



MAKANI PAHILI 2019

DEPARTMENT OPERATIONS CENTER (DOC) DRILL — EXERCISE MANUAL AND PLANNING GUIDANCE —

HAWAII EMERGENCY MANAGEMENT AGENCY

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— EXERCISE INFORMATION —

EXERCISE OVERVIEW

| | |
|---|--|
| DATE | Thursday, June 6 th , 2019 |
| TIME | 9AM to 11AM |
| PARTICIPANTS | All State Department EMOs and Emergency Workers |
| LOCATION | Department Operations Centers |
| OBJECTIVES AND CORE CAPABILITIES | <ul style="list-style-type: none">• Test state agency internal notification plans in department EOPs. (<i>Operational Coordination</i>)• Evaluate activation and set-up of agency DOCs (<i>Planning; Operational Coordination</i>)• Test regular and backup communications between DOCs and EOC (<i>Operational Communication</i>) |

INSTRUCTIONS FOR THE DAY OF THE EXERCISE

1. Activate your department's emergency notification procedures to alert staff. Direct staff with emergency duties to report to your DOC with appropriate supplies.
2. Set up a DOC sign-in roster and have staff sign. Refer to [Emergency Sign-In Roster](#) on page 19.
3. Have DOC staff set up your Department Operations Center.
 - Bring all supplies/equipment required to operate.
 - Configure furniture as you would during an activation.
 - Configure equipment (computers, printers, etc.) as you would during an activation.
 - Test communications equipment to ensure it is working.
 - Have DOC personnel log into WebEOC.
4. Contact the state EOC by phone from your DOC. *See exercise phone contact numbers on the next page.*
 - Relay the following: "Exercise, exercise. This is [YOUR NAME] from [DEPARTMENT NAME.] I am reporting that our DOC is activated at [PROVIDE DOC LOCATION] as of [ACTIVATION TIME]."
5. Contact the state EOC using a backup communication method from your DOC - e.g. Land Mobile Radio; Satellite Phone. *See exercise backup communications information on the next page.*
 - Report the same information listed in item #3.
6. Log onto WebEOC. Select the incident 'EXERCISE MAKANI PAHILI 2019.' Go to the **EVENT LOG** and enter:
 - Department Name
 - DOC Status is Activated and Time of Activation
 - Name of EMO and Contact Number at the DOC
 - Number of Department Personnel Currently in the DOC
7. Complete the DOC Evaluation Form (to be provided by HI-EMA)
8. Report Exercise Conclusion in the WebEOC Event Log. Include the following:
 - Upload the completed *Makani Pahili DOC Evaluation Form* to the WebEOC Event Log
 - Scan and upload your *DOC Sign-in Roster* to the Event Log
 - The time your DOC is deactivated

EXERCISE CONTACT INFORMATION FOR COMMUNICATIONS CHECK WITH THE STATE EOC

REGULAR COMMUNICATIONS

Contact the state EOC by phone using the number listed below for your department.

BACKUP COMMUNICATIONS CONTACT METHODS

Check in with the state EOC using **AT LEAST ONE (1)** of the following backup communications methods:

| | |
|--------------------------|---|
| AMATEUR RADIO | Call sign KH6HP7 |
| LAND MOBILE RADIO | Go to the 'scd all' talk group and call State Warning Point (SWP) |
| SATELLITE PHONE | Call the satellite phone number listed below for your department. |

| DEPARTMENT | REGULAR COMMS PHONE CHECK NUMBER | SATELLITE PHONE CHECK NUMBER |
|--|-------------------------------------|---------------------------------|
| Accounting & General Services | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Agriculture | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Attorney General | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Budget and Finance | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Business, Economic Development & Tourism | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Commerce and Consumer Affairs | 733-4300 ext. 601 | 808-797-3554 ext. 601 |
| Defense | 733-4300 ext. 601 | 808-797-3554 ext. 601 |
| Education | 733-4300 ext. 601 | 808-797-3554 ext. 601 |
| Enterprise Technology Services | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Hawaiian Homelands | 733-4300 ext. 601 | 808-797-3554 ext. 601 |
| Hawaii Tourism Authority | 733-4300 ext. 617 | 808-797-3554 ext. 617 |
| Health | 733-4300 ext. 603 | 808-797-3554 ext. 603 |
| Human Resources Development | 733-4300 ext. 603 | 808-797-3554 ext. 603 |
| Human Services | 733-4300 ext. 601 | 808-797-3554 ext. 601 |
| Labor & Industrial Relations | 733-4300 ext. 603 | 808-797-3554 ext. 603 |
| Land and Natural Resources | 733-4300 ext. 603 | 808-797-3554 ext. 603 |
| Public Safety | 733-4300 ext. 575 | 808-797-3554 ext. 575 |
| Taxation | 733-4300 ext. 575 | 808-797-3554 ext. 575 |
| Transportation | 733-4300 ext. 575 | 808-797-3554 ext. 575 |
| University of Hawaii | 733-4300 ext. 575 | 808-797-3554 ext. 575 |

