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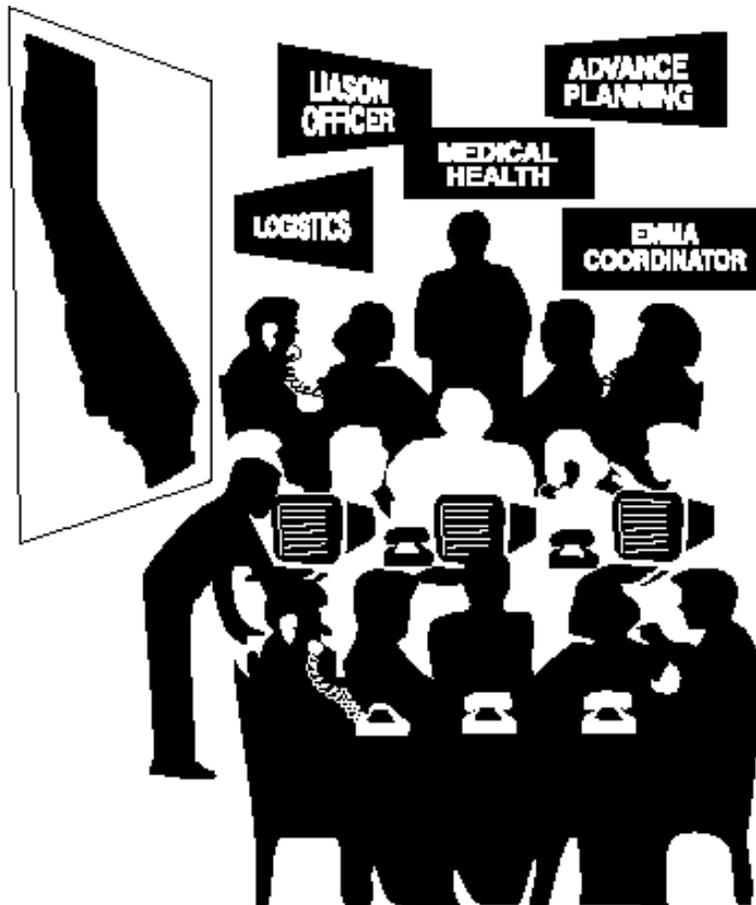
Governor's Office of
Emergency Services

EMMA

Emergency Managers Mutual Aid Guidance

November 2001

Gray Davis
Governor

Dallas Jones
Director
Governor's Office of Emergency Services

Emergency Managers Mutual Aid (EMMA)
Guidance

Supporting the Emergency Managers Mutual Aid Plan

Emergency Managers Mutual Aid (EMMA)

GUIDANCE

Introduction

Pursuant to the Master Mutual Aid Agreement (MMAA), the California Emergency Council approved the Emergency Managers Mutual Aid (EMMA) Plan on November 21, 1997. The EMMA Plan outlines the policies for the program, including the selection and use of EMMA personnel. The EMMA Guidance has been developed to assist state and local government implement the EMMA Plan.

In this Guidance   This Guidance contains the following:

Activation of EMMA Plan

The EMMA Plan is activated when a request for EMMA resources is made. EMMA resources are normally provided to assist in local government and operational area Emergency Operations Centers (EOC's) and community service centers staffed by federal, state, and local officials. Therefore, requests for EMMA resources would typically be expected after a local emergency is declared.
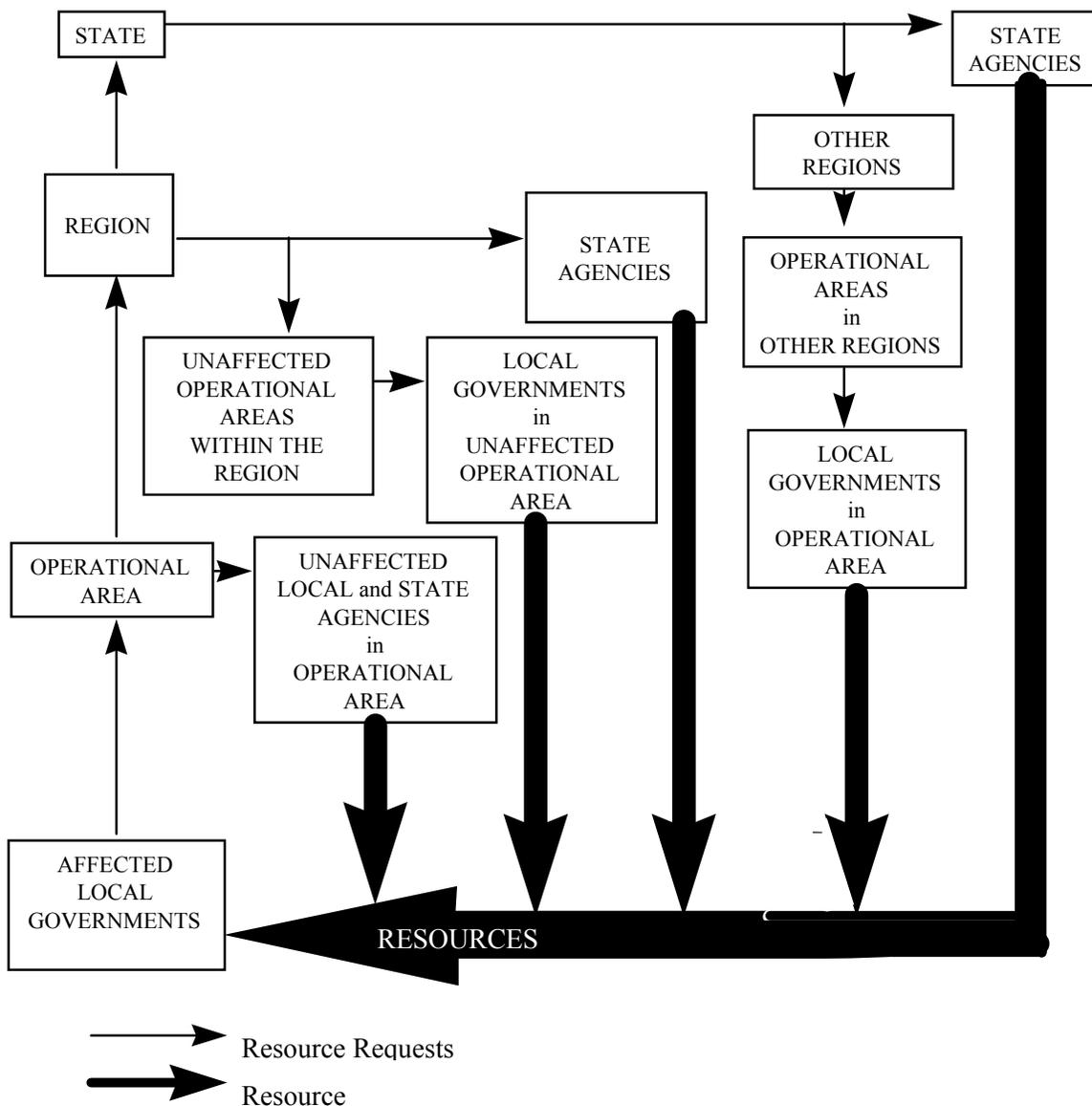
Training

