Logistics Section Chief / Deputy Logistics Section Chief

Primary Duty: The Logistics Section Chief (LSC) and Deputy Logistics Section Chief (DLSC) equally share the responsibilities of overseeing the coordination of resource requests as assigned by the Operations Section. The chief(s) support state agencies, cities, counties, towns, special purpose districts and tribal governments with state, commercial, mutual aid, or federal resources during the response and recovery from all hazards incidents to support the people, the environment, the economy, and the property protection of Washington State. The LSC / DLSC also oversee the providing of service and support for State Emergency Operations Center (SEOC) personnel, as well as the coordination of travel and lodging for SEOC staff as requested and approved.

Supervises: The three Assistant Logistics Section Chief(s) (ALSCs), are the Branch Directors for Resource, Support, and Service Branch

Reports To: SEOC Supervisor and Disaster Manager

QUICK TIPS

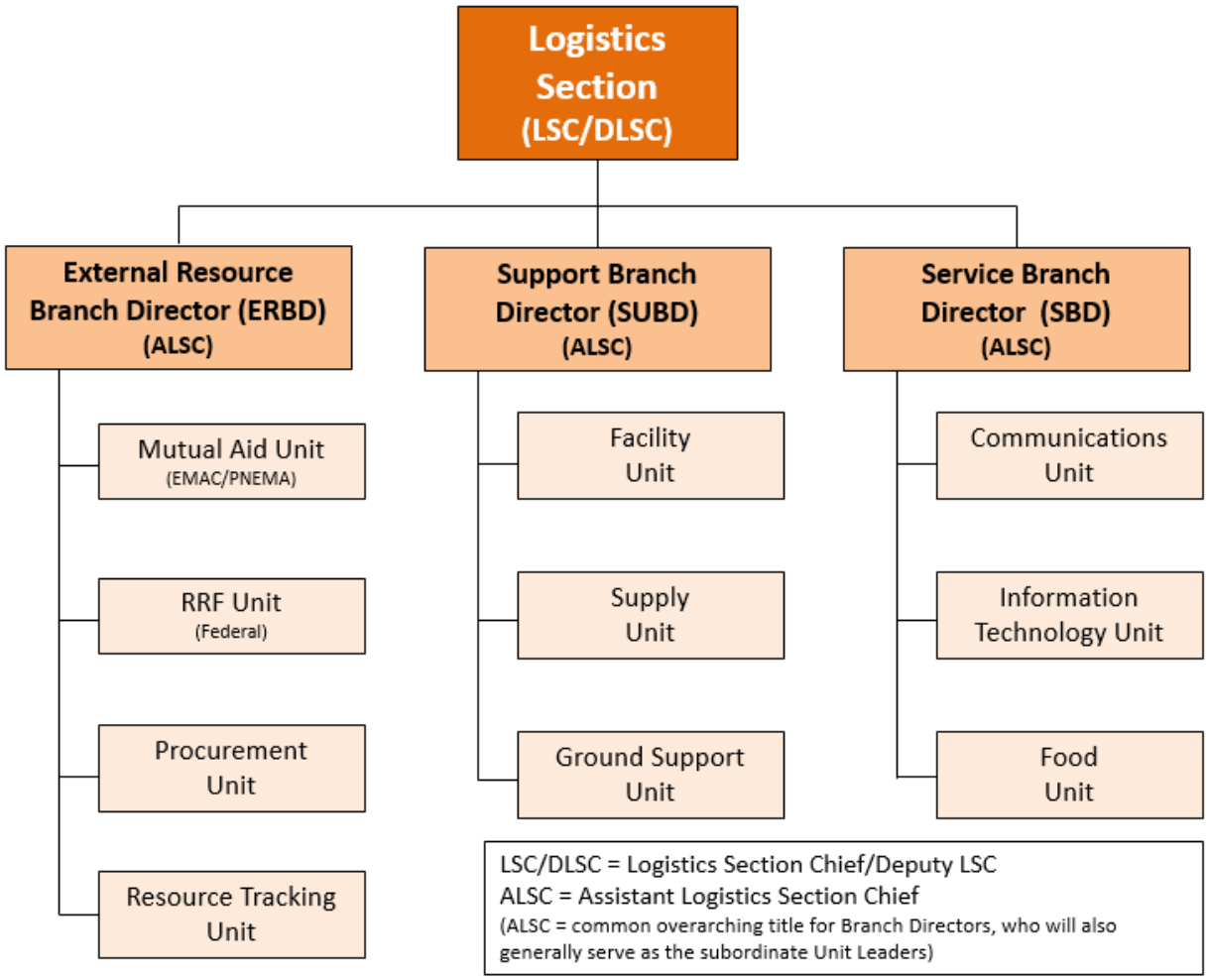
- For quick assistance with SEOC computers, phones, and WebEOC, click ***HERE*** to access the SEOC SMARTBOOK (Use Microsoft Office 365 login) or
- Click ***HERE*** for the SEOC SMARTBOOK on the EMD Website

☑ Tasks & Responsibilities

- ❑ Provides adequate follow up to ensure all resource requests not filled by state resources, using approved private sector procurement processes, intrastate/interstate/international mutual aid, or federal assistance; provides resource request follow-up as requested by the Operations Section
- ❑ Ensures support for SEOC and Joint Field Office (JFO) (as applicable) facilities, transportation, communications, supplies, equipment (including maintenance and fuel), food, and travel arrangements as requested and approved (approval routing indicated on approval forms)
- ❑ Ensures appropriate approval forms (approval routing indicated on approval forms) are complete and on file for all purchases, purchase card use, travel, meals, and light refreshments
- ❑ Organize and staff the Logistics Section effectively to meet the incident needs while ensuring manageable span of control and adequate supervision
- ❑ Anticipate future local, Tribal, and state agency resource needs through coordination with Operations Section
- ❑ Estimate future SEOC service and support requirements

Logistics Section Chief/Deputy Logistics Section Chief

- ❑ Provide logistical input into the Incident Action Plan (IAP)
- ❑ Participate in operational planning process and meetings
- ❑ Provide input for the Communications and Medical Plans as required for the IAP
- ❑ Brief IAP to Logistics Section
- ❑ Establish and maintain the Logistics Section staffing pattern, with date range designated by the SEOC Supervisor, and provide to the Planning Section SEOC Staffing Unit
- ❑ Provide for the safety and welfare of assigned Logistics Section personnel during the entire period of supervision. Recognize potentially hazardous situations and ensure precautions are taken
- ❑ Ensure Americans with Disabilities Act (ADA) requirements are being met
- ❑ Maintain list of issues and possible solutions or lessons learned throughout the incident for After Action Report and follow up



- ❑ Maintain Resource Tracker for assigned resource requests for each action taken under a resource request, Activity Log, and Significant Events Log in WebEOC

Products

The Logistics Section Chief is responsible for the timely and accurate completion and filing (electronic and hard copy) of:

- ❑ Travel Authorizations for SEOC personnel
- ❑ Purchase Order System (Aestiva: State Logistics Program personnel to use State Finance issued login and password) or A-19 (SEOC external state agency partners) approvals for meals, light refreshments, and miscellaneous supply purchases
- ❑ Vendor lists for resource reference and acquisition ("Planning_Logistics_Vendors_CURRENT" located at N:\Logistics\Resources)
- ❑ Request for Assistance Excel Workbooks related to Management Assistance Compact (EMAC) and Pacific Northwest Emergency Management Arrangement (PNEMA)
    - Mission Ready Packages are in Excel
    - PNEMA is in Excel
    - EMAC uses the EMAC Operations System (EOS)
- ❑ Situational Report Input to the Planning Section Situation Unit Lead by specified time
- ❑ **ICS Forms**
    - **Form 204** – *Assignment List*: Resources from the SEOC that are deployed in the field
    - **Form 205a** – *Communications List*: Communications resources from the SEOC that are deployed in the field
    - **Form 214a** – *Individual Log*: Summarize your daily activities on the ICS 214a. Submit to the Planning Section Chief and the Documentation Unit at the end of each Operational Period
        - The WebEOC Activity Log is a current substitute for the 214a
    - **Form 218** – *Support Vehicle/Equipment Inventory*: Any vehicle or vehicle related equipment acquired for response use (i.e. motor pool) in the field
    - **Other** – *Forms as required* by LSC, SEOC Supervisor, or Disaster Manager

Meetings

- ❑ All impromptu meetings as called by the SEOC Supervisor or Disaster Manager (listed on ICS form 230): Relay pertinent information to the Logistics Section, and document in the Logistics Activity Log
- ❑ **Operations Briefing:** Obtain current situational awareness, report back to the Logistics Section, and document in the Logistics Activity Log
- ❑ **Objectives Meeting:** Update incident objectives, Standing Principles, and Operational Period Command emphasis
- ❑ **Unified Coordination Group:** As invited, to develop, review, and revise incident objective and priorities for the next Operational Period to report back to the Logistics Section, and document in the Logistics Activity Log
- ❑ **Command and General Staff:** Review approved incident objectives and share important information and immediate action to report back to the Logistics Section, and document in the Logistics Activity Log
- ❑ **Daily Incident Conference Call:** Obtain additional current situational awareness, facilitate multi-agency coordination, report back to the Logistics Section, and document in the Logistics Activity Log
- ❑ **Local Jurisdiction and Tribal Conference Call:** Review local needs and situational update, report back to the Logistics Section, and document in the Logistics Activity Log
- ❑ **SEOC Update Briefing:** Present updated Logistics incident information related to the current Operational Period objectives meeting on the SEOC floor
- ❑ **Operation Tactics Meeting:** Review and finalize the draft Operational Planning Worksheets (204s), which are assignment lists
- ❑ **Planning Meeting:** Approve the IAP for the next Operational Period

Procedures and Job Aids

(Hyperlinks to Specific Topics for Just-in-Time Training)

- ❑ Commercial Resource Request Process 6
- ❑ Emergency Management Assistance Compact (EMAC) Processes & EMAC Operations System (EOS) 7
- ❑ Facilities 28
- ❑ Federal Assistance Process 38
- ❑ Feeding Procedures (SEOC Personnel) 29
- ❑ Forms 35
- ❑ Initial Startup Checklist 57
- ❑ Intergovernmental Agreement (IGA) Processes 59
- ❑ Network Drive Mapping 64
- ❑ Pacific Northwest Emergency Management Arrangement (PNEMA) Processes 66
- ❑ Printer Mapping 67
- ❑ Procurement Processes (Supplies) 69
- ❑ Purchase Card 70
- ❑ Request for Assistance (Four Methods to Request Resources and Entering in WebEOC) 72
- ❑ Resource Tracking Process (WebEOC) 75
- ❑ Sandbag Transfer Process 80
- ❑ Shift Change Briefing Checklist 82
- ❑ Smart Book (Initial Start Up Procedures and Equipment/Software Use) NA
- ❑ Travel Arrangements 83
- ❑ Vehicle Reservations (Camp Murray & State Motor Pool) 85
- ❑ WAMAS Coordinator Procedures 88
- ❑ WebEOC Activity Log 89
- ❑ WebEOC After Action Review 90
- ❑ WebEOC Staffing Board 91

Title:	Commercial Resource Request Process			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	How to Request Commercial Resources
Responsibilities:	Request commercial resources and document actions
References:	NA

- ❑ Determine if the requesting jurisdiction needs resource vendor coordination or if the requesting jurisdiction is unable to pay
  - If unable to pay, obtain cost estimates from the steps below and report to the SEOC Supervisor and/or Disaster Manager for guidance
- ❑ Assign the request to ESF #7 lead, Department of Enterprise Services (DES) in the WebEOC Resource Tracker
- ❑ Contact the DES representative in the SEOC or by phone to confirm receipt of the assignment
- ❑ Document the activity in the “Add Actions” section of the Resource Tracker under the specific resource request
- ❑ Follow up periodically to ensure adequate progress is being made to fulfill the request
- ❑ If no state contracts for commercial vendors are available, coordinate with State Finance for an “emergency purchase” and complete the designated forms as indicated by State Finance (only if the state is purchasing on behalf of the requesting jurisdiction)
- ❑ Communicate with the requesting jurisdiction to ensure the “loop is closed”
- ❑ Document the activity in the “Add Actions” section of the Resource Tracker under the specific resource request
- ❑ Complete the resource request status, as appropriate, in WebEOC

Title:	Emergency Management Assistance Compact (EMAC)			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:		Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Overview of EMAC, EMAC A-TEAM, and the EMAC Operations System
Responsibilities:	How to request and provide resources under EMAC
References:	Public Law 104-321

All actions related to any Requests for Assistance, including Mutual Aid, are to be recorded under "Add Actions" under the appropriate resource request in the "Resource Tracker" on WebEOC.