HOW TO PLAN FOR THE EXERCISE

| PLANNING ACTION | REFERENCE |
|---|--|
| 1. Identify an Exercise Coordinator for your department. Ideally this should be the department’s Emergency Management Officer (EMO). | |
| 2. Ensure your Department Emergency Operations Plan has current procedures for notifying personnel during an emergency. Review procedures to ensure they are current and known to staff. | |
| 3. Ensure a DOC location is identified and staff required to report to the DOC are aware of this responsibility. | |
| 4. Ensure DOC equipment and supplies are on hand. | Refer to Recommended Supply, Equipment and Procedure List on page 11. |
| 5. Ensure DOC procedures are in place and known to staff. | Refer to Recommended DOC Procedures on page 15. |
| 6. Ready back-up communications systems. <ol style="list-style-type: none"> a. Ensure back-up systems are in place b. Test back-up systems c. Train staff on back-up systems | <p>For recommended equipment, refer to BACK-UP COMMUNICATIONS EQUIPMENT on page 14.</p> <p>For guidance on selecting a back-up communications system, refer to Error! Not a valid result for table. on page 16.</p> <p>For training or questions, contact David Hafner with the Hawaii Emergency Management Agency at david.t.hafner@hawaii.gov or (808) 733-4300 ext. 583.</p> |
| 7. Ensure Staff Can Log on to WebEOC. | For WebEOC assistance, contact Steve Sigler with the Hawaii Emergency Management Agency at steve.m.sigler@hawaii.gov or (808) 733-4300 ext. 557. |

— PLANNING & OPERATIONAL RESOURCES —

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RECOMMENDED SUPPLY, EQUIPMENT AND PROCEDURE LIST

| | ITEM | QUANTITY | EXPIRATION OR VERSION DATE <i>(Or 'N/A')</i> | LOCATION <i>(If not kept in DOC)</i> | POSITION RESPONSIBLE FOR SUPPLYING WHEN ACTIVATED | NOTES |
|--------------------------|--|----------|---|---|--|-------|
| | PAPERWORK | | | | | |
| <input type="checkbox"/> | Emergency Sign-In Rosters | | | | | |
| <input type="checkbox"/> | Emergency Expenditure Logs | | | | | |
| <input type="checkbox"/> | Phone Log | | | | | |
| <input type="checkbox"/> | Shift Scheduling Worksheet | | | | | |
| | PLANS | | | | | |
| <input type="checkbox"/> | Hawaii Emergency Operations Plan | | | | | |
| <input type="checkbox"/> | Department Emergency Operations Plan | | | | | |
| <input type="checkbox"/> | Department Continuity of Operations Plan | | | | | |
| <input type="checkbox"/> | Standard Operating Guides/Checklists/Job Aids | | | | | |
| <input type="checkbox"/> | WebEOC Manual | | | | | |
| <input type="checkbox"/> | DOC Setup Checklist | | | | | |
| <input type="checkbox"/> | DOC Setup Floorplan & Seating Chart | | | | | |
| | PHONE LISTS | | | | | |
| <input type="checkbox"/> | Department/Agency Staff | | | | | |
| <input type="checkbox"/> | Vendors/Contractors | | | | | |
| <input type="checkbox"/> | HI-EMA Contact Numbers | | | | | |
| <input type="checkbox"/> | Emergency Management Partners (State Emergency Support Function agencies; NGOs; etc.) | | | | | |

