of double-sided reproduction. The following forms are included in this section, categorized by purpose. Note that ICS forms are listed separately at the end of this index.

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Warning Message Log Example

1. Date _____ Time _____ Warning # _____

2. Situation:

Describe emergency incident. Include description of threat to life ~ safety, and specific geographic boundaries affected and covered by this warning.

3. **Content of Warning:** (Include exact wording of warning given.)

4. Method of Warning:

- Alert/Warning Sirens
- EAS
- AEN
- Cable Alert
- Mobile Public Address
- Door to Door Contact

Signature of authorizing official _____

5. **Warning Terminated:** Date _____ Time _____

Signature of terminating official _____

Ensure that all methods of alert and warning have been notified to terminate activities, including local media.

BEGIN A NEW FORM FOR SUBSEQUENT WARNING MESSAGES.

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Sample Evacuation Order

An emergency condition exists in the _____ (give location and/or areas impacted).

The IMT and/or Emergency Services Director has determined that there is the need to evacuate portions of the Seward area. Such evacuation is needed to ensure the safety of the public.

Therefore:

The Incident Commander and/or Emergency Manager is requesting the immediate evacuation of (list areas):

The Incident Commander and /or Emergency Manager requests that those needing special assistance call _____. This number has been established to respond to evacuation assistance requests only.

The Incident Commander and/or Emergency Manager is restricting all entry into the hazard area. No one will be allowed to re-enter the area after _____ (time) AM/PM.

Information and instructions from the Incident Management Team will be transmitted by radio from _____ (list radio stations that will be broadcasting info). Public information will also be available from American Red Cross representatives at facilities now being opened to the public for emergency housing.

The Incident Management Team will advise the public of the lifting of this order when public safety is assured.

Signed _____ Date _____

Emergency Manager

Signed _____ Date _____

Incident Commander

Signed _____ Date _____

Law Enforcement (Officer In Charge)

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Sample Local Government Disaster Declaration Without Request for State Assistance

WHEREAS, commencing on _____ (date), the City of Seward, Alaska sustained severe losses and threats to life and property from

_____ (des

cribe the event or situation); and,

WHEREAS, the City of Seward is a political subdivision within the State of Alaska; and,

WHEREAS, the following conditions exist as a result of the disaster emergency

_____ (descri

be the event and the impacts to community, damages, etc.); and,

WHEREAS, the severity and magnitude of the emergency is beyond the timely and effective response capability of local resources; and,

THEREFORE, be it resolved that the _____ (mayor or designee) does declare a Disaster Emergency per AS 26.23.140 to exist in the City of Seward.

SIGNED this _____ day of _____ 20 _____

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Sample Local Government Disaster Declaration with Request For Borough Assistance

WHEREAS, commencing on _____ (date), the City of Seward, Alaska sustained severe losses and threats to life and property from

_____ (des

cribe the event or situation); and,

WHEREAS, the City of Seward is a political subdivision within the State of Alaska; and,

WHEREAS, the following conditions exist as a result of the disaster emergency

_____ (descri

be the event and the impacts to community, damages, etc.); and,

WHEREAS, the severity and magnitude of the emergency is beyond the timely and effective response capability of local resources; and,

THEREFORE, be it resolved that the _____ (mayor or designee) of the City of Seward does declare a Disaster Emergency per AS 26.23.140 to exist in the City of Seward.

FURTHERMORE, it is requested that the borough mayor declare a Disaster Emergency to exist as described in AS 26.23 and provide borough assistance to the City of Seward in its response and recovery from this event.

(Disaster Declaration Continued)

FURTHER, the undersigned certifies that the City of Seward has or will expend local resources in the amount of _____
(insert \$USD amount), as a result of this disaster for which no borough reimbursement will be requested.

SIGNED this _____ day of _____ 20_____

Sample Local Government Disaster Declaration with Request for State Assistance

WHEREAS, commencing on _____ (date), the City of Seward, Alaska sustained severe losses and threats to life and property from

_____ (des

cribe the event or situation); and,

WHEREAS, the City of Seward is a political subdivision within the State of Alaska; and,

WHEREAS, the following conditions exist as a result of the disaster emergency

_____ (descri

be the event and the impacts to community, damages, etc.); and,

WHEREAS, the severity and magnitude of the emergency is beyond the timely and effective response capability of local resources; and,

THEREFORE, be it resolved that the _____ (mayor or designee) of the City of Seward does declare a Disaster Emergency per AS 26.23.140 to exist in the City of Seward.