A-Teams carry out specific operational functions in support of EMAC within their home state or when deployed to Requesting States. The following is considered when selecting personnel to serve as a member of an A-Team:

- All EMAC A-Team personnel must be qualified by NEMA
- A-Team Leaders must have past deployment experience on an EMAC A-Team. The National Coordinating State (NCS) may, with concurrence of the Requesting State, designated the A-Team Leader
- A-Team Leaders report to the EMAC Authorized Representative, Designated Contact/EMAC Coordinator or other designee in the Requesting and/or Assisting State. Deputy A-Team Leaders, A-Team Members and National Guard A-Team Members report to the A-Team Leader
- EMAC A-Teams function under the command and control of their home state leadership but are under operational control of the Requesting State for the duration of their mission
- Typing scheme (Type I – Type IV) A-Teams denote the minimum and maximum capabilities and staffing recommendations. Staffing of A-Teams may be expanded or contracted as needed
- A-Team roles, responsibilities, forms, recommended equipment, checklists, and other mission guidelines are found the EMAC A-Team Standard Operating Guidelines (A-Team SOG) available at www.emacweb.org.
- All A-Teams serve under the in-state (Assisting State) EMAC A-Team –Team Leader

Mobilization

In the event of a governor-declared incident, out-of-state resources may be requested via an Emergency Management Assistance Compact (EMAC) broadcast via the EMAC Operations System (EOS) to member states to assist with the response, recovery, and/or mitigation of events or incidents.

If Washington is a potential assisting state, all broadcasts for the incident are to be tracked via Excel and cross checked against the EMAC EOS. For the duration of the incident, daily 0800 meetings will be held by the Preparedness Unit Manager, PAL Section Manager, SEOC

Supervisor, and EMAC support members (to be identified by the PAL Section Manager) to review the updated broadcast spreadsheet and plan future actions. All resources deployed will report in on a regular basis for welfare purposes only, as the deployed resources will be under the operational control of the requesting state.

Notification

When an affected state requests EMAC assistance, the request broadcasted by the EMAC Operations System (EOS) is received by the Washington State Emergency Management Division's (EMD) EMAC Authorized Representatives (ARs) and Designated Contacts (DCs) via email. The State Director, together with an AR, will determine whether the state is able to offer assistance. If able to provide assistance, the DC(s) will contact identified resource providers for resource availability and cost estimates.

The official Request for Assistance (REQ-A) is completed online via the EMAC Operations System (EOS) found on the EMAC website: www.emacweb.org. Only Authorized Representatives (ARs) and Designated Contacts (DCs) have the required permissions to operate in the EOS environment. A current list of A-Team trained personnel, Authorized Representatives, and Designated Contacts is on the Logistics N: drive named "A-Team Matrix", located at: N:\Logistics\Mutual Aid\Interstate Mutual Aid.

Cost Estimate

Fire service resource costs for Washington State are determined by the current State Fire Chiefs Rate Schedule and the average state firefighter salary, including 25% to cover benefits (http://www.wsp.wa.gov/fire/docs/mobilization/mobeplan_appendix_N.pdf).

State agency employee salaries are determined by the Washington State Human Resources Salary Schedule (http://www.dop.wa.gov/COMPCLASS/COMPENSATION/Pages/SalarySchedules.aspx).

Lodging and per diem rates reflect the current national government standard as published by the Federal General Services Administration (GSA) for the applicable location (http://www.gsa.gov/portal/category/21287) and reimbursements are not to exceed GSA rates, unless approved on the REQ-A Section II or lodging exception authorization has been provided.

Foreign Per Diem Rates: https://aoprals.state.gov/web920/per_diem.asp

To convert U.S. dollars to Canadian dollars, a currency converter is located at: http:onlinefx.westernunion.com/currency-calculator/ and this site offers live exchange rate calculations, except on weekends when the market is closed.

Cost Estimate Form

The Cost Estimate Form is sent to the resource provider in a spreadsheet format with active formulas to aid in calculation of the maximum estimated costs of deploying resources. Travel costs are generally calculated by State Logistics. The figures provided to EMD are used to

populate both the Section II of the REQ-A for the Requesting State and the budget sheet for the IGA amendment, if deploying non-state personnel.

Requesting State Mission Tracking #								Assisting State Mission Tracking #							
Personnel Salaries and Benefits															
First Name:	Last Name:	Phone:	E-Mail:	Position Title	Cert. Type / Card #	Regular Salary Hourly Rate	Benefit Hourly Rate	# of Reg Hrs per day	OT Hourly Rate	OT Ben Hour ate	# of OT Hours per day	Volunteer Firefighter Stipend	Subtotal Daily Cost	Total Deployment Cost
Ex: Robert	Jones	253.555.1212	rjones@fire.org	Engine Boss	Red Card #1234	$ 40.00	$ 10.00	8.00	$ 60.00	$	4.00	$ -	$ 700.00	$ 11,200.00
Ex. John	Doe	360-765-4321	jdoe@volunteer.net	Volunteer	Red Card #7654							$ 100.00	$ 100.00	$ 100.00
													$ -	$ -
Total Maximum Personnel Cost														$ 11,300.00
Personnel Travel														
Name		POV/Mileage	AOV	Per Diem	Hotel	Shipping	Rental	Fare	Baggage	Parking	Other (Desc.)	Other (Desc.)		Total Travel Cost
Ex: Jones		$ 18.20	$ -	$ 864.00	$ 2,116.5	80.00	$ 7.00	$ 540.00	$ 45.00	$ 96.00	$ 12.00	$ -		$ 3,848.72
														$ -
														$ -
														$ -
Total Maximum Travel Cost														$ 3,848.72
Equipment (Include estimated costs for fuel miles - NO other														
	Type		Kind		Description of Duties for Which Deployed Equipment Will Be Used					Daily Rate	Mileage Rate	Estimated Miles	Estimated Fuel	Total EQ Cost
1	Ex: Type II		Rotary Wing Aircraft		for use in damage recon					$ 250.00	$ -	$ 1,500.00		$ 1,750.00
2														$ -
3														$ -
4														$ -
5														$ -
Total Maximum Equipment Cost														$ 1,750.00
Total Maximum Deployment Cost														$ 16,898.72

EXAMPLE

IGA Amendment Attachment

Upon completion of the cost estimate, the IGA deployment specific amendment attachment for the participating local jurisdiction is finalized and sent to the jurisdiction providing the resource for signature by the authorized representative as cited on the IGA Signature Authorization Form. Specific instructions for final amendment execution will accompany the document when sent for signature.

Jurisdictions preparing to provide assistance must remember *the amendment attachment is not an authorization to deploy*. *A Mission Order must be issued* before a resource is authorized to deploy, and is provided upon execution of the REQ-A.

Verification of Qualifications

The participating jurisdiction/resource provider agrees that it will only deploy employees as authorized resources under this Agreement who are fully qualified and capable of performing the duties described in the executed Attachment A. Such qualifications and capabilities shall include, but not be limited to, the following:

1. Has completed training for IS-700.A, IS-800.B, IS-100.B, IS 200.B

2. Has received training customary or required for the position for which they are being deployed
3. Currently possesses all certifications and licenses required in the state of Washington to perform the duties for which they are being deployed
4. Has past experience and/or functional knowledge of operating in the position for which they are being deployed
5. Has the ability to fully and effectively perform all duties of the position for which they are being deployed
6. Has met the recommended minimum of eight hours of annual training, or eight hours of actual EOS work during an incident or exercise

1. EMAC Request for Assistance (REQ-A) Form

The REQ-A is used to request resources from another state. The REQ-A is completed online via the EOS, but a backup Excel version can be populated and uploaded to the EOS. The Excel version can be downloaded by an AR or DC, and there is also a copy stored on the "N" drive at N:\Logistics\Forms~Publications\Mutual Aid.

The form consists of three sections. Sections I and III are filled out by the Requesting State and Section II is filled out by the Assisting State. An Authorized Representative (AR) with signatory authorization to request or deploy EMAC resources is required to sign the REQ-A when complete.

A cost estimate form is sent to the responding jurisdiction in a spreadsheet format with active formulas to aid in calculation. The figures provided will be used to populate the required fields in section II of the REQ-A. An AR is the person within a member state empowered to obligate state resources (provide assistance) and expend state funds (request assistance) under EMAC. In a Requesting State, the AR is the person who can legally initiate a request for assistance under EMAC. In an Assisting State, the AR is the person who can legally approve the response to a request for assistance. A Designated Contact (DC) is a person within a member state who is very familiar with the EMAC process. The DC serves as the point of contact for EMAC in his or her state and can discuss the details of a request for assistance.

Emergency Management Assistance Compact (EMAC)
EMAC Mission Order Authorization Form

Personnel deploying on this mission are under the authority of the Emergency Management Assistance Compact Law passed in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam.			
The Resource Provider, responsible for identifying personnel who will be deployed on this mission, has identified individuals who have the skills, knowledge, and abilities to conduct the mission herein.			
Mission Details:			
Requesting State:		Assisting State:	
Event Name:		Requesting State #:	
Deployment Date:		Assisting State #:	
Demobilization Date:		EMAC #:	
Mission Type:		Discipline/Duty Status:	
Mission Description:			
Resource Description:			
Deployment Conditions and Safety Considerations: As a reminder, you may be deploying into a location with inhospitable conditions.			
Working Conditions:			
Working Conditions Comments:			
Living Conditions:			
Living Conditions Comments:			
The following health and safety concerns apply for this deployment (check the appropriate statement):			
	No safety or health concerns have been identified		
	Immunizations or vaccinations are suggested to deploy on this mission		
	Environmental hazards exist for this mission (identified below)		
	Personal protection equipment is needed		
Safety Concerns/Remarks:			
You should report to the location specified below upon arrival in the Requesting State. (If this section is blank, forward-deploy to the deployment location listed below. Do not forward-deploy to the deployment location if a Staging Area is listed below. Otherwise, you may miss valuable information on changes to your mission, issuing of identification, etc.)			
Staging Location/Facility:			
Address 1:			
Address 2:		City:	
State:		Zip Code:	
Point of Contact:			
Phone 1:		Phone 2:	

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Need more information on EMAC?
http://www.emacweb.org

1 - 3/9/12

Mission Order

Upon completion of the REQ-A process, the Washington Designated Contact or Authorized Representative (the Logistics Program Manager and SEOC Supervisor have the list of ARs and DCs) completes an EMAC Mission Order based on information from the REQ-A, and transmits the Mission Order to the resource provider. The Mission Order is the approval document to deploy the resources listed within the attachment.

Travel Arrangements

Personnel from agencies other than the Washington Military Department (WMD) will coordinate travel arrangements through their respective agencies or jurisdictions, to include airfare (using the state contract rate), rental car, and lodging, unless any of these items are designated to be provided or arranged by the Requesting State or EMD. The EMD can also assist the responding agencies and jurisdictions with travel coordination upon request. If the responders are part of a team, the team leaders will coordinate meeting times and locations either in Washington State or the Requesting State. For economic efficiency, teams will share rental vehicles unless prior authorization for individual vehicle rentals are made.

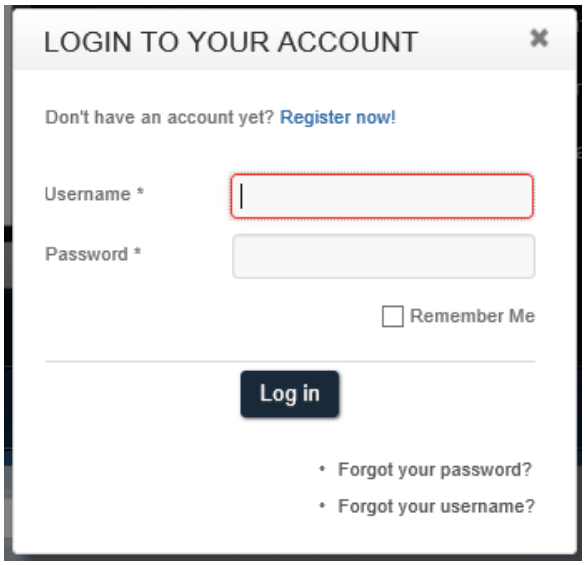
2. EMAC Operations System (EOS)

The EMAC Operations System (EOS) is an online system for managing interstate mutual aid requests as a result of governor declared incidents or disasters. The general public can visit the EMAC website at www.emacweb.org; however, only State ARs, DCs, and A-Team trained members can login to the system. The following tasks can only be completed by personnel with www.emacweb.org logins.

