###### **EOC MANAGER/EMERGENCY MANAGEMENT COORDINATOR (EMC)**

Responsible for: overall emergency management program, activating and managing the EOC

*Reports to: the Elected Officials*

DATE OF ACTIVATION: \_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR ACTIVATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed or N/A** | **By (initials)** | **Time** | Item |
|  |  |  | EMERGENCY NOTIFICATION (METHOD\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |  |  | Notification verified. |
|  |  |  | Action Log Initiated. (see Attachment 1 to this checklist) |
|  |  |  | Elected officials notified. |
|  |  |  |  |
|  |  |  | Increased readiness |
|  |  |  | Increased readiness received from Homeland Security Alert System (HSAS). |
|  |  |  | Watch/Warning received from National Weather Service (NWS). |
|  |  |  | Notification received from County Emergency Management Agency (EMA). |
|  |  |  | Consulted with elected officials. |
|  |  |  | Recommendation re: Emergency Operations Center (EOC) Activation made to elected officials. |
|  |  |  | Affected Emergency Support Functions notified. |
|  |  |  | Key staff put on stand-by. |
|  |  |  | Partial mobilization of EOC begun. |
|  |  |  | Critical facilities notified. |
|  |  |  | HSAS procedures implemented. |
|  |  |  | EOC Materials Inventory |
|  |  |  | Copy of the County Emergency Operations Plan (EOP) |
|  |  |  | Copy of the Municipal Emergency Operations Plan (EOP) |
|  |  |  | Copy of EOC Checklists |
|  |  |  | Notification and Resource Manual |
|  |  |  | Action Log |
|  |  |  | Sign-In/Out Log (see Attachment 2 to this checklist) |
|  |  |  | Organization Chart |
|  |  |  | EOC floor plan sketch |
|  |  |  | Staff schedule for 24-hour operations (2 shifts) |
|  |  |  | Action Status Board |
|  |  |  | Municipal map |
|  |  |  | Office supplies |
|  |  |  |  |
|  |  |  | EOC Activated |
|  |  |  | EMC present at EOC at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name of facility and street address) |
|  |  |  | Deputy EMC notified/present. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed or N/A** | **By (initials)** | **Time** | Item |
|  |  |  | Elected official(s) notified/present (NAME \_\_\_\_\_\_\_\_\_\_\_\_). |
|  |  |  | Elected official(s) notified/present (NAME \_\_\_\_\_\_\_\_\_\_\_\_). |
|  |  |  | Elected official(s) notified/present (NAME \_\_\_\_\_\_\_\_\_\_\_\_). |
|  |  |  | Public Information Officer (PIO) notified. |
|  |  |  | Operations Section Chief notified. |
|  |  |  | Planning Section Chief notified. |
|  |  |  | Logistics Section Chief notified. |
|  |  |  | Admin-Finance Section Chief notified. |
|  |  |  | Liaison Officer notified. |
|  |  |  | Branch Director(s) notified for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Security in place. |
|  |  |  | Status Board initiated. |
|  |  |  | Message Log initiated. |
|  |  |  | County notified that EOC is operational. |
|  |  |  | Communications |
|  |  |  | Phone lines tested. |
|  |  |  | Radios tested. |
|  |  |  | \_\_\_\_\_\_\_ tested. |
|  |  |  | Amateur Radio operator on site. |
|  |  |  | Emergency Alert System (EAS) station monitored. (Station ID \_\_\_\_\_\_) |
|  |  |  | Operations |
|  |  |  | EMC Initial Briefing on situation conducted. |
|  |  |  | Staff to maintain maps and status boards appointed. |
|  |  |  | Municipal map posted with important information (affected area, Traffic Control Points (TCPs), Access Control Points (ACPs), evacuation routes, etc). |
|  |  |  | Contact established with neighboring municipalities. |
|  |  |  | EOC Relocation |
|  |  |  | Alternate Site Open at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (name of facility and street address) |
|  |  |  | Equipment & logs packed. |
|  |  |  | County notified. |
|  |  |  | Other EOCs notified. |
|  |  |  | Responders notified. |
