ODOT Emergency Preparedness Committee

Guidelines for Using the
Public Works Emergency Response Cooperative Assistance Agreement

Here are suggested steps for your agency to follow when using the Oregon Public Works Emergency Response Cooperative Assistance Agreement. The participants to the agreement are listed by agency, with a contact person, their phone number and an emergency 24-hour phone number. Simply make the contact and obtain the assistance.

The Oregon Department of Transportation (ODOT) Office of Maintenance will keep an updated list of participants and will provide a copy of the list to everyone on the list.

**Requesting Agency Steps to Follow**

**When your agency is requesting assistance:**

1. Assess the situation and determine the resources needed.
2. Fill out the REQUESTING AGENCY CHECKLIST (Attachment 1).
3. Locate agencies included in the agreement.
4. Call one or more agencies that may have the resources you need.
5. Fill out a Requesting Agency's MUTUAL AID INFORMATION form (Attachment 2).
6. Send copy of form to the Responding Agency as soon as possible.

**Responding Agency Steps to Follow**

**When your agency is responding to a request for assistance:**

1. Make sure you can fulfill the request before giving an answer. Remember, you are not required to supply aid if you determine you cannot spare resources or if you do not have qualified personnel, appropriate equipment and necessary materials for what is requested.
2. Analyze the risk level of the request.
3. Complete the RESPONDING AGENCY CHECKLIST (Attachment 3) with the information given by the Requesting Agency.
4. Brief your employees and prepare the equipment.
5. Complete the EMPLOYEE & EQUIPMENT INFORMATION form (Attachment 4). Provide copies to your responding staff and to the Requesting Agency.
6. Dispatch staff to the Requesting Agency for assistance.
Supervisor of Responding Agency Steps to Follow

1. Complete the INCIDENT COMMANDER CHECKLIST (Attachment 5).

2. Carry a copy of the Requesting Agency's MUTUAL AID INFORMATION (Attachment 2) and your EMPLOYEE & EQUIPMENT INFORMATION form (Attachment 4). Provide a copy of each to the Requesting Agency.

3. Remember you are responsible for your crew working in a safe and professional manner.

4. Track your equipment and materials inventory.
REQUESTING AGENCY CHECKLIST

What is the Need?

_____ Be sure a real need exists. The Oregon Public Works Emergency Response Agreement is only to be used to support resources already reasonably committed.

_____ What is the nature of the emergency? What can the Responding Agency help you repair or service?

_____ Identify what type of equipment, material, and skilled employees are needed.

_____ How long may they be needed? Will Responding Agency employees work independently or with one of your supervisors?

_____ Where will Responding Agency employees eat, sleep, and shower? Do you need to make contact with the Red Cross for meals? What facilities/motels are available for Responding Agency employees?

_____ Has an arrangement for refueling and repair of equipment been made?

_____ Identify a staging area. Where will Responding Agency employees meet your Agency supervisor(s) to be briefed and assigned work? Responding Agency employees will need names of your supervisor(s), phone numbers and locations and times to meet and report.

Who Can Help?

_____ Review list of Public Works Emergency Response Mutual Aid agencies and find an agency not affected by the emergency.

_____ Contact your local Office of Emergency Management, if needed.

_____ Call the agency directly. Send written request as soon as possible.

_____ Identify yourself and your agency.

_____ Fill out a MUTUAL AID INFORMATION form (Attachment 2).

_____ State the nature of the problem.

_____ State your needs such as personnel, equipment, and resources. How long will you need them?

_____ Advise the Responding Agency on weather and road conditions.

_____ How soon is aid needed? Is the work time sensitive?

_____ Advise the Responding Agency where, when and to whom they are to report.

_____ Identify facilities that are available to Responding Agency (shelter, food, etc.).

Briefing

_____ Meet with your agency's union reps or supervisors to discuss how staff will be used.

_____ Identify a staff person to work directly with your employees to handle and address questions. Provide local maps of the area with information such as eating and sleeping sites.

_____ Provide system maps and discuss how to use them.

_____ Review standards for the type of work being requested.

_____ Establish a communications plan.
Attachment 2
MUTUAL AID INFORMATION FORM
Requesting Agency

DATE: _____________________  TIME: _______________________________

REQUESTING AGENCY: ____________________________________________

NAME/TITLE CONTACT: __________________________________________

PHONE NUMBER: _____________________ FAX NUMBER: _____________

EMERGENCY PHONE NUMBER: _________________________________

TYPE OF EMERGENCY: _________________________________________

ESTIMATED DURATION ASSISTANCE WILL BE REQUIRED: __________

ASSISTANCE BEING REQUESTED (be as specific as possible)

Technical Assistance *
Personnel

Area of Expertise

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Equipment *
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Communication Equipment: _________________________________________

Materials *
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

* Items to consider in your request:
  Inspectors  Engineers  Surveyors  Technicians  Truck Drivers
  Mechanics  Operators  Flaggers  Welders  Utility Person
  Bridge Repair  Carpenters  Electricians  Dump Trucks  Back Hoe
  Gravel  Pipe  Oiler  Grader  Power Supply
  Compactor  Traffic Control Equipment  Paving Equipment
  Communication Equipment  Lighting
Attachment 3
RESPONDING AGENCY CHECKLIST

DATE:_______________________  TIME:_____________________________

REQUESTING AGENCY:_________________________________________________

NAME/TITLE CONTACT:_________________________________________________

PHONE NUMBER:________________________ FAX NUMBER:_________________

EMERGENCY PHONE NUMBER: __________________________________________

TYPE OF EMERGENCY:__________________________________________________

ESTIMATED DURATION ASSISTANCE WILL BE REQUIRED: ________________

Fill out Mutual Aid Information Form (Attachment 2).