Opening an Event in EOS

1. Go to www.emacweb.org and click on "Log in".

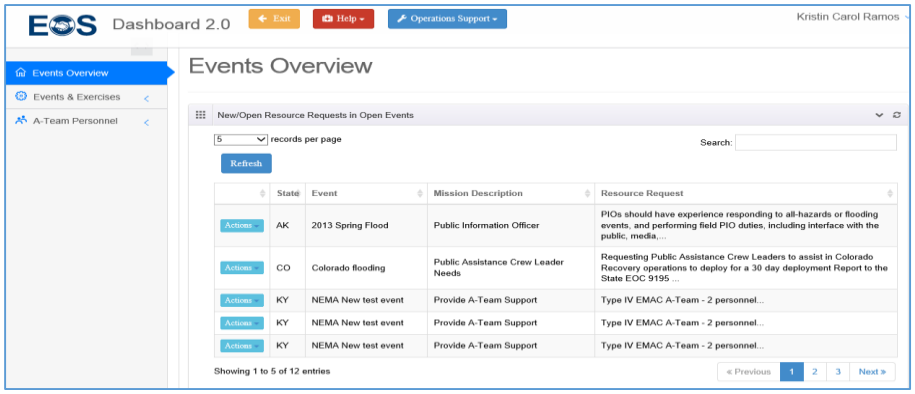
2. Use the Login ID and Password provided by the Mutual Aid Branch Director.



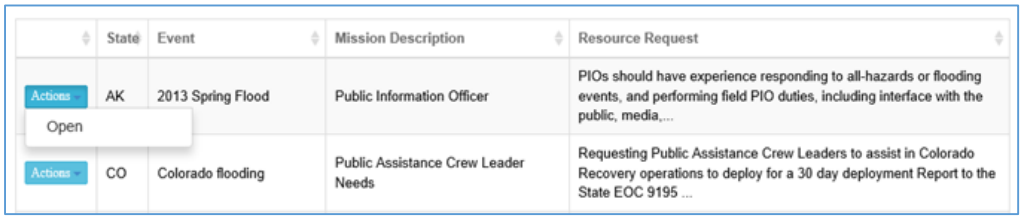
3. The user will be directed to the main page of the EMAC website. The two main items A-Team users will need are the first and third of the three bulleted items on the masthead:
   - EMAC Gateway
   - EMAC Operations System (EOS) 2.0 (2014 Upgrade)

   - The EMAC Gateway also contains links to the EOS, the same navigating tabs as the home page, the member directory contact map, a list of EOS Open Events, and basic reference documents for A-Team member use.

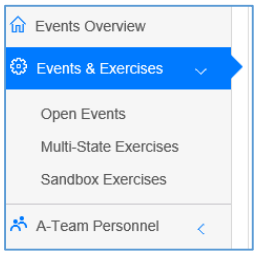
4. Click on the third masthead bullet, “EMAC Operations System 2.0” link.



5. Click on “Actions” the “Open” on the left to open the desired event.



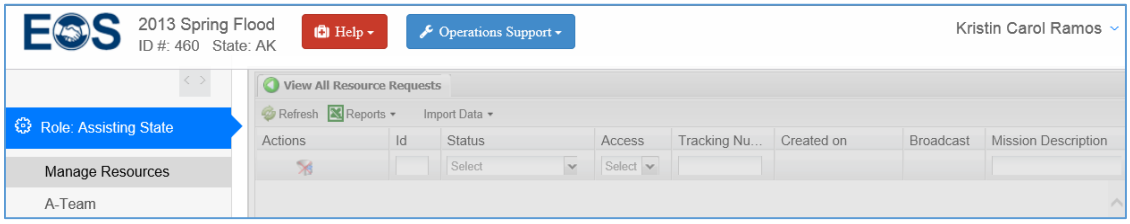
6. On the left side of the screen are links to the Events Overview, Events and Exercises (Open Events, Multi-

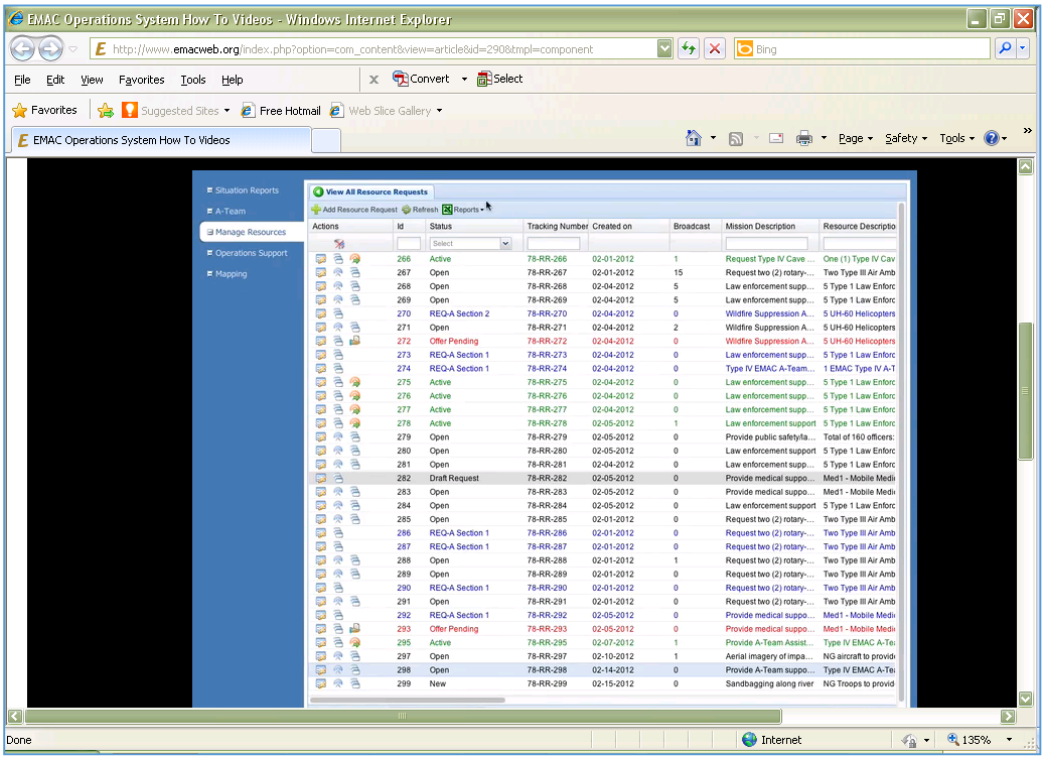


7. State Exercises, and SandBox Exercises), Sandbox Exercises, and A-Team Personnel

Using the Manage Resources Grid

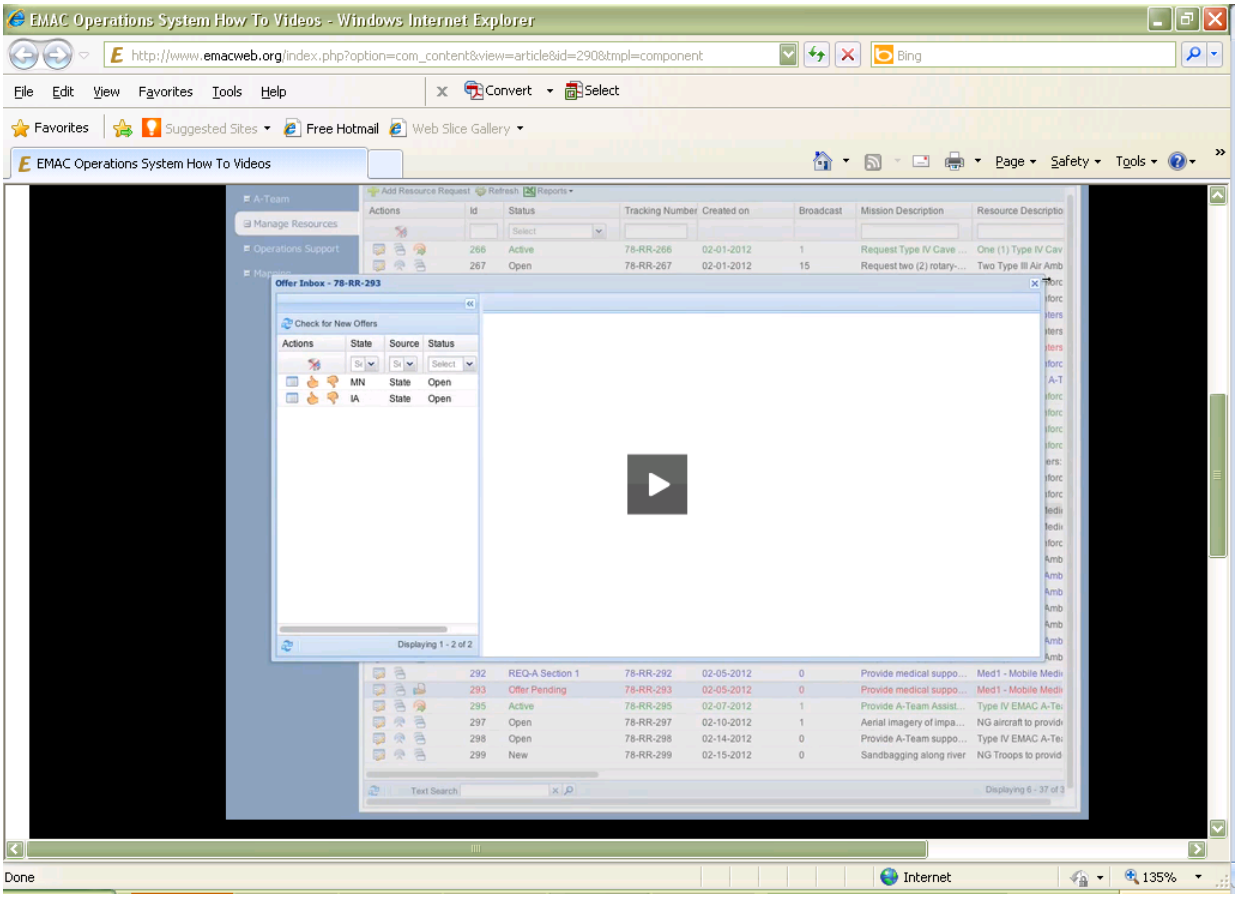
1. The Grid provides a color coded snap shot of actions which need to be taken within the EOS.





2. Refresh frequently, using the icon on the top bar. A “New” request is one which has only been open for 24 hours. An “Open” request is over 24 hours old. “Offer Pending” means there is an offer in need of action.

3. Click on green arrows to take action. Click “Thumb up” to approve the initial offer and begin the REQ-A process or click “Thumb down” to decline.



