

EOCMT FORM 4 - RESOURCE REQUEST & ASSIGNMENT

(Rev. 2/25/13)

If submitted to Cal OES, Part A of this form must be attached to a Cal EOC Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EOC MANAGEMENT TEAM resource has been selected for assignment. The Cal EOC Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name:

Request Date / Time: /

Approved Cal EOC Mission #:
(May only be generated after EOC MANAGEMENT TEAM resource has been selected for assignment.)

PART A (To be completed by Requesting Jurisdiction)

Requesting Jurisdiction Name:

24 Hour Phone Number: () - ,

EOC MANAGEMENT TEAM Coordinator / PRIMARY Point of Contact Name:

Position / Title: **Phone:** () - , **Alt Phone:** () - ,

Fax: () - **E-Mail:**

Alternate Point of Contact:

Position / Title: **Phone:** () - , **Alt Phone:** () - ,

Fax: () - **E-Mail:**

Request Authorized By: (The following signature of an authorized official of the Requesting Jurisdiction indicates the Requesting Jurisdiction understands that this form does not constitute a contract with potential Providing Jurisdictions. Mutual aid extended under the EOC MANAGEMENT TEAM Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

Print Name and Title

Signature

Resource Requested:

(One position / team per request form. More than one of the indicated position / team may be requested if they have the same check-in location and expected working conditions.)

| | Position | | Quantity | Start Date and Time / End Date and Time | Shift | Security Clearance? | |
|--|----------|-------|----------|--|-------|--------------------------|--------------------------|
| | Day | Night | | | | Yes | No |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Tasks to be performed:

Any special skills / certifications / licenses required? Yes No **If yes, please explain:**

EOC MANAGEMENT TEAM resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Check-in Location Information:

Check-in Location Address: **24 Hour Phone Number:**
() - ,

Point of Contact Name / Title: **Cell Phone:** () - **Alt Phone:** () - , **Email:**

Expected Working Conditions

Special health or environmental concerns in the assignment area?

Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / transportation instructions:

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Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name:

Request Date / Time: /

Approved Cal EOC Mission #:

(May only be generated after EOC MANAGEMENT TEAM resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)

Providing Jurisdiction Name:

24 Hour Phone Number: () - ,

EOC MANAGEMENT TEAM Coordinator / PRIMARY Point of Contact Name:

Position / Title: **Phone:** () - , **Alt Phone:** () - ,

Fax: () - **E-Mail:**

Alternate Point of Contact (Optional):

Position / Title: **Phone:** () - , **Alt Phone:** () - ,

Fax: () - **E-Mail:**

Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EOC MANAGEMENT TEAM resource(s) listed on this form is qualified to fulfill the corresponding request and is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EOC MANAGEMENT TEAM Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)

Print Name and Title

Signature

Potential EOC MANAGEMENT TEAM Resource Information:

(For Requesting Jurisdiction only: Check this box to select EOC MANAGEMENT TEAM resource for assignment.)

Name: **Cell Phone:** () - **Alt Phone:** () - ,

Email: **Available for the period specified above?** Yes No

Able to perform the tasks described above? Yes No **Security Clearance (If applicable)?** Yes No

Equipment needed for deployment as specified above is available? Yes No **Has been made aware of the expected working conditions?** Yes No

Experience / EOC Position Credentials:

Special Skills / Certifications / Licenses:

Emergency Contact Name: **Relationship:** **Cell Phone:** **Alt Phone:**
() - () - ,

Additional Comments:

EOC MANAGEMENT TEAM FORM 4 – PART B (Continued)

(For Requesting Jurisdiction only: Check this box to select EOC MANAGEMENT TEAM resource for assignment.)

Name: _____ **Cell Phone:** () - _____ **Alt Phone:** () - _____ ,

Email: _____ **Available for the period specified above?** Yes No

Able to perform the tasks described above? Yes No **Security Clearance (If applicable)?** Yes No

Equipment needed for deployment as specified above is available? Yes No **Has been made aware of the expected working conditions?** Yes No

Experience / EOC Position Credentials: _____

Special Skills / Certifications / Licenses: _____

Emergency Contact Name: _____ **Relationship:** _____ **Cell Phone:** _____ **Alt Phone:** _____ ,
() - () - _____ ,

(For Requesting Jurisdiction only: Check this box to select EOC MANAGEMENT TEAM resource for assignment.)

Name: _____ **Cell Phone:** () - _____ **Alt Phone:** () - _____ ,

Email: _____ **Available for the period specified above?** Yes No

Able to perform the tasks described above? Yes No **Security Clearance (If applicable)?** Yes No

Equipment needed for deployment as specified above is available? Yes No **Has been made aware of the expected working conditions?** Yes No

Experience / EOC Position Credentials: _____

Special Skills / Certifications / Licenses: _____

Emergency Contact Name: _____ **Relationship:** _____ **Cell Phone:** _____ **Alt Phone:** _____ ,
() - () - _____ ,

(For Requesting Jurisdiction only: Check this box to select EOC MANAGEMENT TEAM resource for assignment.)

Name: _____ **Cell Phone:** () - _____ **Alt Phone:** () - _____ ,

Email: _____ **Available for the period specified above?** Yes No

Able to perform the tasks described above? Yes No **Security Clearance (If applicable)?** Yes No

Equipment needed for deployment as specified above is available? Yes No **Has been made aware of the expected working conditions?** Yes No

Experience / EOC Position Credentials: _____

Special Skills / Certifications / Licenses: _____

Emergency Contact Name: _____ **Relationship:** _____ **Cell Phone:** _____ **Alt Phone:** _____ ,
() - () - _____ ,