- State OES will develop an EMMA training program through its California Specialized Training Institute (CSTI).

- OES Regions will help identify candidates for the training courses while encouraging local jurisdictions to participate.

- Local jurisdictions and state agencies will identify candidates for the training course.

- Each OES Region may provide appropriate drill/exercise opportunities that would require activation of the EMMA system.

FLOW OF RESOURCE REQUESTS AND RESOURCES

The flow of resource requests under the EMMA Plan will follow the mutual aid concept below as outlined in the State Emergency Plan:

MUTUAL AID CONCEPT:
Flow of Resource Requests

```
STATE ──────────────────────────────────────►  STATE
  ▲                                              AGENCIES
  │                                                 │
  │                              OTHER              │
REGION ──────────────► STATE     REGIONS            │
  ▲                    AGENCIES    │                │
  │                                │                │
  │    UNAFFECTED    LOCAL      OPERATIONAL         │
  │    OPERATIONAL   GOVERNMENTS AREAS              │
  │    AREAS         in         in                  │
  │    WITHIN THE    UNAFFECTED OTHER REGIONS       │
  │    REGION        OPERATIONAL                    │
  │                  AREA         LOCAL             │
  │                              GOVERNMENTS        │
OPERATIONAL  UNAFFECTED          in                │
AREA         LOCAL and STATE     OPERATIONAL       │
  ▲          AGENCIES            AREA               │
  │          in                                     │
  │          OPERATIONAL                            │
  │          AREA                                   │
AFFECTED                                            │
LOCAL                                               │
GOVERNMENTS ◄──── RESOURCES ───────────────────────┘
```

Legend:
→ Resource Requests
⬛► Resource

Checklists

Local Government

Operational Area

OES Region

State OES

*EMMA Coordinator

Further divided into the following:

- Normal day-to-day operations

- Activation for jurisdictions requesting and responding to mutual aid requests

- Deactivation for jurisdictions requesting and responding to mutual aid requests

* **Pending incorporation into SEMS documentation and training**

Checklist

Local Government

Activation (Requesting Jurisdiction)

Note: **The requesting operational area has two roles to complete. First, the requesting operational area (OA) must attempt to fill the request from within the OA. Second, if no resources are available within the OA, then a request for mutual aid must be sent to the OES Region.**

❏ Proclaim a local emergency.

❏ If needed, activate Logistics Section/Personnel Branch.

❏ Ensure there is a full commitment of resources. This does not require actual exhaustion of all resources, but it does anticipate full mobilization and commitment to the emergency.

❏ Identify the position(s) to be filled when making your request for mutual aid.

❏ Establish the staffing duration and personnel assignments. Complete the **EMMA Dispatch Checklist Form**.

❏ Complete RIMS **Mission/Request Tasking Form** identifying positions or tasks to be performed; describe particular skills needed to fill the position for which mutual aid is being requested. Include where and when to report and to whom.

❏ Ensure that the **Mission/Request Tasking Form**, section 20, "Service/Support Supplier" and section 25, "Special Instructions" are used to clarify the terms and conditions needed to provide the EMMA personnel.

❏ Submit the request through the Operational Area.

❏ Verify the specific terms and conditions of aid with the party that will provide it, i.e., duration, arrival and departure times.