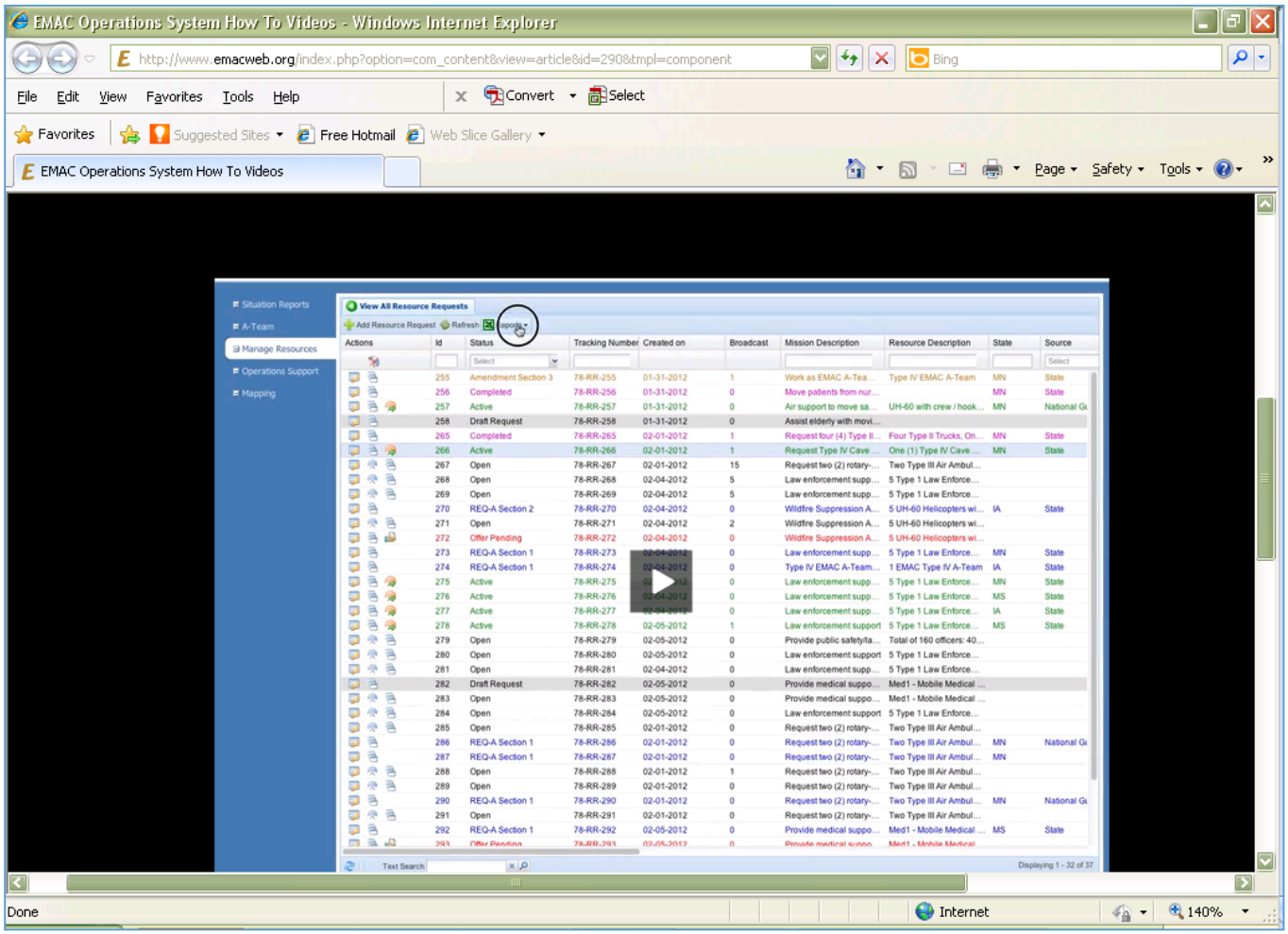
4. "Active" means "boots on the ground" and the mission is in progress.
    a. The "Amber" icon with a green arrow indicates the Mission Order (Authorization Form) is ready for download and emailing to the requested resource, Assisting/Requesting State, and any other designated party.

5. "Completed" means all resources have returned to their home state and agency.

6. Any other item in a colored font requires action.

Requesting State Reports

1. Select the “Reports” feature by clicking on the “Reports” tab at the top of the screen.

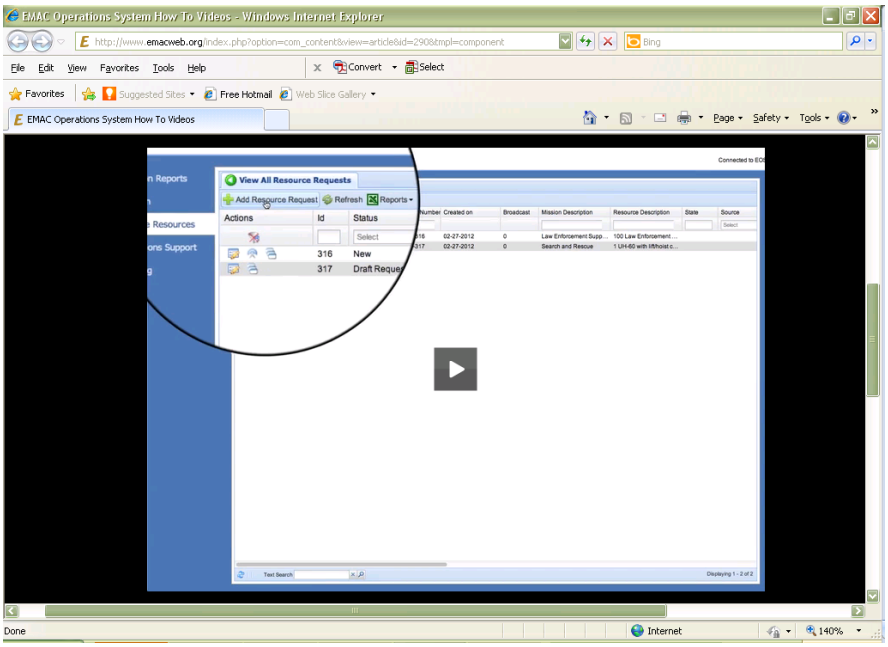


2. Select the desired reporting option from the drop down menu.

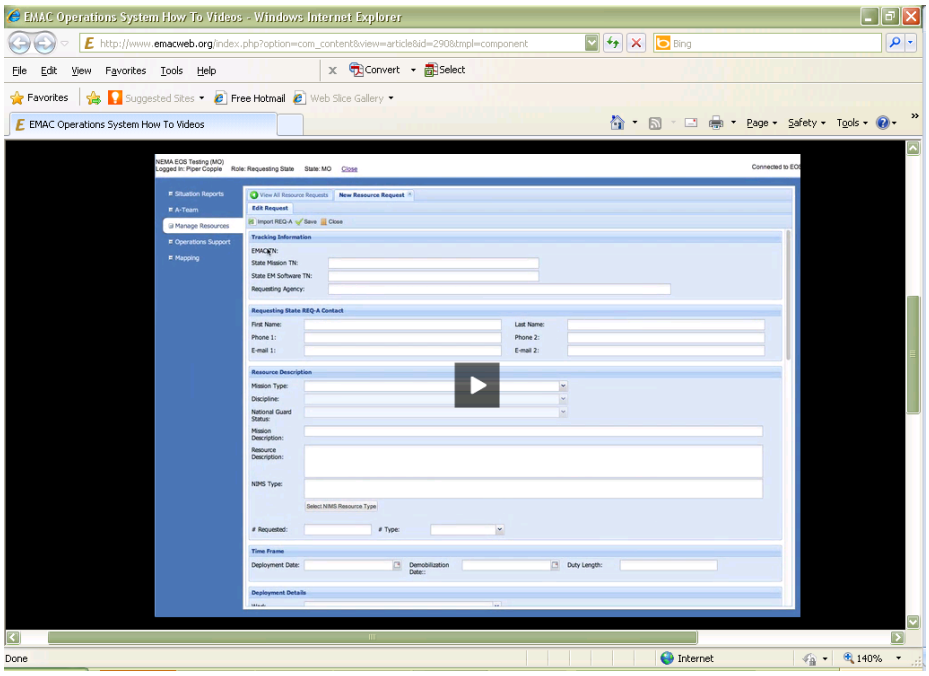
3. Download desired report as a PDF and save in the event folder as directed by the External Resource Director.

Adding a New Resource Request

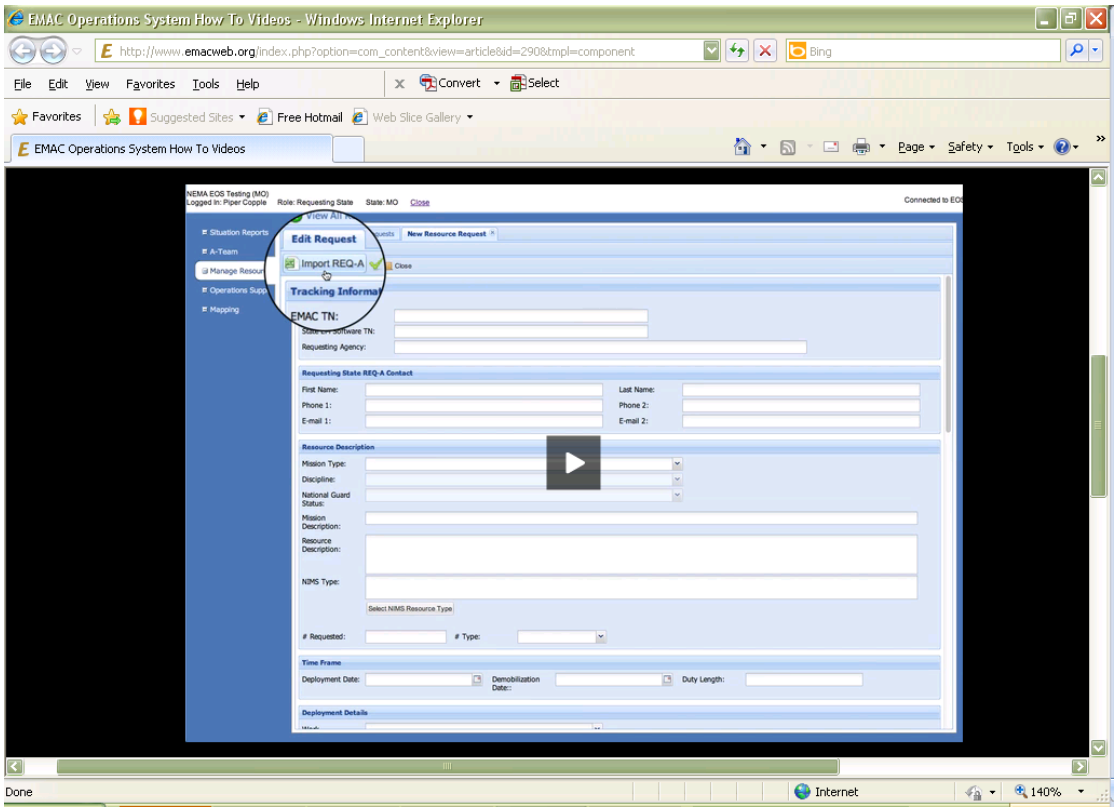
1. Under the “Manage Resources” link on the left side, click on “Add Resource Request”.
   a. Upload a Situational Report (SitRep) for the incident to provide potential resource providers with background information.



2. Complete the form with as much detail as possible.



3. If an Excel version of the REQ-A has been completed in advance, such as with a Mission Ready Package, Section I can be uploaded here:



4. Select “SAVE”, then “CLOSE”. The request is still in draft form, so the request can still be edited.

5. Select “Publish” when done. Editing is still possible by selecting “Edit”. “Unpublish” will take the request away from viewing by potential Assisting States.

   a. Publish to a select audience (i.e. specific states) or to all EMAC members

6. The three icons on the left of the resources requests are for “Edit”, “Publish”, and “Duplicate”

   a. A request is duplicated when a large number of personnel are needed (i.e. law enforcement) and only a portion of the request has been filled by an Assisting State. The request can be duplicated and edited to request the remaining required resources and published.

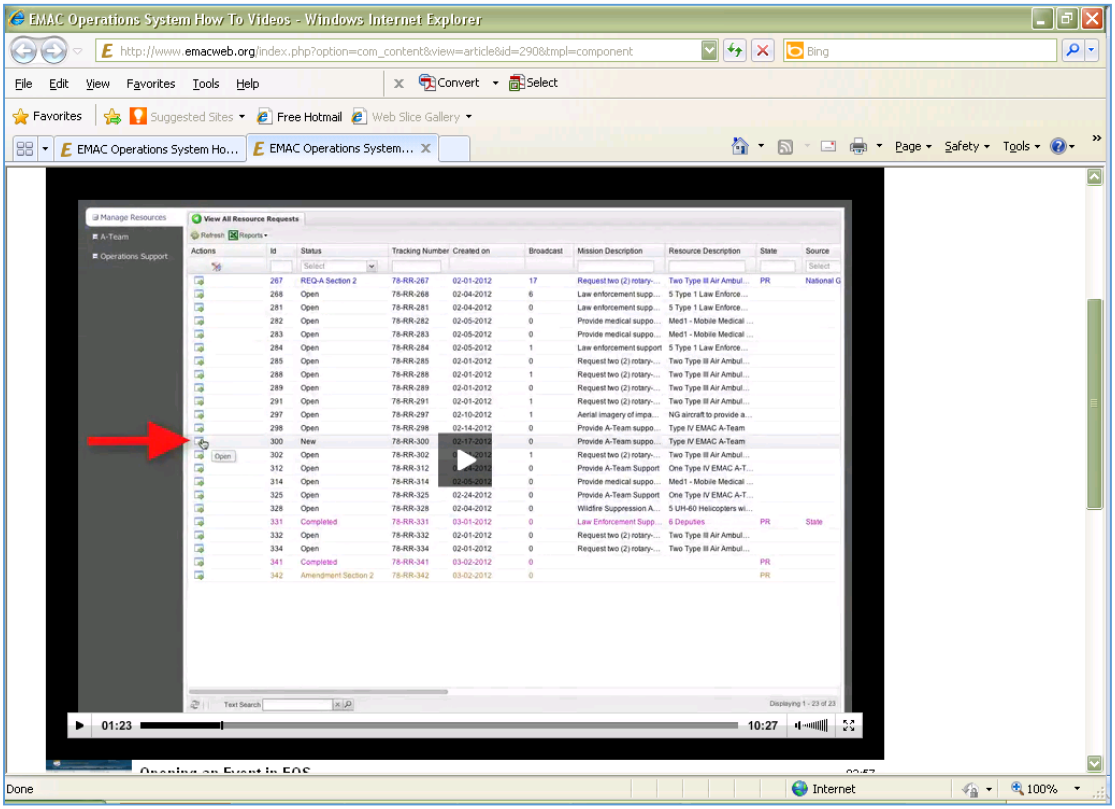
   b. Requests can be duplicated when asking for similar items from multiple state, i.e. the same number of helicopter crews from multiple states simultaneously.