Clarify Need

_____ Review types of damage and what Responding Agency employees may be expected to deal with (volcanic ash, earthquake, flooding, etc.)

_____ Review types of equipment, materials and number of employees needed and skills required.

_____ How long will your employees be needed? Should a relief crew be prepared?
    Where will your employees stay and eat?

_____ Identify a communications plan for crews.

_____ How will responding affect your agency’s current operations?

_____ Immediately notify Supervisor, elected officials and ODOT Office of Maintenance of request for Emergency Response Mutual Aid.

_____ Will there be night work?

Preparations

_____ Identify your responding employees. Ask employees to bring necessary personal items.

_____ Identify Incident Commander for your employees and appoint staff for operations, planning, logistics and finance.

_____ Review ER/FEMA documentation procedures with supervisors and initiate record-keeping requirements.

_____ Inventory and standardize tools and materials on vehicles. Inspect vehicles for travel.

_____ Set up daily check in time between Responding and Requesting agency.

_____ Review progress, identify hours worked, working conditions and status of crew.

_____ Send cash (not check) or credit cards with Supervisor for emergency expenses.

_____ Send mobile phone and/or radio equipment for backup communications.

_____ Be sure emergency food and water are on each vehicle.
Attachment 4
EMPLOYEE AND EQUIPMENT INFORMATION
Responding Agency

Agency: _______________________________ Date: _______________________________

Supervisor of Crew: _______________________________________________________

Communication Equipment/Phone Numbers: ___________________________________

Report Time: _____________________ Report Date: ____________________________

Report To: _____________________ Area Assigned: _________________________

ASSISTANCE BEING PROVIDED (be as specific as possible)

Supervisor & Crew Employees

<table>
<thead>
<tr>
<th>Name</th>
<th>Emergency Contact &amp; Phone Numbers</th>
<th>Qualifications</th>
<th>Area of Expertise</th>
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<tbody>
<tr>
<td></td>
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<td>Flagger CPR ODL Operator First Aid</td>
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Technical Assistance*

Personnel | Area of Expertise
---------|-------------------
          |                   |
          |                   |
          |                   |
          |                   |

Is it a permit-required confined space? Explain: ____________________________

Equipment *

Truck Type & Size: ________________________________________________________
Truck Materials Inventory: _______________________________________________
Truck Tools & Equipment Inventory: _______________________________________
Communication Equipment: ________________________________________________
Equipment for Night Work (explain): _______________________________________

_____________________________
ATTACHMENT 4, Page 2

Materials *

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Excavation work: Do you need shoring? Explain (be specific):_____________________

* Items to consider in your request:

Inspectors    Engineers    Surveyors    Technicians    Truck Drivers
Mechanics    Operators    Flaggers    Welders    Utility Person
Bridge Repair    Carpenters    Electricians    Dump Trucks    Back Hoe
Gravel    Pipe    Oiler    Grader    Power Supply
Compactor    Traffic Control Equipment    Paving Equipment
Communication Equipment    Lighting

1 copy to Requesting Agency
1 copy to Responding Agency
1 copy to Crew Supervisor
Upon Arrival

____ Check in with supervisor on site.

____ Review shift assignments.

____ Review maps, damage information, repair needs and potential crew assignments.

____ Request information on repair standards.

____ Make sure that lodging, meals, and refueling capabilities exist. If not, identify crew member to work on problem and ask Requesting Agency for assistance.

____ Review documentation procedures with Requesting Agency's supervisor and obtain supplies to track repairs and costs associated with the job.

____ Establish daily briefing time with Requesting Agency's supervisor.

____ Establish daily documentation briefing with Requesting Agency's supervisor to ensure that tasks are completed.

____ Establish working shifts.

____ Review Communication Plan, as developed between Requesting Agency and Responding Agency.

Daily Process

____ Briefing with supervisor and crew on work assignments and progress.

____ Review safety procedures with crew.

____ Review events and any problems or positive interaction with Requesting Agency's employees or customers.

____ Ensure lunch and evening food breaks are provided and that a system for meals, refueling, and restocking is maintained.

____ Contact Responding Agency for briefing.

____ Review documentation at end of each day for accuracy and completion.

Work Termination

____ Meet with crews to review successes and problems.

____ Identify total hours worked and number of repairs.

____ Total up costs associated with work.

____ Allow rest and recovery time before leaving for home.