**Activation
(Requesting
Jurisdiction,
cont.)**

❏ Ensure your Logistics Section has arranged for lodging and local transportation for incoming personnel. **(See EMMA Dispatch Checklist Form)**

❏ Upon receiving mutual aid, provide responding EMMA personnel with orientation packet including copies of timesheets, daily activity logs, and travel claim forms.

❏ Ensure that personnel are briefed on the situation, their duties, whom they report to, and the duration of their assignment. **(See EMMA Check-in and Check-out Form)**

❏ Conduct periodic review/evaluation of assignments and make necessary adjustments.

❏ Mutual aid is normally provided for 7 to 14 days. After EMMA personnel has been deployed to a requesting jurisdiction's EOC for 5 days, the EMMA Coordinators of the requesting and responding jurisdictions will discuss the need to continue mutual aid services.

❏ To continue duty assignments of EMMA personnel for more than 14 days, special arrangements must be made with the responding jurisdiction, in coordination with the OES region.

❏ Verify that the requesting jurisdictions have proclaimed a local emergency. If not, verify that there are extenuating circumstances that justify the need.

❏ Verify there is a full commitment of resources. **Note**: This does not require actual exhaustion of all resources, but it does anticipate full mobilization and commitment to the emergency.

**Activation
(Responding
Jurisdiction)**

❏ Establish the staffing duration and personnel assignments from the requesting agency.

❏ If appropriate, use an EMMA trainee to fill the mutual aid request. **(See EMMA Plan)**

❏ Identify the support to be provided by the agency requesting mutual aid. Forward information and specific details to responding personnel. **(See EMMA Dispatch Checklist Form)**

❏ Inform your operational area of the mission, duration, assignment and other particulars relating to EMMA resource requests.

❏ Maintain records of mutual aid resources sent.

❏ Establish contact with the operational area to provide status updates when personnel are dispatched and released from their assignment.

**Deactivation
(Requesting
Jurisdiction)**

❏ Use the EOC deactivation facility procedure to start the process of deactivating EMMA personnel.

❏ Ensure responding personnel have completed all necessary paperwork including an EMMA Exit Survey Form. Forward a copy of the exit survey to your operational area. **(See EMMA Personnel Exit Survey Form)**

❏ Complete an evaluation of EMMA and include in your after-action report to the operational area.

❏ Follow-up on all open or unresolved actions. Confirm that responding jurisdictions have been notified of appropriate agency/department (include address and phone number) where information is to be forward.

❏ Forward copies of timesheets, daily activity logs and travel claim forms to your agency's finance officer for reimbursement processing.

❏ Conduct exit inspection of vehicles. Document extraordinary damages. Arrange for repair and/or payment for repair of vehicle.

❏ Assure travel routes are clear.   Personnel should be rested prior to release.

**Deactivation
(Responding
Jurisdiction)**

❏ Prior to deactivation ensure responding personnel have completed all necessary paperwork including an EMMA Exit Survey Form. **(See EMMA Personnel Exit Survey Form)**

❏ Forward copies of timesheets, daily activity logs and travel claim forms to your agency's finance officer for reimbursement processing. Finance officer submits copies to requesting jurisdiction for possible reimbursement.

❏ Follow up on all open assignments. Forward status report to your operational area.

Checklist

Operational Area

**Normal
Day-to-Day
Operations**

❏ Review the EMMA plan and familiarize yourself with the guidance.

❏ Identify an EMMA coordinator and develop any needed procedures.

❏ Work with your local jurisdictions and OES Regional Administrator to ensure you receive information on EMMA resources in your OES region.

❏ Develop and regularly update, an internal filing system or database that identifies local, SEMS trained personnel available for the EMMA program and can be immediately accessed. **(See EMMA Staff Personal Profile Form)**

❏ Have updated information on local jurisdictions and operational area resources available for the OES Regional Administrator.

❏ Identify roles and procedures for personnel/positions you may receive through activation of EMMA.

❏ Participate in exercises and drills of the EMMA plan.

Activation (Requesting Operational Area)

Note: **The requesting operational area has two roles to complete. First, the requesting OA must attempt to fill the request from within the OA. Second, if no resources are available within the OA, then a request for mutual aid must be sent to the OES Region.**

❏ Assess the status of the EMMA resources within the OA. **(See EMMA Staff Availability Form)**

❏ If needed, activate Logistics Section/ Personnel Branch.

❏ Ensure there is full commitment of resources by the requesting jurisdiction prior to the initiation of a mutual aid request. This does not require actual exhaustion of all resources, but it does anticipate full mobilization and commitment to the emergency.

❏ Process requests for assistance by local jurisdictions and fill their requests.

❏ Identify the positions or tasks to be filled in the request for mutual aid. Include where and when to report and to whom. **(See Mission Request/Tasking Form)**

❏ Review database to determine what personnel best fit the request.

❏ Contact the local jurisdiction directly to request assistance if they are in your operational area.

❏ Forward the Mission/Request Tasking Form to the REOC Logistics Section if the need cannot be met in your operational area. **(See Mission Request/Tasking Form)**

❏ Verify the specific terms and conditions of aid with the party that will provide it, i.e., duration, arrival and departure times.