|  |  |  |  |
|  |  |  | EOC OPERATIONS |
|  |  |  | Elected Officials and EOC staff informed when things change. |
|  |  |  | Verification complete that schools, businesses and other population concentrations are aware of the problem. |
|  |  |  | Available resources monitored. |
|  |  |  | Requirements reviewed and “unmet needs” reported to county. |
|  |  |  | Route alerting accomplished (Firefighting Branch). |
|  |  |  | Additional briefing of the county EOC conducted. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed or N/A** | **By (initials)** | **Time** | Item |
|  |  |  | Established a “victim accountability system” to track missing citizens who are forced to leave their homes. |
|  |  |  | Worked with Mass Care/Housing to identify location of displaced victims. |
|  |  |  | EOC Manager |
|  |  |  | Assumed responsibilities of IM/IC |
|  |  |  | Deferred the role of EOC Manager to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Delegated the role of Operations Section Chief to\_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Delegated the role of Planning Section Chief to\_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Delegated the role of Logistics Section Chief to\_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Delegated the role of Finance Section Chief to\_\_\_\_\_\_\_\_\_\_. |
|  |  |  | Branch Director(s) appointed for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name \_\_\_\_\_\_\_\_\_\_. |
|  |  |  |  |
|  |  |  | PROTECTIVE ACTIONS |
|  |  |  | Protective Action Decision made by elected officials (EMC in their absence). |
|  |  |  | Shelter in Place Recommended. |
|  |  |  | Evacuation Recommended. |
|  |  |  | Shelter in Place |
|  |  |  | PIO Notified. |
|  |  |  | Public announcement and instructions prepared. |
|  |  |  | Non-English speaking citizens addressed. |
|  |  |  | Announcement broadcast over EAS. |
|  |  |  | Route alerting conducted (if appropriate). |
|  |  |  | Mass Care Shelter |
|  |  |  | County ESF # 6 contacted to set up mass care shelter. |
|  |  |  | County unable to provide mass care. designated local emergency shelter at \_\_\_\_\_\_\_\_\_. |
|  |  |  | Shelter Manager appointed. |
|  |  |  | PIO announced location of temporary shelter. |
|  |  |  | Evacuation |
|  |  |  | Routes and other parameters (when, who, how many, to where) of the evacuation planned. |
|  |  |  | Sirens and EAS (if practical) sounded. |
|  |  |  | Non-English speaking citizens addressed. |
|  |  |  | Assistance provided for mobility impaired residents |
|  |  |  | Reviewed Traffic Control Points (TCPs) and Access Control Points (ACPs) for police in emergencies (Public Safety and Security (ESF #13) Branch). |
|  |  |  | Notified the Route/Sector Alert Team leaders and assigned personnel to route alert teams (Firefighting (ESF #4) Branch). |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed or N/A** | **By (initials)** | **Time** | Item |
|  |  |  | Reviewed and updated list of hearing impaired residents requiring special notification to ensure it is current (Public Health & Medical Services (ESF #8) Branch). |
|  |  |  | Verified list of non-ambulatory residents requiring ambulance assistance to ensure it is current (Public Health & Medical Services (ESF #8) Branch). |
|  |  |  | Reviewed transportation planning. (Transportation (ESF #1) Branch) |
|  |  |  | Reviewed “unmet needs” of the municipality and reported them to the County EMA. |
|  |  |  | Verified that emergency fuel supplies, towing and repair services are available for evacuees. |
|  |  |  | Reviewed communication capabilities to maintain contact with TCPs and ACPs, Transportation Pickup Points and buses and Route/Sector Alert Teams (Communications Firefighting and Public Safety and Security Branches). |