Sending Resource Request Broadcast

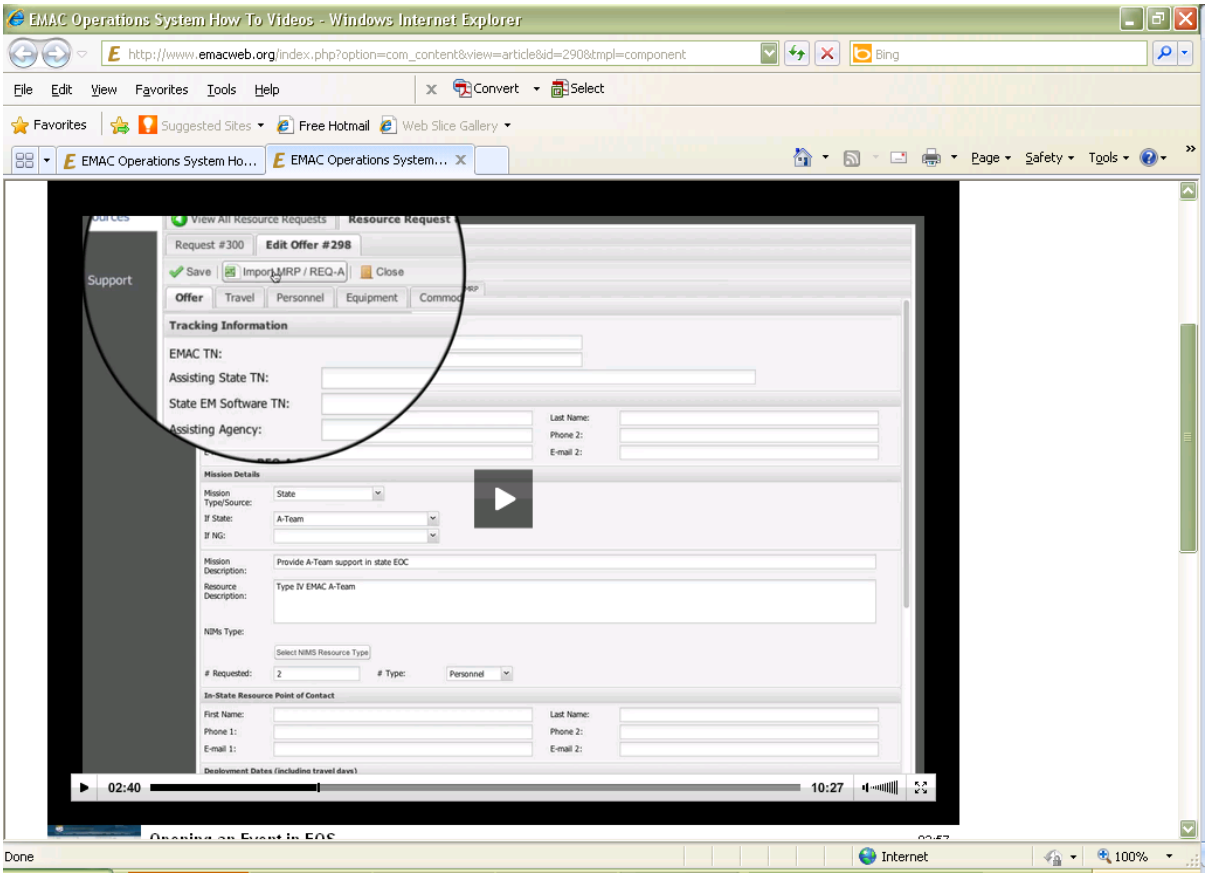
1. There are two ways to send a Resource Request Broadcast
   a. Through the “Manage Resources” grid by publishing a “Draft Request”
      i. Select broadcast options as they appear in the pop up window options
   b. Selecting the “Broadcast” Icon
      i. The icon is the middle icon on the left side of the grid
         - Select broadcast options as they appear in the pop up window options

Making an Offer of Assistance

1. Login to www.emacweb.org with user id and password. (Only ARs and DCs have permissions to navigate the request for assistance features.)
2. Enter EMAC Operations System (EOS).
3. Open desired event by clicking on the green arrow to the left of the event name.
4. Select the desired mission from the “Manage Resources” on the left and choose the desired request by clicking the green arrow on the left.



5. View resource request, download as PDF, or make an offer, as indicated by the tabs at the top of the screen. Use scroll bar up and down to view the request in its entirety.
6. Receive approval from the AR to determine if the requesting state is able to provide the resource prior to making an offer. Once the approval to offer is made, click on the "Make Offer" button. Ensure the AR signs each section prior to uploading back into the EOS.

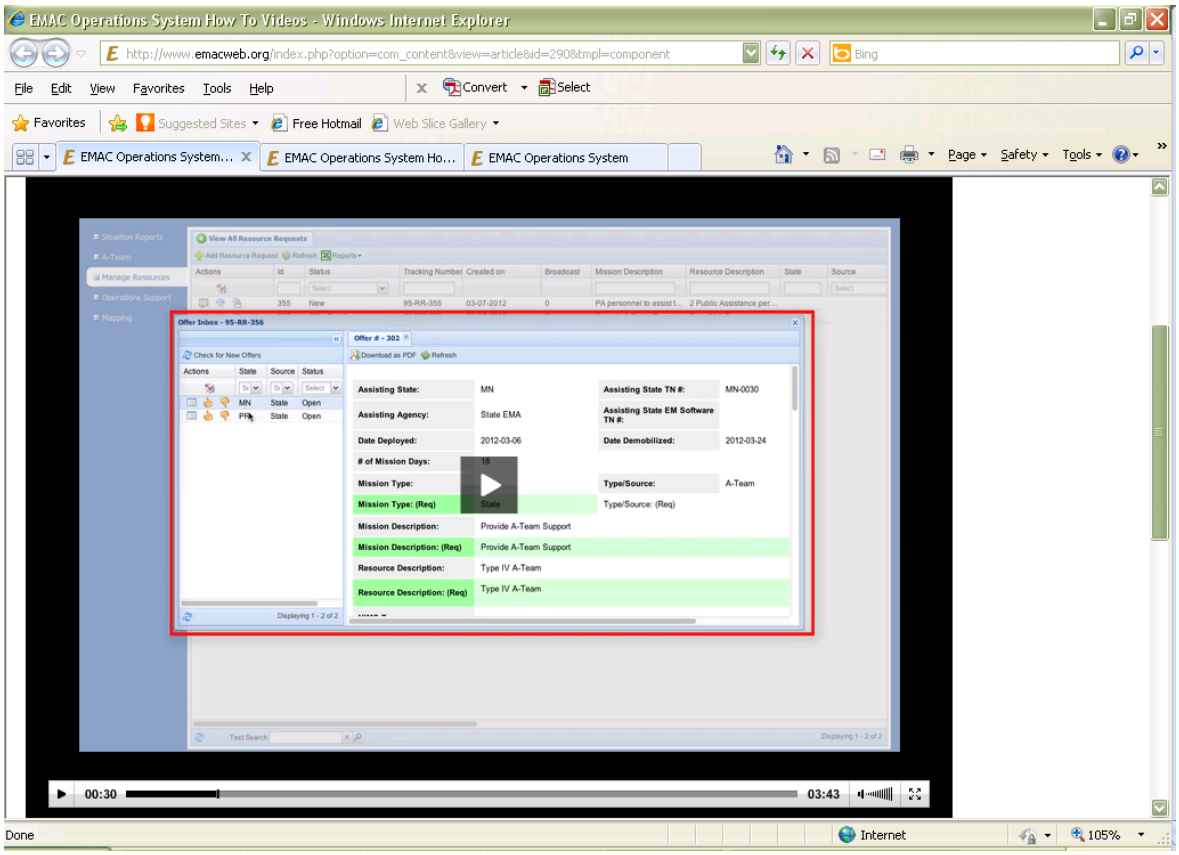


7. Once the "Make Offer" form is open, navigation among all previous tabs is still available. A Mission Ready Package or Pre-Populated Section II of a REQ-A can be uploaded with the "Import MRP/REQ-A" tab. Some information will automatically populate from the initial request.
8. If entering information using the online form, click "Add Record" to add new rows of data for the offer.
9. Click "SAVE" on the online form as each tab is completed for the subtotals to populate on the main "Make Offer" tab. Before to click "SAVE" prior to navigating off of each tab to ensure the information populates.
10. If "CLOSE" is clicked, a prompt will appear to save data.

11. The system will display the draft offer, with only the Assisting State able to view for accuracy. Additional edits can be made at this time.
12. Select “publish” to make the offer visible to the Requesting State.
13. The main grid will display “Offer Pending” on the Resource Request.

Declining and Accepting Offers of Assistance

1. Actions are under “Manage Resources”.
2. To view offers pending, click on the “Show Offers” icon to the left of the resource requests.
3. The Resource Request will open and a list of pending offers will display on the left, with details on the offer displaying on the right pane of the screen.



4. Click “Check for New Offers” to refresh the list of offers.
5. Scroll bars can be used to view the offer in its entirety, and the offer can be downloaded as a PDF for saving, emailing, or reviewing.
6. Multiple open offers will appear on separate tabs at the top of the pop up window.

7. The green color coding compares the request to the offer, and the red color indicates a discrepancy.
8. To accept an offer, the "Thumbs Up" icon is clicked, and to decline an offer, the "Thumbs Down" icon is clicked.
    a. If declined, click the appropriate bubbles explaining why the offer is declined, add a verbal message in the text box, and click "Send".
    b. If accepted and there is a duplicate request in the system (this offer only fulfills part of the resource request), a pop up window will appear to prompt the user whether to keep the request open for additional resources to meet the need. Open offers for assistance will automatically apply to the duplicate when the original is accepted.
9. The EOS will automatically open Section I of the REQ-A once an offer is accepted.

The REQ-A (Request for Assistance Form – all three sections)

1. **Section I – Requesting State**
    a. Under "Manage Resources", the "Status" column will show REQ-A status for the various resource requests in blue.
    b. Open using the edit icon, and the preview pane will display for the resource. Use the tabs at the top to toggle among available options.
    c. Click on "Assign Auth Rep" to assign the Authorized Representative (AR) from a drop down menu, select the desired AR, and click "SAVE".
    d. The AR name will populate above the AR signature block.
    e. Download the PDF, save in the appropriately labeled folder as directed by the Logistics Section Chief or External Resource Branch Director, and print for signature. The A-Team Team Leader (Type I or II) or designated individual (Type III or IV) takes the document to the AR for signature.
    f. Once signed, Section I is scanned, saved to the appropriate folder, and uploaded to the EOS by clicking "Upload Signed", and selecting the file to upload. Check by going back into the Section I tab and clicking on "View Signed". Download and save the signed PDF to document the step in the event of EOS system failure.
    g. The system will automatically shift to Section II of the REQ-A.