| | ITEM | QUANTITY | EXPIRATION OR VERSION DATE (Or 'N/A') | LOCATION (If not kept in DOC) | POSITION RESPONSIBLE FOR SUPPLYING WHEN ACTIVATED | NOTES |
|--------------------------|--|----------|--|----------------------------------|--|-------|
| | SIGNAGE | | | | | |
| <input type="checkbox"/> | DOC Activation Door Sign | | | | | |
| <input type="checkbox"/> | Table Tents for Seat Assignments/Workstations | | | | | |
| <input type="checkbox"/> | Other Instructional/ Informational Signs | | | | | |
| | OFFICE SUPPLIES | | | | | |
| <input type="checkbox"/> | Copy/Printer Paper | | N/A | | | |
| <input type="checkbox"/> | Toner for Printer/Copier | | N/A | | | |
| <input type="checkbox"/> | First Aid Kit | | N/A | | | |
| <input type="checkbox"/> | Flashlights | | N/A | | | |
| <input type="checkbox"/> | Batteries | | N/A | | | |
| <input type="checkbox"/> | Pens (black and blue ink) | | N/A | | | |
| <input type="checkbox"/> | Pencils | | N/A | | | |
| <input type="checkbox"/> | Highlighters | | N/A | | | |
| <input type="checkbox"/> | Markers | | N/A | | | |
| <input type="checkbox"/> | Dry Erase Markers | | N/A | | | |
| <input type="checkbox"/> | Notebooks | | N/A | | | |
| <input type="checkbox"/> | Post-It-Notes | | N/A | | | |
| <input type="checkbox"/> | Stapler | | N/A | | | |
| <input type="checkbox"/> | Staplers | | N/A | | | |
| <input type="checkbox"/> | Scissors | | N/A | | | |
| <input type="checkbox"/> | Painters Tape | | N/A | | | |
| <input type="checkbox"/> | Scotch Tape | | N/A | | | |
| <input type="checkbox"/> | Clipboards | | N/A | | | |
| <input type="checkbox"/> | Thumbtacks | | N/A | | | |

| | ITEM | QUANTITY | EXPIRATION OR VERSION DATE (Or 'N/A') | LOCATION (If not kept in DOC) | POSITION RESPONSIBLE FOR SUPPLYING WHEN ACTIVATED | NOTES |
|--------------------------|--|----------|--|----------------------------------|--|-------|
| <input type="checkbox"/> | 3-Ring Binders | | N/A | | | |
| <input type="checkbox"/> | Easel | | N/A | | | |
| <input type="checkbox"/> | Newsprint Tablet | | N/A | | | |
| <input type="checkbox"/> | Whiteboard | | N/A | | | |
| <input type="checkbox"/> | Bulletin Board or Display Area | | N/A | | | |
| <input type="checkbox"/> | Maps or Diagrams for Display (Large format, hard copy) | | | | | |
| | EMERGENCY SUPPLIES | | | | | |
| <input type="checkbox"/> | First Aid Kit | | | | | |
| <input type="checkbox"/> | Automatic Defibrillator | | | | | |
| <input type="checkbox"/> | Flashlights | | N/A | | | |
| <input type="checkbox"/> | Batteries | | | | | |
| <input type="checkbox"/> | Weather Radio | | N/A | | | |
| <input type="checkbox"/> | Humanitarian Daily Rations (HDRs) or Meals Ready to Eat (MREs) | | | | | |
| <input type="checkbox"/> | Canned or Bottled Water | | | | | |
| | HYGIENE SUPPLIES | | | | | |
| <input type="checkbox"/> | Hand Sanitizer | | | | | |
| <input type="checkbox"/> | Trashcans | | N/A | | | |
| <input type="checkbox"/> | Trash Bags | | N/A | | | |
| <input type="checkbox"/> | Paper Towels | | N/A | | | |
| <input type="checkbox"/> | Toilet Paper | | N/A | | | |
| <input type="checkbox"/> | All Purpose Cleaner | | N/A | | | |
| <input type="checkbox"/> | Plastic Wrap or Tinfoil | | N/A | | | |
| <input type="checkbox"/> | Paper Plates | | N/A | | | |
| <input type="checkbox"/> | Plastic Forks/Spoons/Knives | | N/A | | | |

| | ITEM | QUANTITY | EXPIRATION OR VERSION DATE (Or 'N/A') | LOCATION (If not kept in DOC) | POSITION RESPONSIBLE FOR SUPPLYING WHEN ACTIVATED | NOTES |
|--------------------------|--|----------|---------------------------------------|-------------------------------|---|---|
| | BACK-UP COMMUNICATIONS EQUIPMENT | | | | | |
| <input type="checkbox"/> | Backup cellular 4G LTE WAN modem | | | | | <i>It is recommended that all 4G LTE WAN be Wireless Priority Service (WPS) enabled</i> |
| <input type="checkbox"/> | Auxiliary Fail-over WiMAX, 4G LTE, or VSAT internet services | | | | | |
| <input type="checkbox"/> | Portable or Land Mobile Radios (LMRs) programmed to operate on the State 700/800 MHz digital radio system (HIWIN). | | | | | |
| | BACK-UP POWER | | | | | |
| <input type="checkbox"/> | Generator | | | | | |
| <input type="checkbox"/> | Fuel Storage | | | | | |
| | OFFICE EQUIPMENT | | | | | |
| <input type="checkbox"/> | Workstations (tables and chairs) | | N/A | | | |
| <input type="checkbox"/> | Computers (preferably laptops) equipped with wired (RJ-45) and wireless Local Area Network (LAN) cards | | | | | *Requires Microsoft Chrome web browser (32-bit or 64-bit) installed and tested with ability to login to WebEOC 8.2 https://webeoc1.scd.hawaii.gov/eoc7/ |
| <input type="checkbox"/> | Local Power-over-Ethernet (PoE) Local Area Network (LAN) router equipped with: <ul style="list-style-type: none"> <input type="checkbox"/> Two (2) Wide Area Network (WAN) ports. <input type="checkbox"/> Four (4) DHCP LAN ports consisting of a minimum of one (1) wired RJ-45 PoE Ethernet port. <input type="checkbox"/> One secured wireless (Wifi) Access Point. | | | | | |