❏ Ensure arrangements have been made for lodging and local transportation for incoming personnel. **(See EMMA Dispatch Checklist Form)**

❏ Upon receiving mutual aid, ensure that personnel are briefed on the situation, their duties, whom they report to, and the duration of their assignment. **(See EMMA Check-In and Check-Out Form)**

**Activation
(Responding
Operational
Area)**

❏ Establish contact with the regional EMMA Coordinator or
Logistics Section.

❏ Assess the status of EMMA resources within the OA. (**See
EMMA Staff Availability Form)**

❏ Coordinate mutual aid requests from your OES
Administrative Region with local jurisdictions.

❏ If appropriate, use an EMMA trainee to fill the mutual aid
request. **(See EMMA Plan)**

❏ Ensure your OES Regional Administrator is informed of your
personnel availability and other particulars, in the event that
the situation becomes worse and more resources are
needed.

❏ Compile instructions and forward specifics to responding
personnel such as directions to jurisdiction EOC, directions
to lodging location, contact/arrival information, location and
safest access routes.

❏ Provide updated status reports on EMMA mutual aid to
Regional EMMA Coordinator or Logistics Section in the
REOC.

Deactivation (Requesting Operational Area)

❏   Prior to departure, ensure personnel complete an exit survey.

❏   Forward a copy of the exit surveys to the EMMA Coordinator at the REOC. **(See EMMA Exit Survey and EMMA Check-in/Check-Out Forms)**

❏   Forward copies of timesheets, daily activity logs and travel claim forms to your agency's finance officer for reimbursement processing.

❏   Identify areas needing improvement and include comments with your after action report to your OES Regional Administrator.

❏   Update and correct personnel database information that was lacking or incorrect. **(See EMMA Staff Personal Profile Form)**

Deactivation (Responding Operational Area)

❏   Forward copies of timesheets, daily activity logs and travel claim forms to your agency's finance officer for reimbursement processing. Finance officer submits copies to requesting jurisdiction for possible reimbursement.

❏   Identify areas needing improvement and include comments with your after action report to your OES Regional Administrator.

❏   Update and correct information in your database that was lacking or incorrect. **(See EMMA Staff Personal Profile Form)**

Checklist

OES Regions

Normal Day-to-Day Operations

❏ Review the EMMA plan and familiarize yourself with the guidance.

❏ Train personnel for the EMMA Coordinator position, and include them in your REOC Logistics Section and activation procedures.

❏ Identify roles and procedures for personnel you may receive through activation of EMMA. Develop materials to include in REOC kits for the EMMA Coordinator. Include an EMMA plan in each kit.

❏ Assist local jurisdictions and Operational Areas in their development of SOPs that include activation and deactivation of the EMMA system.

❏ Incorporate the EMMA Plan into exercises in conjunction with cities and counties in your region.

**Activation
(Requesting
Region)**

❏ Assess the status of EMMA resources within the region. (**See EMMA Staff Availability Form)**

❏ Ensure operational areas agree on mutual aid requests such as personnel specifications, duration and personnel assignments from requesting agency.

❏ As you are informed of mutual aid requests, record the information, with the duration and other particulars, in the event that the situation becomes worse and more resources are needed.

❏ Maintain open lines of communication with the affected operational areas.

❏ Activate the REOC Logistics Section, and if needed, the EMMA Coordinator position and brief coordinator on the situation.

❏ Notify the State Operations Center (SOC) of the situation, providing the appropriate forms and pertinent information.

**Activation
(Responding
Region)**

❏ Establish contact with operational areas.

❏ Assess the status of EMMA resources within the region. **(See EMMA Staff Availability Form).**

❏ Ensure your officer in charge is informed of the mission, duration, and other particulars, in the event that the situation becomes worse and more resources will be needed.

❏ Receive requests. Notify and forward specifics to responding EMMA personnel.

❏ If appropriate, use an EMMA trainee to fill the mutual aid request. **(See EMMA Plan)**

❏ Coordinate mutual aid requests that the region is unable to fill through the SOC. **(See Mission Request Tasking Form)**

❏ Track mutual aid response.

Deactivation (Requesting Region)

❏ Debrief and release Logistics Section Chief or EMMA Coordinator, provide REOC Logistics Section with copy of EMMA Coordinators exit survey and after-action critique.

❏ Forward copies of EMMA personnel timesheets, daily activity logs and travel claim forms to the OES finance officer for processing.

❏ Assign staff person to follow-up on all open actions. Verify that operational areas have been informed where and to whom reports and documentation (EMMA exit surveys and evaluation forms) are to be sent. Update and correct information in the EMMA database that was lacking or incorrect and ensure distribution to state, and operational area. **(See EMMA Staff Personal Profile Form)**

❏ Ensure that information from EMMA documentation is included in any after action reports.

❏ Forward information to State OES Planning and Technological Assistance Branch for their use in updating the EMMA Plan.

Checklist

State OES

**Normal
Day-to-Day
Operations**

❏   Update and revise EMMA Plan as necessary.

Activation

❏ Serve as the point of contact for OES Regions in acquisition
of out-of-region EMMA resources during a multi-region
disaster or when a Region's need for mutual aid cannot be
met from within the Region.

❏ Allocate inter-region EMMA resources based on priority.