2. **Section II – Assisting State**
   a. On “Manage Resources”, refresh the grid to update all statuses.
   b. Open the desired resource request for Section II processing by clicking the green arrow to the left of the REQ-A Section II status.
   c. Click on “Refresh Completed Sections”. All parts of the resource request can be reviewed by toggling among the Request, Offer, and REQ-A components.
   d. Section II of the REQ-A is populated from data provided in the initial offer. Review the information to ensure there have been no updates or changes to the resource cost estimates. Make edits as appropriate.
   e. Download the PDF, save in the appropriately labeled folder as directed by the Logistics Section Chief or External Resource Branch Director, and print for signature. The A-Team Team Leader (Type I or II) or designated individual (Type III or IV) takes the document to the AR for signature.
   f. Once signed, Section II is scanned, saved to the appropriate folder, and uploaded to the EOS by clicking “Upload Signed”, and selecting the file to upload. Check by going back into the Section II tab and clicking on “View Signed”. Download and save the signed PDF to document the step in the event of EOS system failure.
   g. The system will automatically shift to Section III of the REQ-A.
3. **Section III – Requesting State (Constitutes a binding legal agreement upon signature)**
   a. The Requesting State clicks on “View Signed” and verify the document was signed.
   b. The system will automatically go to Section III.
   c. Click on “Assign Auth Rep” to assign the Authorized Representative (AR) from a drop down menu, select the desired AR, and click “SAVE”.
   d. The AR name will populate above the AR signature block.
   e. Download the PDF, save in the appropriately labeled folder as directed by the Logistics Section Chief or External Resource Branch Director, and print for signature. The Logistics Section A-Team Team Leader (generally designated by the Mutual Aid Unit Branch Director) takes the document to the AR for signature.
   f. Once signed, Section III is scanned, saved to the appropriate folder, and uploaded to the EMAC Operations System (EOS) by clicking “Upload Signed”, and

selecting the file to upload. Check by going back into the Section III tab and clicking on “View Signed”. Download and save the signed PDF to document the step in the event of EOS system failure.

g. The system will automatically display the “Mission Authorization” icon to the left of the resource request.

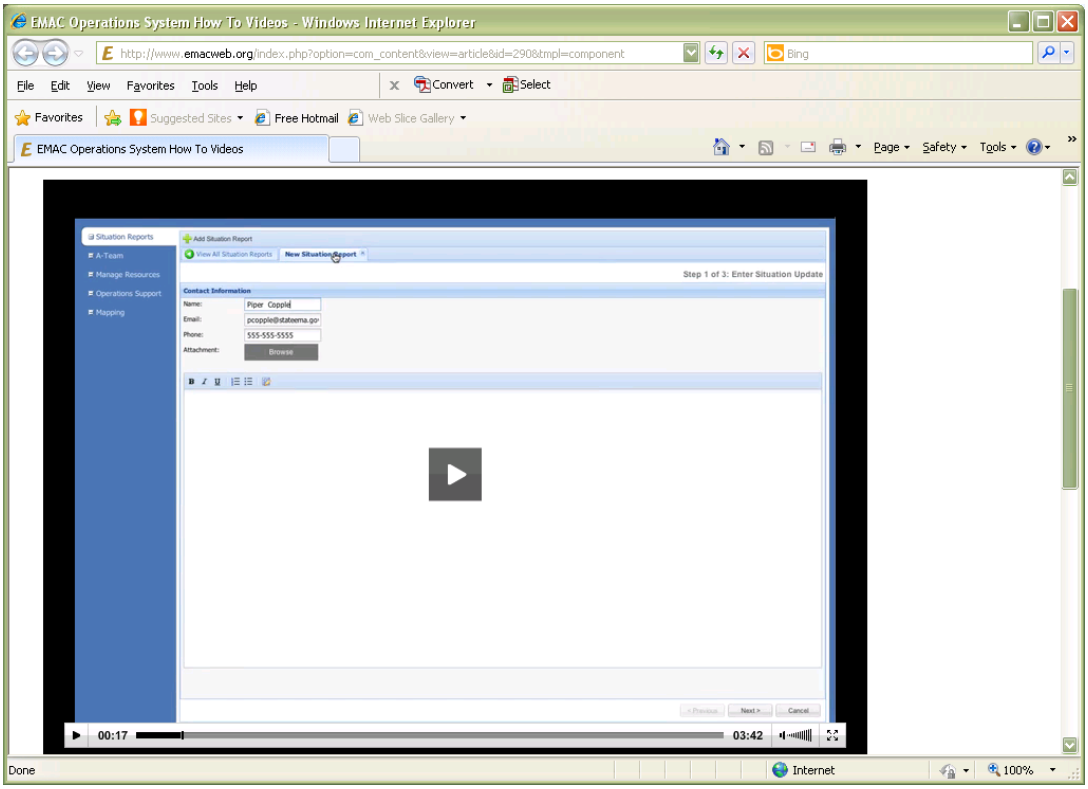
    i. All original signatures must be saved and given to the Contracts Section and Contracts will assign a state contract number and a Program Index for reimbursement & report state cost to the Finance/Admin Section.

h. The “Mission Authorization” is required prior to deployment and can be emailed to the deploying resources (personnel), Requesting State POC, Assisting State POC, and others who are tracking the request and will play a role in the deployment and reimbursement processes.

    i. If the Mission is amended, the process is the same; however, the date range and other relevant information must be edited appropriately to print a new and accurate Mission Authorization.

Adding a Situation Report

1. Go to the top left link, "Situation Reports", then click on the link "**+** Add Situation Report".



2. The Situation Report Wizard is a three step process:
   a. Step 1 is verifying contact information and entering situation updates.
      i. Contact information will automatically populate from the EMAC website user login – ensure correctness in role and home state
      ii. Attachments can be added by clicking on the "browse" box
      iii. Situation Report Content
         1. In the body of the page, the following is entered:
            a. Current status/situation of the event
            b. Current priorities
            c. Conditions for deployed personnel
            d. Immediate & anticipated needs
      iv. When done, click "next" on the bottom right of the screen

b. Step 2 is selection of recipients

   i. Use the bubble options to select the desired audience

   ii. Select “next” on the bottom right of the screen

c. Step 3 is preview and finish

   i. All information entered on previous screens will auto-populate, as will mission information, such as costs and resources

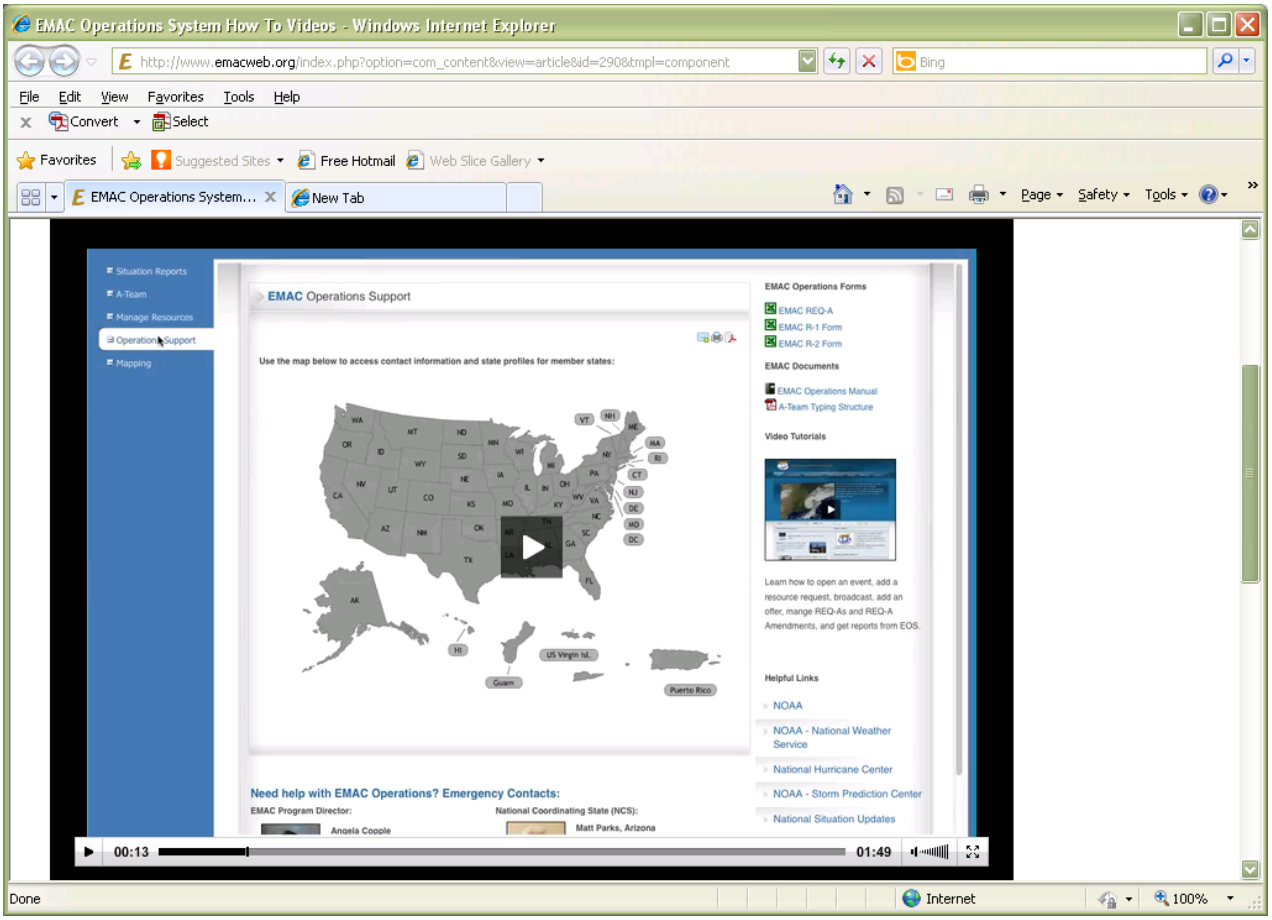
   ii. New and open resource requests will appear as well

   iii. Select “finish”

d. The new Situation Report will appear as a new line in the Situation Reports grid

Operations Support

1. Both the Assisting and Requesting States have the Operations Support link on the left hand column



2. Operations forms, such as the REQ-A and Reimbursement Forms (R-1/R-2) are available for download on the right side of the page, as are the EMAC Operations Manual and the A-Team Typing Structure
3. Also available on this page are the video tutorials, EMAC Director and National Coordinating State (NCS) contact information, as well as an interactive map which provides EMAC contact information for each EMAC member state

Title:	Facilities			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Coordinate acquisition and leasing of incident facilities
Responsibilities:	Acquisition of facility, supplies, and logistical support for response and recovery efforts.
References:	NA

The Facility Unit Leader coordinates the acquisition and leasing of all incident facilities.