FURTHERMORE, it is requested that the Governor declare a Disaster Emergency to exist as described in AS 26.23 and provide State assistance to the City of Seward in its response and recovery from this event.

(Disaster Declaration Continued)

FURTHER, the undersigned certifies that the City of Seward has or will expend local resources in the amount of _____ (insert \$USD amount), as a result of this disaster for which no State or Federal reimbursement will be requested.

SIGNED this _____ day of _____ 20_____

Daily Job Report Form

Date: _____

Job #: _____

Job:

Location:

Description of Daily Task

Personnel

On the Job	Contr/City	Reg Time	OT

Equipment on the Job	Hours Used:

Materials Purchased			
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Material	QTY	Vendor	Cost

Materials Rented

Material	QTY	Vendor	Cost

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State of Alaska Situation Report

(Incident Name)

Incident #	Date/Time:	Prepared By:
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1. JURISDICTION NAME:

2. CASUALTY STATUS:

Confirmed Dead:

Missing:

Injured:

Estimated Sheltered Population:

3. GENERAL SITUATION:

4. ROAD CLOSURES:

5. CURRENT SHELTERING/EVACUATION STATUS:

Total Shelters Open:

Total Registered at Shelter:

Total Persons Sheltered Last Night:

State of Alaska Situation Report (continued)

6. CURRENT PRIORITY NEEDS:

7. FUTURE OUTLOOK/PLANNED ACTIONS:

8. WEATHER:

9. OTHER COMMENTS:

10. STATE EMERGENCY COORDINATION CENTER OPERATIONS:

Hours of Operation:

Phone Contacts:

Incident Commander's Delegation of Authority

Pursuant to the City of Seward's Declaration of a Local Disaster Emergency, the Seward Emergency Operations Plan has been activated.

I hereby authorize _____ to act as Incident Commander for response and recovery operations under the City of Seward Emergency Operations Plan.

I hereby delegate the Incident Commander all authority to provide response and recovery operations to the declared disaster emergency under the City of Seward Emergency Operations Plan and to act on behalf of and with the authority of the City of Seward and Kenai Peninsula Borough in carrying out those operations within the geographic boundaries of the declared disaster emergency.

This delegation continues for a period of ten days or until earlier modified or terminated by the Emergency Management Coordinator or the City of Seward Mayor.

DATE: _____

City of Seward Manager

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Volunteer Request Form

Date/time: _____

Requesting organization/agency/ICS unit: _____

Name of contact: _____ Phone: _____ Fax: _____

VOLUNTEER NEEDS

Total Number of Volunteers Needed: _____

Job Title/Description: _____

Duties	Experience/ Skills	Training Provided?

Equipment/Special Clothing Needs: _____

Brief Description of Training to be Provided: _____

Job Location: _____

Date/time volunteers needed: _____

Please check if available: Restrooms Parking Safety Equipment

Telephone Transportation to Work Site

Volunteer(s) should report to the following person for additional training/instruction:

Name: _____ Phone: _____ Fax: _____

Location: _____

FOR OFFICE USE ONLY:

Follow up date & time: _____ *Follow up action:*

Position(s) filled? _____ Volunteer
name(s): _____

Volunteer Registration Form

Name: _____ Date: _____

Phone (day): _____ (eve.) _____ (fax) _____

Address: _____

Present employer: _____ Occupation: _____

Are you currently affiliated with any response organization/volunteer group? Which?

Are you certified in any of the following? Certification Type/Agency Expiration Date

Heavy Equipment Operator: _____

ICS Training: _____

Firefighting: _____

Bird Rescue/Wildlife Hazing/Rehab: _____

Hazmat/Hazwoper: _____

First Aid/CPR: _____

Coast Guard licenses: _____

Other: _____

Placement _____ Administrative/Clerical _____ Food Service/Sheltering

Preference: _____ Basic Needs/Logistics _____ First Aid _____ On-Water operations

_____ Repair/Construction _____ Transportation _____ Other _____

Emergency Contact - Name: _____ Phone (day & eve): _____

Address: _____

Waiver: I agree to volunteer my services at my own risk and hereby release the Incident Management Team and any involved agencies or persons from liability for any injuries, hardship, or death that should result from my activities as a volunteer to this emergency response effort.