Deactivation

❏   Ensure that all EMMA personnel dispatched from the
SOC have been assigned to the appropriate agency or
REOC element for follow-up for both tracking and
deactivation.

❏   Ensure that any required forms or reports are completed
and forward to proper agency.

❏   Follow-up on Exit Survey Forms and EMMA Evaluation
Forms to be sure they have been completed by all state
dispatched EMMA personnel and requesting agency or
jurisdictions.

❏   Provide summary information for after-action report.
Verify that all regions and operational areas have
received copies.

Checklist

EMMA Coordinator

The local jurisdiction's EOC Logistics Section will handle requests for EMMA resources. When activated, the position will be located within the EOC Logistics Section, as part of the Personnel Branch, to serve each level of SEMS using the EMMA system.

The EMMA Coordinator is responsible for coordinating all emergency management personnel mutual aid requests received at or within their EOC, designation of staff for each function, and assigning personnel as needs are identified. Depending upon the escalation of resource requests, the EMMA Coordinator will handle most requests, but the Personnel Branch Coordinator may provide assistance.

**Normal
Day-to-Day
Operation**

❏ Review the EMMA plan and familiarize yourself with the guidance and the EMMA Coordinator position and duties.

❏ Become familiar with emergency management personnel within your area. Be aware of the anticipated needs and skills of people within your area.

❏ Assist in the development and participate in periodic exercises of the EMMA plan.

**Activation
(EMMA
Coordinator)**

❏ Check-in with the Logistics Section Chief

❏ Obtain briefing on situation.

❏ Set up branch workstation, use kit materials and on-site supplies. Familiarize yourself with REOC/EOC location and personnel.

❏ Open and maintain branch logs.

❏ Establish contact with other levels of SEMS that are operational (local, operational area and region EOCs). If activated, regional EMMA Coordinator should establish contact with SOC Logistics Section.

❏ Determine status of EMMA resource requests and needs. **(See EMMA Staff Availability Form)**

❏ Attend EOC briefings.

❏ Coordinate with other branches and advise them of EMMA Coordinator position activation.

❏ Oversee recruitment process and placements.

❏ Confirm the following:
  ⇒ Assignment of tracking number
  ⇒ Assignment of EMMA personnel
  ⇒ Faxing of an EMMA Dispatch Checklist Form
  ⇒ Calculation of an estimated time of arrival
  ⇒ Estimation of the duration of the assignment
  ⇒ Lodging arrangements made by requesting jurisdiction
  ⇒ Confirmation of the assignment duration
.

❏ Determine future personnel needs based upon the situation.

**Activation
(EMMA
Coordinator,
cont.)**

❏ If appropriate, use an EMMA trainee to fill the mutual aid request. **(See EMMA Plan)**

❏ Maintain information regarding EMMA:
  ⇒ Requests for personnel being processed
  ⇒ Personnel assigned by agency/location
  ⇒ Personnel Availability
  ⇒ Mutual Aid requests not filled

❏ Provide situation report and resource information to the Logistics Section Chief and the Planning/Intelligence Section Chief.

❏ Update the Logistics and Planning/Intelligence Sections on a periodic basis, or as the situation changes.

❏ Ensure orientation packets are developed and provided to personnel assigned to you.

❏ Packets should include at a minimum:
  ⇒ Daily activity logs
  ⇒ Travel claim forms
  ⇒ Time sheets
  ⇒ EMMA Check-in/Check-Out Form
  ⇒ EMMA Exit Form

❏ Keep the Logistics Section Chief apprised of the actual and potential needs for EMMA for emergency manager support.

❏ Ensure controls are established for the accountability of EMMA personnel.

❏ Ensure that EMMA personnel document their release from any assignment, including date and time.

❏ Maintain current status and overall placement of EMMA personnel at all times.

**Activation
(EMMA
Coordinator,
cont.)**

❏ Maintain personnel files for EMMA personnel whom the Personnel Branch has recruited and conduct orientation.

❏ Verify that EMMA mutual aid personnel are public employees or are registered Disaster Service Workers prior to their deployment.

❏ Identify any operational problems and take corrective actions.

❏ If EMMA personnel issues arise, consult with the Logistics Section Chief to resolve them.

❏ Check in personnel and provide the necessary equipment and forms. **(See EMMA Check-in and Check-Out Form)**

❏ Participate in appropriate meetings (which may include action planning sessions), provide input to situation reports, and share status information with Operations Section, Planning/Intelligence Section, and other branches as appropriate.

❏ Inform Logistics Section staff of the status of resource requests.

❏ Brief your replacement.

❏ Evaluate the efficiencies and effectiveness of the Program.

**Deactivation
(EMMA
Coordinator)**

❏ Deactivate the position and close out logs when authorized by Logistics Section Chief. Evaluate the efficiencies and effectiveness of the program.

❏ Ensure all deactivated EMMA personnel at your level complete all paperwork including the exit survey form prior to your release and departure. **(See EMMA Personnel Exit Survey Form)**

❏ Forward EMMA Exit Survey Forms to next appropriate level.

❏ Ensure all logs, action plans, and activity records are collected. Turn in all records to REOC/EOC Logistics Section Chief.

❏ Ensure personnel deactivated turn in all supplies. **(See EMMA Check-in and Check-Out Form)**

❏ Schedule and notify all personnel of the time and place for an internal critique. Ensure all personnel are notified of any after action critiques.