- ❑ Determine facility requirements; ensure that adequate facilities are provided for the response effort, including securing access to the facilities and providing staff, furniture, supplies, and materials necessary to configure the facilities in a manner adequate to accomplish the mission.
- ❑ Secure facility use through coordination with the Department of Enterprise Services, Camp Murray CFMO, or as directed by the SEOC Supervisor or Disaster Manager.
- ❑ Inspect facilities prior to occupation and ensure all structures are safe for occupancy and that they comply with ADA requirements.
- ❑ Notify personnel of facility layout.
- ❑ Provide facility maintenance services (i.e., sanitation, lighting, garbage/recycling, and cleaning).
- ❑ Ensure the garbage cans and recycling bins are emptied daily.
- ❑ Demobilize facilities and restore to pre-incident condition.
- ❑ Maintain Activity Log in WebEOC
- ❑ Develop and maintain a status board, Excel workbook/spreadsheet, or other reference which depicts the location of each facility; a general description of furnishings, supplies and equipment at the site; hours of operation, and the name and phone number of the Facility Manager.
- ❑ Supervise the Facilities Unit

For coordination with FEMA for Initial/Interim Operating Facility (IOF) or Joint Field Office (JFO), consider the following when touring potential facilities:

- ❑ Expected duration and scope of use
  - Sanitation
  - Sleeping
  - Feeding
  - Supply area
  - Medical support
  - Communication needs (Phone/fax/computer/internet)
  - Security needs
  - Lighting
- ❑ Facility specifics
  - Square footage needed
  - Desired geographical location
  - Access
  - Parking
  - Security
  - Safety
  - Plan facility and use layout in advance
- ❑ Acquisition
  - Coordinate with Procurement Unit, agency Facilities Manager, and agency Finance Department as appropriate
  - Photograph rental space prior to taking occupancy
  - Document all activity in WebEOC

ADA Requirements

This checklist is based on the four priorities recommended by the Title III regulations for planning readily achievable barrier removal projects:

- Priority 1: Accessible approach and entrance
- Priority 2: Access to goods and services
- Priority 3: Access to rest rooms
- Priority 4: Any other measures necessary
- A public entity may not, in determining the site or location of a facility, make selections—
- That have the effect of excluding individuals with disabilities from, denying them the benefits of, or otherwise subjecting them to discrimination; or (That have the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the service, program, or activity with respect to individuals with disabilities.
- 35.137 Mobility devices.
    - Use of wheelchairs and manually-powered mobility aids. A public entity shall permit individuals with mobility disabilities to use wheelchairs and manually-powered mobility aids, such as walkers, crutches, canes, braces, or other similar devices designed for use by individuals with mobility disabilities in any areas open to pedestrian use.
- 35.150 Existing facilities
    - General. A public entity shall operate each service, program, or activity so that the service, program, or activity, when viewed in its entirety, is readily accessible to and usable by individuals with disabilities.
- 35.151 New construction and alterations
    - *Path of travel.* An alteration that affects or could affect the usability of or access to an area of a facility that contains a primary function shall be made so as to ensure that, to the maximum extent feasible, the path of travel to the altered area and the restrooms, telephones, and drinking fountains serving the altered area are readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs, unless the cost and scope of such alterations is disproportionate to the cost of the overall alteration.
    - *Duty to provide accessible features in the event of disproportionality.*
    - When the cost of alterations necessary to make the path of travel to the altered area fully accessible is disproportionate to the cost of the overall alteration, the path of travel shall be made accessible to the extent that it can be made accessible without incurring disproportionate costs.
    - In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access, in the following order—
        1. An accessible entrance;
        2. An accessible route to the altered area;
        3. At least one accessible restroom for each sex or a single unisex restroom;
        4. Accessible telephones;

5. Accessible drinking fountains; and
6. When possible, additional accessible elements such as parking, storage, and alarms.

- The following descriptions of incident facility elements help incident personnel develop facilities that are reasonably accessible to everyone.
  - Signs: Position signs where every person can see them easily. To assist those who are visually impaired, use sharply contrasting colors for text and background and use large, bold lettering.
  - Parking: Accessible parking spaces should be designated adjacent to accessible paths of travel. Spaces need to be at least 16 feet wide and signed at a height of 6 feet, see figure 1. After locating workspaces, dining area, showers, and sleeping areas, designate parking spaces that are convenient. Parking areas should be level and not exceed a 2 percent slope in any direction.

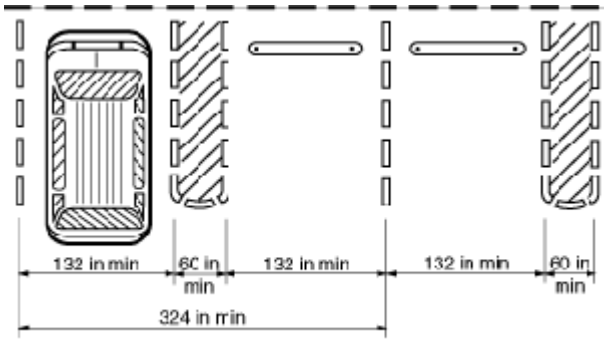


Figure 1—Accessible parking lot standards.

- Paths of Travel: Paths that provide access to facilities and areas of use are among the most critical factors for ensuring accessibility, see figure 2. A sleeping area can be accessible, but if the route to get to it is inaccessible it cannot be used. At least one accessible path should connect all the elements of the site. An accessible path must have a firm, stable surface with good drainage. The following are standards for grade and width of paths:

Grade and Width of Paths	
• Path Width	• 30 to 36 inches (optimum)
• Running Grade	• 5 percent
• Maximum Grade	• 10 percent
• Maximum Cross Slope	• 2 percent
• Surface Protrusions	• less than 1/2 inch

Figure 2— Paths of travel— a firm and stable surface.

- Restrooms (Portable Toilets): When ordering chemical toilets, ensure that at least one is accessible. A general rule for ordering additional accessible toilets is that 1 in 20 single-user toilets should be accessible, or 1 in 30 toilets depending on facility layout and terrain. Place accessible restrooms along an accessible path of travel and where they are needed most—near parking, workspaces, and sleeping areas, see figure 3.

Figure 3—Accessible toilet.

- Workspaces: Workspaces should be at ground level or be accessible by a ramp or a lift. The ground slope must not exceed 2 percent and should be firm and stable.
- If tents are used, the doorways must be at least 30 inches wide and without steps or lips. When ordering tents, double doors are preferred over tents that have a single, narrow doorway, see figure 4. It may be possible to remove one of the wall panels from the tent and place a small wedge ramp over the frame at the bottom so that a wheelchair or scooter can enter the work area.

Figure 4—Double door tent.

- Workstations must be at least 30 inches wide and 29 to 32 inches high in an area that allows for easy access, see figure 5. It is important to ensure that accessible workstations are integrated with the rest of the staff workstations. Employees are still responsible for requesting reasonable accommodations unique to their disability. Incident managers may be asked to respond to a request and will have to determine whether the request can be accommodated. Small ramps over doorway lips, hardened floor at a sleeping area, a special all-terrain wheelchair for rough surfaces, loud speakers for briefings, and telephone equipment (TTY and large-numbered keypad) are commonly requested.

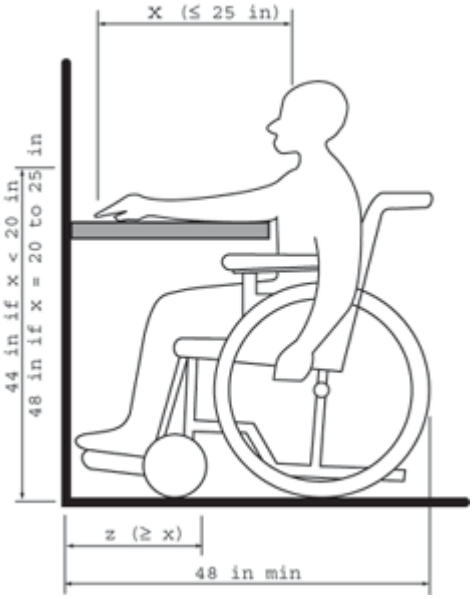


Figure 5—Accessible workstation standards.

- Showers/Washbasins: At least one shower should be fully accessible and be located along an accessible path, see figure 6. No less than one washbasin should have knee clearance of 29 inches above the ground. Faucets must be operable by one hand and without tight grasping or pinching.

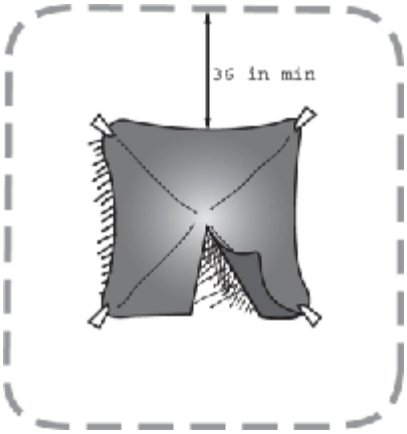
Towels and soap must be readily available and within reach. When accessible shower units are not readily available, special arrangements may be needed for showers outside the incident facility at a location such as a local ranger station, motel, or school.

Figure 6— Accessible shower unit.

- Dining Area: An accessible path to the dining area is preferred. If a path of travel cannot be achieved, consider access by vehicle.
- The food serving area should be at ground level if possible. It is best to have the food unit leader work with the contractor and have the staff assist with any special needs required. When it is impossible to make the area fully accessible, good customer service can fill the gap.
- Eating areas with accessible tables, at least 30 inches wide and 29 to 32 inches high, should be placed close to the opening of the mess tent to avoid congestion in the aisle, see figure 7.

Figure 7—Open and accessible seating area.

- Sleeping Areas: When locating sleeping areas, look for ground that is flat and free from potholes and rocks, and that allows space for a minimum 36-inch separation between tents, see figure 8. Like all other areas, the path of travel rule applies. Provide assistance when needed to set up tents and carry gear to the sleeping area.



- Figure 8—Minimum tent separation distance.

- Common Areas: Placement of the common facilities is important. Thoroughly review all aspects of the incident facility layout in common areas, such as banks of telephones, garbage receptacles, check-in areas, demob location, medical unit, time unit, human resource specialist, and briefing and planning areas, see figure 9.
- Because it is more difficult to relocate after the fact, good initial planning is essential. It is important to incorporate universal design in planning the entire incident facility.

Figure 9—Incident base, Manter Incident.

- Other Considerations (Sight/Hearing/Other Disabilities): To aid employees with hearing impairments, public address systems located in camp and briefing areas should afford sufficient volume and clarity and loudspeakers should be located strategically. Figure 10 shows the international symbol for an assistive listening device. Presenters during meetings and briefings should be encouraged to speak loudly, enunciate clearly, and be concise.

Figure 10—International symbol for an assistive listening device.

- Cooperation and coordination with contractors who provide shower and kitchen equipment are important when service animals are in ICP and incident base facilities, see figure 11.

Figure 11—Service animals may need consideration.

Incident Facility Accessibility Checklist

Signs
Y/N
____ Are sign colors sharply contrasted?
____ Can signs be seen easily by every person?
____ Is text large with bold letters?

Parking
Y/N
____ Is there at least one parking space on flat terrain (2 percent or less slope) with stable, firm
____ surfacing that is at least 16 feet wide and 20 feet deep?
____ Are accessible parking spaces identified and signed?
____ Are accessible parking spaces adjacent to accessible paths of travel?

Paths of Travel
Y/N
____ Is there at least one accessible path of travel between an accessible parking space and incident facilities?
____ Is the path at least 30 to 36 inches wide with 5 percent or less running grade and 2 percent sideslope?
____ Is the path surface stable and firm?
____ Are surface protrusions less than 1/2 inch?

Restrooms (Portable Toilets)
Y/N
____ Is the restroom located on an accessible path of travel?
____ Is there at least one accessible unit per 20 to 30 single-user units or one unit at the incident?
____ Are restrooms located adjacent to parking, workspaces, and sleeping areas?

Workspaces
Y/N
____ Are workspaces located on accessible paths of travel?
____ Are workspaces available at ground level?
____ If the floor is ground surface, is it firm, stable, and level (2 percent maximum slope)?
____ If trailers are used, are there ramped entries?
____ If no ramps are available, are there steps with uniform treads and risers, curved nosings, and handrails on both sides?
____ Are workstations at least 30 inches wide and 29 to 32 inches high in an area that allows for easy access?
____ Are workspace entries at least 30 inches wide with jams less than 1/2 inch deep?

Showers/Washbasins
Y/N
____ Are showers and washbasins located on an accessible path of travel?
____ Is there at least one shower unit with seating, grab bars, and accessible controls?
____ Is there at least one washbasin with at least 29 inches of knee clearance?

Dining Area
Y/N
____ Is the food service area along an accessible path of travel?
____ Is the serving area at ground level and within reach from a seated position?
____ Does at least one table have knee clearance of 29 inches minimum and tabletop height of 32 inches maximum?

Sleeping Areas
Y/N
____ Are sleeping areas along accessible routes?
____ Is the terrain flat (2 percent slope or less) and the surface firm and stable?
____ Is there at least 36 inches of free space around the area designated for a tent?

Title:	Federal Assistance Process			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Coordinates all requests for federal assistance.
Responsibilities:	Coordinates Resource Request Forms (RRFs) requesting assistance from the federal government.
References:	NA

- ❑ Tracks and provides updates on federal assistance.
- ❑ Provides a list of issues and possible solutions or lessons learned throughout the event to the LSC for the section's After Action Report (AAR).
- ❑ When the SEOC is activated, and the president issues an Emergency Declaration or Disaster Declaration, the state is authorized to request assistance from the federal government by using a Resource Request Form (RRF), FEMA Form 010-0-7
- ❑ RRFs are processed primarily through the Regional Response Coordination Center (RRCC) using a FEMA liaison assigned to the SEOC.
- ❑ If a Joint Field Office (JFO) is activated, RRFs can be directly submitted from the State Logistics Section Chief through the FEMA Operations Section Chief at the JFO. In both cases, the State Coordinating Officer (SCO) must sign the RRF. The routing for the RRF to FEMA is the same regardless of the point of origination.