| | ITEM | QUANTITY | EXPIRATION OR VERSION DATE (Or 'N/A') | LOCATION (If not kept in DOC) | POSITION RESPONSIBLE FOR SUPPLYING WHEN ACTIVATED | NOTES |
|--------------------------|---|----------|--|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> | Printer - connected to the Local Area Network (LAN) | | | | | |
| <input type="checkbox"/> | Scanner | | | | | |
| <input type="checkbox"/> | Copier | | | | | |
| <input type="checkbox"/> | Fax Machine with Fax Line | | | | | |
| <input type="checkbox"/> | Power Strips/Surge Protectors | | N/A | | | |
| <input type="checkbox"/> | Display Screen or Large Screen TV | | N/A | | | |
| <input type="checkbox"/> | Projector | | N/A | | | <i>If required for display.</i> |
| <input type="checkbox"/> | Clock | | N/A | | | |
| <input type="checkbox"/> | VOID or POTS (Plain Old Telephone) Phone Line | | | | | |
| <input type="checkbox"/> | VOIP or POTS Phones for Workstations | | | | | |
| <input type="checkbox"/> | Network and Phone Cables | | N/A | | | |
| <input type="checkbox"/> | Extra Chargers (Cell Phone; Laptops) | | N/A | | | |
| <input type="checkbox"/> | Extension Cords | | N/A | | | |

RECOMMENDED DOC PROCEDURES

IT IS RECOMMENDED THAT DEPARTMENTS HAVE THE FOLLOWING PROCEDURES IN PLACE RELATED TO DEPARTMENT OPERATIONS CENTER (DOC) OPERATIONS.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Access Control (who can access the room and how can they access it) |
| <input type="checkbox"/> | After Hours Access and Security Needs |
| <input type="checkbox"/> | Personnel Accountability (sign-in, sign-out processes) |
| <input type="checkbox"/> | Responsibilities for Room Setup and Supplies |
| <input type="checkbox"/> | Staff Roles and Responsibilities During Emergency Operations |

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OVERVIEW OF COMMON BACK-UP COMMUNICATIONS OPTIONS

| | Cellular Wireless Priority Service (WPS) | HIWIN State Land Mobile Radio (LMR) | Iridium Satellite Phone | BGAN Satellite Terminal | EXEDE Very Small Aperture Terminal (VSAT) | Amateur Radio |
|-------------------------|---|---|---|---|--|--|
| Description | WPS Provides priority access to the wireless network during periods of high traffic and congestion using existing cell phones | HIWIN LMR provides robust State-wide Push-to-talk voice communications | Iridium Satellite phones are hand-held mobile phones that use multiple satellites to pass voice, text, and limited data | Broadband Global Access Network (BGAN) are highly portable fixed satellite terminals. | Broadband High Throughput Satellite (HTS) Service | Employs commercially available amateur radio technology to provide voice and radio data communications |
| Use For | When cell system is available but subject to high traffic. Good for pre-event coordination | Pre-event and post-event voice communications. Interoperable with County LMR networks | Emergency and remote communications when other modes are not available. | Providing limited WebEOC, voice, text, and email to isolated and or remote semi-fixed locations. | Providing broadband Internet service in addition to WebEOC, voice, text, and email to fixed locations. | Catastrophic infrastructure failure requires stand-alone communications systems. |
| Voice | YES | YES | YES | YES | YES | YES |
| Email and Text | YES | NO | YES | YES | YES | YES |
| Data Speeds | 20-50 Mbps | NO | NO | 30 to 300 Kbps | 1-3 Mbps | 1200-9600 Baud |
| Portability | Hand Carried | Hand Carried | Hand Carried | Briefcase Size or Fixed 20 lbs | Large Cases 60 to 100 lbs | Hand Carried, Transportable, and Semi-Fixed |
| Electrical Power | Typical smartphones have 24-48 hours of power. Requires daily recharging | Handheld radios with current batteries have 24-48 hours of power. Requires daily recharging | Iridium phones have limited battery life of 24 hours. Requires daily recharging | Battery life of 6-12 hours depending on utilization. | Full-time UPS power required. | 12-24 hours of battery life. Requires recharging thereafter. |
| Staffing | Universal | Some training required | Requires trained staff with knowledge of International dialing procedures. Ability to correctly orient antenna. | Requires trained staff with knowledge of International dialing procedures. Ability to correctly orient antenna. | Required trained staff with IT experience. Ability to correctly orient antenna. | Requires licensed operator. |
| User Training | None | 1-2 hours | 1-2 hours | 1-2 hours | 2-4 hours | Extensive |