❏ Provide input to the internal after-action critique.

❏ Document findings from the internal after-action critique.

❏ Develop recommendations for program improvement.

❏ Identify additional costs that need to be addressed in future activations of the system.

❏ Ensure that any open actions are assigned to appropriate agency or REOC/EOC element for follow-up.

❏ Complete the after action report including local jurisdiction evaluations of personnel assigned to them and mutual aid personnel exit interviews.

❏ Update internal procedures from "lessons learned" from the after action report.

Forms

The following forms are necessary for the EMMA program. Specific forms are referenced in the checklists **in bold**.

Form	Topic
EMMA Form #1	EMMA Staff Personal Profile Form
EMMA Form #2	EMMA Staff Availability Form
EMMA Form #3	EMMA Dispatch Checklist Form
EMMA Form #4	EMMA Check-in and Check-out Form
OES RIMS Form	Mission/Request Tasking Form
EMMA Form #5	EMMA Personnel Exit Survey Form

EMMA Staff Personal Profile

Please complete the following information to be included in the Emergency Managers Mutual Aid database.

❑ **NEW**   ❑ **UPDATE**

DATE: _____

❑ **Local Government**
❑ **Operational Area**
❑ **OES Region**
❑ **State OES**

FIELD	EMPLOYEE INFORMATION
Name (Last, First, Middle)	
Classification/Position	
Current Employer and Address	
City of Residence	
Summary of Day-to-Day Work Experience	
Emergency Response experience in the past seven years. -List Events	1. 2. 3.
Special Skills, Certifications or Personal Qualities	
EMMA Assignment Preferences and/or Restrictions	

EMMA FORM #1, page 1 of 3

EMMA Staff Personal Profile

Check all that apply: _____New   _____Update

SEMS Training	RIMS Training
❑ Introductory Course Date_____ ❑ Field Level Date_____ ❑ Emergency Operations Center Date_____ ❑ Executive Level Date_____	❑ CSTI Course Date_____ ❑ Region Training Date_____ ❑ Other Provider
CSTI Courses	**FEMA Professional Development Series**
❑ Flood Management …….....……… ………………….Date_____ ❑ Earthquake ………………………….. ………………….Date_____ ❑ Terrorism ………………………… ………………….Date_____ ❑ Civil Disorder ……………………. ……………....…Date_____ ❑ Disaster Planning …….....………… ………………… Date_____ ❑ EOC Design/ Function ………………………….. …….. ………….Date_____ ❑ Disaster Recovery ...…………… ………………….Date_____ ❑ Other:……………………………… ………….....……Date_____	❑ Principles of Emergency Management………….. …………………Date_____ ❑ Emergency Planning………………. …………………Date_____ ❑ Leadership/ Influence………….… ………………..Date_____ ❑ Decision-Making/Problem-Solving.. ………………..Date_____ ❑ Effective Communication…………. ………………..Date_____ ❑ Developing Volunteer Resources…. ………………..Date_____ ❑ Exercise Design……………………. ………………...Date_____ ❑ Other:………………………………. …………....……Date_____

EMMA Staff Personal Profile

<div align="right">_____New   _____Update</div>

Check all that apply:

SEMS Position Training and Experience	
Management	**Planning and Intelligence**

Management
- ❑ EOC Director
- ❑ Safety Officer
- ❑ Security Officer
- ❑ Liaison Officer
- ❑ Public Information Officer
- ❑ Other: _____

Planning and Intelligence
- ❑ Planning/ Intelligence Section Chief
- ❑ Situation Assessment
- ❑ Documentation
- ❑ Demobilization
- ❑ Advance Planning
- ❑ Recovery Planning
- ❑ Technical Services
- ❑ Other: _____

Operations
- ❑ Operations Section Chief
- ❑ Deputy Operations Section Chief
- ❑ Fire & Rescue
  - Fire Suppression
  - Heavy Rescue
  - Urban Search and Rescue
- ❑ Hazmat
- ❑ Law Enforcement
  - Movement
- ❑ Coroner's Services
- ❑ Medical/ Health
  - EMS Unit Leader
  - Environmental Health
  - Public Health
  - Mental Health
- ❑ Care/ Shelter
  - Mass Care
- ❑ Construction & Engineering
- ❑ Utilities
- ❑ Animal Control
- ❑ Other: _____

Logistics
- ❑ Logistics Section Chief
- ❑ Deputy Logistics Chief
- ❑ Communications
  - Message Center
  - RACES/ ACS
- ❑ Information Systems
- ❑ Transportation Services
- ❑ Resource Status
- ❑ EMMA Coordinator
- ❑ Personnel
- ❑ Supply/ Procurement
- ❑ Facilities Coordination
- ❑ EOC Support
- ❑ Other: _____

Finance and Administration
- ❑ Finance/ Administration Section Chief
- ❑ Time Recording
- ❑ Purchasing
- ❑ Compensation & Claims
- ❑ Cost Accounting
- ❑ Recovery Record-Keeping
- ❑ Risk Management
- ❑ Other: _____

Comments

EMMA Staff Availability Form

Please contact the next level down in SEMS to determine possible personnel availability. The REOC Logistics Section will contact the operational area EOC's Logistics Section. The operational area EOC Logistics Section will contact the city and special district EOC Logistics Section. All contacts should emphasize that this is merely for information. This inquiry is not a request for staffing to be placed on standby. THIS IS ONLY A QUERY.

