|  |
| --- |
| Part I – to be completed by requesting jurisdiction |
| Date |  | Time |  |
| From jurisdiction of |  |
| Contact person |  |
| Contact telephone |  |
| Contact email |  |
| Contact fax |  |
| Mission Medical Director |  |
| Medical Director email |  |
| Medical Director telephone |  |
| ­Incident requiring response |
|  |
| Type of assistance or volunteers requested |
|  |
| Are you also requesting funds for volunteer food, travel, lodging, and/or PPE? | If yes, enter needed expenses and cost allocation?*Must be at or below GSA per diem rates for current year.* |
| [ ]  YES[ ]  NO |  |
| List known hazards to personnel*Site safety plan must be submitted prior to deployment of volunteers* |
|  |
| Are you able to provide all PPE for volunteers based on known and potential hazard assessment?  | If no, please describe PPE that is needed to ensure responder health and safety. ***If state cannot issue, these items may be purchased with associated cost that may or may not be reimbursable. Cost calculations can be added following initial request.*** |
| [ ]  YES[ ]  NO |  |
| Job description 1 |  |
| License type needed for job 1 |  |
| Number of volunteers needed to fill job 1 |  |
| Job description 2 |  |
| License type needed for job 2 |  |
| Number of volunteers needed to fill job 2 |  |
| Job description 3 |  |
| License type needed for job 3 |  |
| Number of volunteers needed to fill job 3 |  |
| Reporting information |
| Date and time to report(include time for check-in and orientation) | Shift 1: Shift 2:Shift 3:Shift 4: |
| Address |  |
| On-site volunteer contact |  |
| Additional information/comments |
|  |

Authorized official’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized official’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Part II – to be completed by OHA |
| Date received |  | Time |  |
| Received by |  |
| OERS number (if any) |  |
| Incident manager (if any) |  |
| Next actions |  |