|  |  |  | Verified notification of major businesses and industries, camp sites, motels/hotels, and other transient sites once the siren alert sounded (Communications (ESF #2) Branch). |
|  |  |  | Provided for sufficient buses and/or other transportation to pick up those residents without means of transportation (Transportation Branch) |
|  |  |  | Designated guides for buses being used to pick up persons who do not have transportation (Transportation Branch) |
|  |  |  | Establishment of TCPs and ACPs verified (1Public Safety and Security Branch). |
|  |  |  | Evaluated selected TCPs and determined suitability and adequacy as evacuation routes (Public Safety and Security Branch). |
|  |  |  | Monitored the process. |
|  |  |  | Notified County EMA when Route alerting finished. |
|  |  |  | After citizens have evacuated, relocated the EOC (if necessary). |
|  |  |  | Notified County EMA when evacuation complete. |
|  |  |  |  |
|  |  |  | DAMAGE REPORTING |
|  |  |  | Obtained sufficient copies of the Initial Damage Report (see Attachment 5 to this checklist) for distribution to teams. |
|  |  |  | Notified Damage Reporting Team leaders and placed them on alert. |
|  |  |  | Obtained vehicles to conduct damage survey. |
|  |  |  | Coordinated the need for radios to conduct damage reporting with the Communications Branch. |
|  |  |  | Assembled all damage reporting personnel and dispatched in teams. |
|  |  |  | Established a telephone number for call-in and established reporting time frames. |
|  |  |  | Reviewed damage reporting plan and listed the "unmet needs". |
|  |  |  | Coordinated damage survey plan with Red Cross. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed or N/A** | **By (initials)** | **Time** | Item |
|  |  |  | Assigned Damage Reporting Teams to conduct an initial damage survey (teams should consist of a minimum of two individuals and should be assigned to certain sectors). |
|  |  |  | Instructed teams to keep the EMC informed of the damage survey status. |
|  |  |  | As information is obtained, compiled the Damage Reports and provided same to the county. |
|  |  |  | Provided liaison to the county for damage assessment. |
|  |  |  | Provided tax and insurance information on the private and public sector buildings to the Federal/State Damage Assessment Teams. |
|  |  |  | Assigned one member of the Damage Reporting Team, who is familiar with the location of the damage, to accompany each Federal/State Damage Assessment Team (as necessary). |
|  |  |  | Maintained records of all expenditures related to damage reporting and assessment activities and submitted to the requesting authorities. |
|  |  |  |  |
|  |  |  | DISASTER PROCLAMATION |
|  |  |  | Assisted Elected Officials in preparation of the disaster proclamation document (see Elected Officials Checklist). |
|  |  |  | Obtained signature of a majority of the membership of the board of elected officials. |
|  |  |  | Sent copy of proclamation to county EMA. |
|  |  |  |  |
|  |  |  | DISASTER RECOVERY OPERATIONS |
|  |  |  | Federal Recovery Programs |
|  |  |  | Maintained records to document expenditures by the municipality. |
|  |  |  | Assisted county and state EMA in establishing a Disaster Recovery Center (DRC). |
|  |  |  | Returning evacuees and recovery |
|  |  |  | Adequate supplies of food arranged. |
|  |  |  | Adequate supplies of fuel arranged. |
|  |  |  | Assisted public utility with finding and repairing utility outages. |
|  |  |  | Notified evacuees of status of return. |
|  |  |  | Checked with county before closing the EOC Log, and the EOC. |
|  |  |  |  |
|  |  |  | DEVELOPED AN AFTER ACTION REPORT (AAR) FOR THE INCIDENT |
|  |  |  | FEMA form 95-44 submitted (as an AAR). |
|  |  |  | Local or county format utilized. |
|  |  |  |  |
|  |  |  | INCORPORATED LESSONS LEARNED DURING EMERGENCIES OR EXERCISES INTO THE EXISTING PLAN AND PROCEDURES. |