Signature: _____ Date:

FOR OFFICE USE ONLY:

Training completed? _____ *Date completed* _____ *Initials*

Placed: _____ *Date:* _____ *By:*

Cruise Ship Incident Evaluation Form

Basic Emergency Information

Time incident occurred:

Person or organization providing initial notification

Call-back or contact information

Vessel/facility name:

Type of vessel incident:

___ fire; ___ explosion; ___ collision; ___ grounding; ___
oil/chemical spill; ___ hijacking or hostage-taking or
other terrorist-related incident

If cruise ship, how many passengers and crew on board?

If Alaska Marine Highway vessel, how many passengers
and crew on board? _____

Number of vehicles on car deck _____, known
hazmat on board

Cruise Ship Incident Evaluation Form

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Location

	Latitude _____ N, Longitude _____ W and/or Landmark location:
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	Is the vessel anchored or moored or underway? _____
--	--

Yes/No	Is the incident location within CBJ’s jurisdiction? or
--------	--

Yes/No	Is the vessel expected to enter CBJ jurisdiction? ETA:
--------	---

Notifications and Initial Response

Yes/No	Has the Coast Guard been notified?
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Yes/No	Has the State of Alaska been notified? [Business hours call ADEC at 465-5340; Alaska State Trooper’s 24-hour dispatcher 1-800-478-9300 (after hours for oil spills) or 1-907-428-7200 (regular State Trooper dispatch)]
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	<p>What resources have responded to the emergency?</p> <p>SAR vessels</p> <p>_____ ETA</p> <p>_____ ETA</p> <p>_____ ETA</p> <p>_____ ETA</p> <p>Tug or assist vessel _____ ETA</p> <p>_____</p>
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Cruise Ship Incident Evaluation Form

On scene weather conditions

Weather on scene at _____ (time) from (check below):
 _____ http://pajk.arh.noaa.gov/index_marine.php
 _____ <http://pajk.arh.noaa.gov/>
 _____ <http://home.gci.net/~westjuneau/weather/current.htm>
 (unofficial but complete information)

Winds _____ knots from (check the appropriate point on the compass quadrant)

Sea conditions: Wave height _____ ft

Circle all that apply: rain
 fog
 snow
 sleet/freezing rain
 clear

Sea temp _____ F; Air temp _____ F

Next high tide: _____ ft at _____ am/pm

Next low tide: _____ ft at _____ am/pm

Persons in Distress

Yes/No

Are there fatalities/injuries? _____ / _____

Yes/No

Are any of the crew or passengers unaccounted for?

Have personnel abandoned ship?

Is anyone in the water?

Cruise Ship Incident Evaluation Form

Yes/No	<p>How many?</p> <p>Any special medical needs or concerns?</p> <p>Are SAR units en route?</p>
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	<p>Number injured personnel, their location and special needs:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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	<p>Number of non-injured personnel and where mustered or gathered.</p> <p>_____</p> <p>_____</p>
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Environmental Threats

Yes/No	<p>Is the vessel spilling oil? What type of oil?</p> <p>What is type and quantity of oil carried on board?</p>
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	<p>The vessel operator's intentions</p> <ul style="list-style-type: none"> • Stay on board, fight the fire or otherwise deal with casualty? • Abandon ship? (Note: normally not a planned event) • Will passengers and non-essential crew be evacuated? • Anchor? Moor? Where? <p>_____</p> <p>_____</p>
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Yes/No	<p>Assistance Needed from City of Seward</p> <p>What assistance is the vessel likely to need from the city? Circle all possibilities:</p> <ul style="list-style-type: none"> • Transportation of evacuees. • Shelter for evacuees • Medical support • Firefighting support (see next block)
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	<p>Firefighting Assistance</p> <ul style="list-style-type: none"> • Does the vessel need air bottles? (What type?) • Does the vessel need firefighting water?
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Cruise Ship Incident Evaluation Form

Yes/No	<ul style="list-style-type: none">➤ For internal compartments?➤ For superstructure or to cool hull?• Does the vessel need foam?• Does the vessel need to recharge its carbon dioxide extinguishing system?• Communications and field command post support?
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NIMS ICS Forms

A set of selected, commonly used ICS Forms is included in this plan, with the intention that they be removed, reproduced, and used as needed to support city emergency response operations. ICS forms are readily available for free download from a number of websites.

*FEMA NIMS-ICS forms are available at
http://training.fema.gov/EMIWeb/IS/ICSResource/ICSResCntr_Forms.htm

*Fires Service ICS forms are available at
http://www.nimsonline.com/download_center/index.htm#forms

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