Note: The positions listed below represent the most likely categories to be called upon for support. This list may not cover every possible need for emergency management support.

Please indicate below the number of personnel available in your jurisdiction that could be used to support other jurisdictions if called upon. Check the appropriate box if available.
Fill in the lines with the available number of personnel for that position.
Note any additional needs or available emergency management staff at the bottom of this form.

POSITIONS

MANAGEMENT	

❑ EOC Management
  ❑ Safety Officer
  ❑ Liaison Officer
  ❑ EOC Coordinator
	❑ Public Information Officer
	❑ Security Officer
	❑ Other_____

OPERATIONS	

❑ EOC Operations Section Coordinators
  ❑ Fire & Rescue
  ❑ Hazmat
  ❑ Care & Shelter
  ❑ Law Enforcement/Coroner
	❑ Animal Control
	❑ Construction & Engineering
	❑ Utilities
	❑ Medical/ Health
	❑ Other_____

PLANNING/ INTELLIGENCE	

❑ EOC Planning/Intelligence Section Coordinators
  ❑ Situation Assessment
  ❑ Advanced Planning
  ❑ Documentation
	❑ Technical Services
	❑ Demobilization
	❑ Recovery Planning
	❑ Other_____

FINANCE/ADMINISTRATION	

❑ EOC Finance/Administration Coordinators
  ❑ Time Recording
  ❑ Cost Accounting
  ❑ Risk Management
	❑ Purchasing
	❑ Compensation & Claims
	❑ Recovery Record-Keeping
	❑ Other _____

LOGISTICS	

❑ EOC Logistics Coordinators
  ❑ Communications and Information Systems
  ❑ Transportation Services
  ❑ Resource Status
  ❑ EMMA Coordinator
	❑ Supply/ Procurement
	❑ Personnel
	❑ Facilities Coordination
	❑ Other _____

OTHER POSITIONS	
❑ Other Positions filled:	

EMMA Dispatch Checklist

NAME:_____ AGENCY_____

BUSINESS ADDRESS:_____ PHONE (   )_____

_____FAX (   )_____

_____PAGER   (   )_____

E-MAIL ADDRESS:_____CELL PHONE (   )_____

SUPERVISOR:_____PHONE (   )_____

CONTACT PERSON (for emergency purposes only)

NAME_____ Relationship_____ PHONE (   )_____

ASSIGNMENT INFORMATION

INSTRUCTIONS: *The following information is to be completed by the requesting jurisdiction, faxed to the responder, and the requesting operational area EOC Logistics Section. The operational area will fax to the OES Region EOC.*

Date/Time Assignment begins_____ Release Date (anticipated)_____

Assigment/Agency_____Position_____

Location_____Address_____

Report to:_____ **Phone No. (   )_____
         (Person or Position)
Operational Area Contact_____ **Phone No. (   )_____**

Travel Arrangements: (When this part is completed fax to responding EMMA personnel)
To be made by   ____ Responder   ____Requesting Jurisdiction

Transportation by   ____Car   ____Plane   ____Other_____

Directions   (**ATTACH MAP** with location marked and written directions)

Flight Schedule

Lodging Information:
Facility_____ Confirmation No._____

Address_____ Contact Person_____

_____Phone No.(   )_____

SPECIAL COMMENTS (see back side or second page)

EMMA FORM #3   Date of Form   11/01

EMMA Check-in and Check-out Form

_____
(Incident Name)

NAME:_____

AGENCY_____

LODGING FACILITY ADDRESS: PHONE (   )_____

_____   FAX (   )_____

_____   PAGER   (   )_____

_____   CELL PHONE (   )_____

Date duty began:_____ Release date and time:_____
Assignment (position or function; list all with corresponding beginning and release times)

_____

Location:_____

EQUIPMENT AND SPECIAL ITEMS CHECK OFF

Items	Date Issued	Date Returned
Equipment_____	_____	_____
Identification Badge_____	_____	_____
Cellular Phone_____	_____	_____
Pager_____	_____	_____
Computer_____	_____	_____
Parking Pass_____	_____	_____
Other Passes_____	_____	_____
Credit Card(s)/No._____	_____	_____
_____	_____	_____
_____	_____	_____
Vehicle No. _____	_____	_____
Other Equipment	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Forms	_____	_____
Orientation Packet_____	_____	_____
Time Sheets_____	_____	_____
Daily Activity Log_____	_____	_____
Expense_____	_____	_____
Claim/documentation_____	_____	_____
EMMA Exit Survey Form____	_____	_____
After Action Report Form____	_____	_____

EMMA FORM #4   Date of Form 11/01

GOVERNOR'S OFFICE OF EMERGENCY SERVICES
Mission/Request Tasking Form

Mission/Request Tasking Form
Mission Number: Priority:

<div align="center">

FIELDS WITH ASTERISK (*) ARE REQUIRED

☐

This is an [Initial ▾] Request

**This field must be set to *Final* before it can be submitted to State OES for approval,
and in order for Mission approval/validation buttons and field edits to properly function.**
Initial Missions will only appear in the *Initial Requests* view.