| | Cellular Wireless Priority Service (WPS) | HIWIN State Land Mobile Radio (LMR) | Iridium Satellite Phone | BGAN Satellite Terminal | EXEDE Very Small Aperture Terminal (VSAT) | Amateur Radio |
|------------------------|---|--|---|--|--|--|
| Estimated Costs | \$120 Annually | No charge if available from HIEMA State Radio Cache. \$1,000 per unit if purchased but no monthly charge. | Iridium 9505a Phones are available starting at \$795. Monthly airtime rates \$50/month \$1.29/minute and text at \$0.60/message | BGAN 500 Terminals starting at \$2,900. Monthly airtime rates \$64/month at \$6.25/MB. Voice \$0.80/minute and text at \$0.50/message | EXEDE fixed terminals starting at \$799. Month airtime rates at \$70/month for 1 Mbps. | No charge |
| Considerations | WPS is assigned through the GETS/WPS program to a designated cell phone | Network may be subject to temporary service outages due to network infrastructure damage from event. Strong state-wide coverage and is good tool for coordinating multiple workgroups/teams across multiple islands. Can be connected to county radio systems to provide inter-agency communications interoperability. | Using a constellation of constantly moving satellites, Iridium can experience high numbers of dropped calls making it frustrating for voice communications. Can be very useful as an email and text message terminal. Can be called via US gateway. | Using Geosynchronous satellites, BGAN is much more reliable than Iridium. Suitable to portable quick response requiring limited broadband service. Can be very useful as a text message terminal. Requires that calling phone be enable for International dialing. | Primary use is to provide broadband access to WebEOC, state email. Capable of serving as a VOIP voice/data terminal when equipped. Fixed antenna may require replacement and or re-alignment after high-winds. | Requires licensed operator. Requires path to antenna site. If volunteer available mode is well suited for quick response. Capable of on-island VHF/UHF and inter-island HF communications. |

EMERGENCY SIGN-IN ROSTER

| | | | | | |
|---------------------------------|--|---------------|--|---------------|--|
| Department Name: | | | | | |
| Worksite: | | | | | |
| Emergency/Disaster Name: | | | | | |
| Shift Supervisor Name: | | Title: | | Phone: | |
| | | | | Email: | |

| First Name | Last Name | Position | Authorized Time In | Authorized Time Out | Actual Time In | Actual Time Out | Employee Signature | Supervisor's Initials |
|------------|-----------|----------|--|--|--|--|--------------------|-----------------------|
| | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
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DEPARTMENT EMERGENCY SHIFT SCHEDULING WORKSHEET

CAN BE USED TO DOCUMENT KEY WORK ASSIGNMENTS AND LOCATIONS FOR DEPARTMENT PERSONNEL DURING AN EMERGENCY ACTIVATION.

| | | | | | |
|--|--|---------------|--|---------------|---------------|
| Department Name: | | | | | |
| Emergency/Disaster Name: | | | | | |
| Contact for Scheduling Questions: | | Title: | | Phone: | Email: |

| Emergency Response Position | Work Location <i>E.g. DOC; State EOC; Other (specify); On-Call</i> | Name | Cell Phone | Alt. Phone | Email | Shift Start Date | Shift Start Time | Shift End Date | Shift End Time |
|---|---|------|------------|------------|-------|------------------|--|----------------|--|
| Department Incident Commander | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Emergency Management Officer | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Emergency Support Function Rep. <i>[Insert ESF #]</i> | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
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[INSERT DEPARTMENT/AGENCY
NAME]

DEPARTMENT OPERATIONS
CENTER

- EMERGENCY ACTIVATION IN PROGRESS -

- AUTHORIZED PERSONNEL ONLY -