</div>

Information required from requesting agency:

1. Request Date/Time: 10/23/2001	2. *Operational Area:	3. Related Event/Disaster:
		Enter here if Event Name not listed above:
4.a. *Desired Arrival Date/Time:	**5. * Mission Type:**	**6. Related Incident Name:**
b. * Estimated Duration:	Enter below if Type not listed above:	

7. * Threat:	

8. * Situation: (1- 2 line description of cause of request. Do not describe mission or resources requested).

9. * Requested Mission:

10. Incident/Proj Order No.:	11a. AFRCC Incident No.:	b. AFRCCMission No.:

Detailed Resource List: (Use only if you know exactly what type of resources are needed to accomplish the requested mission. If you do not know the exact number and type of resources, leave blank and the Governor's OES will help you develop the resource list..)

Request No.	Type Resource	Qty	Remarks
12a.	**b.** ▼	**c.**	**d.**
13a.	**b.** ▼	**c.**	**d.**
14a.	**b.** ▼	**c.**	**d.**
15a.	**b.** ▼	**c.**	**d.**
16a.	**b.** ▼	**c.**	**d.**
17a.	**b.** ▼	**c.**	**d.**

18. Additional Resource Information:

19. Requesting Agency: (This is the agency where the request orginated and for whom the requested mission will be performed)

a. * Name:	b. * Position:	c. * Agency:
d. * Phone Number:	e. Fax Number:	f. Alt#:

20. Service/Support Supplier: (Who will provide the following catagories of support/supplies to the agency(s) that will perform the requested mission.)

a. Fuel : ▼ **Enter below if Other selected in above:**	**b. Meals:** ▼ **Enter below if Other selected in above:**	**c. Water:** ▼ **Enter below if Other selected in above:**
d. Maintenance: ▼ **Enter below if Other selected in above picklist:**	**e. Lodging:** ▼ **Enter below if Other selected in above picklist:**	**f. Misc:**

21. Reporting Location: (Location where requesting agency wants resources to deploy initially. In line 21.b. use the CA Thomas Brothers map book. List PG and map section.)

a. *Address:	b. Map Ref:	c. Lat/Long:

22. Forwarding Agency: *(If different from Block 19)*
(Completed by the agency forwarding request to the Governor's OES. If requesting agency (OAs and State Agencies only) is making the request directly to the Governor's OES, then use one of the two buttons within the block.)

	.	

a. Name:	b. Position:	c. Agency:
d. Phone Number:	e. Fax Number**:**	f. Pager/Alt#:

REQUEST MISSION APPROVAL:

Governor's Office of Emergency Services:
Blocks 23 through 26 to be filled out by the Governor's OES only.

23. OES Coordinator:	Use only if Name found in 23a. keyword list.	
a. Name: If selection not in list above, enter here:	b. OES Office:	c. Phone:
d. Fax/Cell:	e. Pager/Alt#:	f. Other:

24. Responding Agency:		
a. Agency Name: If selection not in list above, enter here:	b. Agency POC:	c. Phone:
d. Fax Number:	e. Pager/Alt#:	f. Other:

25. Special Instructions:

26. a. Responsible OES Branch/Region:

b. Approver's Name:	c. Designee's Name:

33

<table>
<tr><td colspan="3" align="center"><strong style="color:red">This portion completed by the Responding Agency or the Governor's OES
<strong style="color:purple">Status of Mission #</td></tr>
<tr><td colspan="3" align="center">Number of Audit Documents Created: 0</td></tr>
<tr><td colspan="3" align="center"><em style="color:red">You must use the "Create Status Audit" button whenever saving the Status Report!</td></tr>
</table>

1. Overall Mission/Resource Status Coordinating ▾	**2. Person Making Report:**	**3. Report Date/Time:**
4. Responding Agency: ▾ If selection not in list above, enter here:	**5. ETA Date/Time:**	**6. a.. Original Request Date:** **b. Actual Time on Site(Date/Time):**

7. Mission:	
8a. Past Activities:	
8b. Current Activities:	
8c. Future Activities:	
9 . Critical Issues:	
10. Comments:	

11. Resource Recap:	**Set Requested Resources (12. - 17.) in Table:**				
Req #	**Providing Unit**	**Resource Description**	**Qty**	**Status**	**Location/Do**
		▾		▾	
		▾		▾	
		▾		▾	
		▾		▾	

Number of Audit Documents Created: 0

Mission Request Tasking Form

EMMA Personnel Exit Survey Form

_____
(Incident Name)

To assist us with the evaluation of the effectiveness of this program, please take a few minutes to fill out the following information. This information will be used to improve the Emergency Managers Mutual Aid Program for future disasters.

Name: _____ Title:_____

Agency: _____ Phone Number: _____

Date Assignment began: _____ Release Date and Time: _____

Assigned position or function (if more than one please indicate): _____

_____

Were your skills appropriate for your assignment? (If not, indicate what skills/knowledge would be more effective?)

_____

_____

_____

What additional training or orientation would be helpful in performing this function?

_____

_____

_____

What key topics should be covered in the After-Action Report?

_____

_____

Please add any additional comments on the back of this form. Thank you for taking the time to complete this form.

RETURN THIS FORM TO THE LOGISTICS SECTION