Requesting Federal Assistance - RRF

The requestor fills in Section I, blocks 1-6

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print)	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail Address

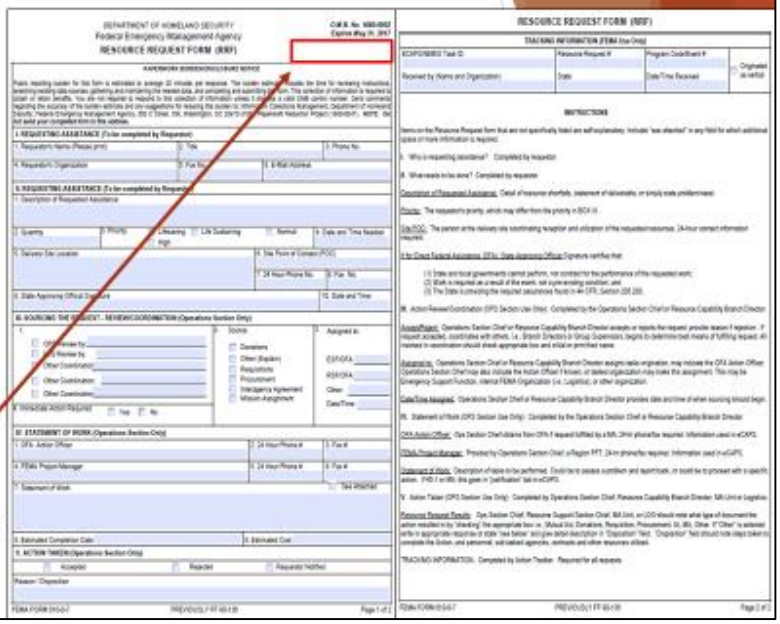
Requesting Federal Assistance - RRF

Also complete Section II, block 1 -10 of the RRF. The information on an RRF needs to be as detailed as possible. Instruction for filling out the RRF are located on the second page of FEMA Form 010-0-7. Once this information is provided, the SCO reviews and signs the request as appropriate.

II. REQUESTING ASSISTANCE (To be completed by Requestor)			
1. Description of Requested Assistance:			
2. Quantity	3. Priority ☐ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High		4. Date and Time Needed
5. Delivery Site Location		6. Site Point of Contact (POC)	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature			10. Date and Time

Requesting Federal Assistance - RRF

- The fillable PDF form is kept on the "N" drive at:
- N:Logistics\Forms~Publications\Federal Assistance
- The FEMA Form does not have a space to capture a state tracking number. Write the state tracking number (same as the WebEOC tracking number) on the top right corner of the form before submitting the RRF to FEMA.



- ❑ The RRF is scanned and a copy saved to the incident specific folder (located on the N: Drive/Logistics /Incidents). Additionally, attach the scanned copy to the updated action in WebEOC.
- ❑ The following email addresses are used to correspond with the RRCC, when the RRCC is activated
  - Resource Capabilities Branch Director - r10-rcbd@fema.dhs.gov
  - Mission Assignment (MA) Unit Lead - r10-maul@fema.dhs.gov
- ❑ FEMA submits a computer-generated RRF from their system to the state. Review and submit the RRF to the SCO for signature. Save RRF in Incident folder and into WebEOC.
- ❑ Once FEMA accepts and processes the RRF, FEMA will issue a Mission Assignment (MA), FEMA Form 010-0-8, for the request. The SCO must approve and sign the Mission Assignment (MA). This number is recorded in WebEOC to assist in tracking the request.
- ❑ Ensure the following is completed:
  - The SCO reviews and signs all MA Amendments returned by FEMA
  - MA and MA Amendments are scanned and saved in the appropriate Incident folder and WebEOC
  - When provided, record the National Emergency Management Information System (NEMIS) Number from the MA in WebEOC, "Add Actions" tab
  - Track all costs of the MA in WebEOC. Report state cost share to the Fin/Admin Section.
- ❑ Provided federal assets are administratively controlled by their originating agency. If a Federal Incident Command Post (ICP) or similar is established, communication with the Logistics counterpart at the ICP in addition to coordinating with the RRCC Logistics staff is required.
- ❑ Maintaining a good relationship with the FEMA Liaison and RRCC operations counterpart is vital to tracking RRFs and MAs.
  - Logistics must ensure initial contact with FEMA before the submittal of any RRFs, and follow up on submitted requests for Resource Tracker status updating; information can be copied/pasted into the SEOC WebEOC Resource Tracker
- ❑ Resources requested for a specific purpose must be used for that purpose. Requests for other uses need to be submitted separately for approval.
- ❑ FEMA will be providing the SEOC Logistics Section with a UserID and password for FEMA's WebEOC – issued to individuals, not positions
  - Provides visibility on the status of current and pending federal resource requests
  - Reduces the need for SEOC Logistics staff to "ping" FEMA for resource request updates

Title:	Feeding Procedures (SEOC)			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Meals and Light Refreshments Procedures
Responsibilities:	Outlines the roles and responsibilities for the care and feeding of SEOC personnel, or response personnel at another facility as requested, during activations and incident response
References:	SAAM 70.15.10; WMD FIN-109-03; WMD RSM-605-14

- ❑ At the beginning of any exercise or activation ensure the following is completed:
  - Bring in two white folding tables from the Storage Shed (20A) Logistics shelves and set up in the lobby hallway to the right of the large monitor
  - Set up coffee station (supplies are under the table by the SEOC entrance door and in the metal locking cabinet across from Conference Room 120 (combination x7059)
- ❑ Adhere to the feeding policy:
  - Feeding is based upon SEOC activation in support of a major disaster or emergency activation
  - Shifts must be 12 hours, with multiple coordination calls, meetings, briefings requiring staff to be on site for the entire period of the shift
  - Activation at Phase II or higher
  - Command and General Staff positions activated
  - Activation is anticipated to extend for three days or longer, or approved by the SEOC Supervisor or Disaster Manager
  - Meal documentation must include (for each purchase):
    - Disaster Manager or EMD Director statement of SEOC activity level
    - Activation staffing pattern with names (WebEOC Staffing Board)
    - Meal / Light Refreshment Approval Form (Signed)
    - Paid receipt/invoice taped to copy paper (flat for scanning)
    - SEOC Admin/Finance provided with actual meal costs based upon receipt figures

- Each purchase packet is scanned, saved with an identifiable file name, and saved to the "N" drive in the appropriate folder under the appropriate activation folder

- ❑ Determine number of personnel to feed from the Staffing Pattern and WebEOC Staffing Board and ensure all who are eligible to have a meal have signed in
- ❑ Order meals 24 hours ahead of need
- ❑ Determine method of feeding to best fit each situation/location (buffet style catering, box lunches, other).
- ❑ Obtain necessary equipment and supplies to operate food service facilities, as required and approved.
- ❑ Prepare menu plan with well-balanced meals, as available, given current planning lead time.
- ❑ Ensure that all appropriate health and safety measures are taken.
- ❑ Establish and operate supplemental food system consisting of extra snacks, fruit, beverages and condiments.
    - Food operating budget for meals and light refreshments are based upon local per diem rates for the meal period referenced.
- ❑ Coordinates with the Supply Unit Leader to complete food supply orders.
- ❑ Supervise Food Unit personnel and maintain Activity Log in WebEOC.
- ❑ Obtain feedback from incident personnel on adequacy of food service.
- ❑ Enter activity in Logistics Activity Log in WebEOC
    - For exercises, ensure "EXERCISE" appears just prior to and following the message in the description box
- ❑ Set up food in the EMD entrance lobby hallway
    - When staff lines up to receive meals, check off names from the printed WebEOC Staffing Board
    - If there are leftovers after lunch has been distributed, they should be promptly stored in the EMD kitchen refrigerators
    - When food is stored in the refrigerators the date should be written on the containers (e.g. If extra boxed lunches were received on 2/5/15, but not consumed, the date – 2/5/15 – should be written on the box)
    - If deemed unreasonable to store the leftovers in the fridge an email should be sent to EMD All Staff letting them know that there are leftovers that need to be consumed by COB or claimed and stored in the fridge for future consumption

- ❑ Ensure that all appropriate health and safety measures are taken – www.doh.wa.gov – on the occasions when Logistics Section Staff will be preparing meals for SEOC personnel. Food preparation by Logistics Section Staff will generally only occur when there is insufficient lead time for catering, and will likely only involve a simple sandwich bar shopping and preparation.
    - Hand Washing: When handling food, proper hand washing rules should always be followed. Employees must wash their hands: before working with food; after going to the restroom; after handling dirty dishes, chemicals, or garbage; after taking breaks, eating, or smoking; and after getting hands dirty. Wet, soap, wash, rinse, dry, and turn off the water and open doors with a paper towel
    - Serving: To avoid food-borne illness, keep hot foods hot (above 140 degrees F.) by using electric chafing dishes to ensure the food stays at the proper temperature. Also, keep cold foods cold (below 41 degrees F.) by nesting dishes in bowls of ice. Do not serve drinks or foods that are made with raw eggs
    - Food Storage: Refrigerate leftovers immediately. Don't leave food on the counter to "cool down." Only cover the container after the food is below 45 degrees F. Reheat all leftovers (or previously cooked foods) to at least 165 degrees F
        - Freezers: If using freezers to store food, the freezers should: keep foods frozen; be safe, durable, easily cleanable, corrosive-resistant, etc.; have smooth surfaces and joints, free of cracks, etc. Freezers that are not easily cleanable may lead to cross contamination of foods by pathogens or allergens
    - Time as a Control: Criteria for using time as a control: Food that is under temperature control must be at or below 41 degrees Fahrenheit or at or above 140 degrees Fahrenheit. This is considered the "safe zone"
    - As a precaution, do not serve food that is raw or undercooked to personnel working in the SEOC

Title:	Forms			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Purpose:	Examples of commonly used forms by Logistics during exercises and activations
Responsibilities:	All
References:	NA

All of the example forms provided in this section are available electronically on the "N" Drive:

N:\Logistics\Forms~Publications

- ❑ Incident Facility Accessibility Checklist
- ❑ ICS
  - Form 204 – Assignment List: Resources from the SEOC that are deployed in the field
  - Form 205a – Communications List: Communications resources from the SEOC that are deployed in the field
  - Form 214a – Individual Log: Summarize your daily activities on the ICS 214a. Submit to the Planning Section Chief and the Documentation Unit at the end of each Operational Period.
    - The WebEOC Activity Log is a current substitute for the 214a
  - Form 218 – Support Vehicle/Equipment Inventory: Any vehicle or vehicle related equipment acquired for response use (i.e. motor pool) in the field.
- ❑ Meals/Light Refreshments Approval
- ❑ Purchase Approval (A-19)
- ❑ Purchase Card Authorization - Custodian
- ❑ Purchase Card Log – WMD 1001-10
- ❑ Purchase Card User – FIN-105-02
- ❑ Purchase IT Equipment/Software Request
- ❑ Request for Assistance – Federal
- ❑ Request for Assistance – Mutual Aid
  - EMAC – Interstate Mutual Aid
  - PNEMA – International Mutual Aid
- ❑ Request for Assistance (PDF) – State – ICS 213 RR
- ❑ Travel Approval for High Cost Lodging (0802)
- ❑ Travel Authorization (A40A)

Incident Command System Forms (ICS)

ICS 204

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	**2. Operational Period:** Date From: Date Date To: Date Time From: HHMM Time To: HHMM	**3.** Branch: Division: Group: **Staging Area:**

4. Operations Personnel:	Name	Contact Number(s)
Operations Section Chief:		XXX-XXX-XXXX
Branch Director:		XXX-XXX-XXXX
Division/Group Supervisor:		XXX-XXX-XXXX

5. Resources Assigned: Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
	/	
	/	
	/	
	/	

9. Prepared by: Name: Position/Title: Signature: _____

ICS 204	IAP Page	Date/Time: Date

ICS 205A

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name:	2. Operational Period:	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

3. Basic Local Communications Information:

Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)

ICS 214A

WebEOC Activity Log substitutes for the ICS 214A

1. Incident Name	2. Operational Period (Date / Time) From: To:	INDIVIDUAL LOG ICS 214a-OS
3. Individual Name	4. ICS Section	5. Assignment / Location

6. Activity Log	Page of
Time	Major Events

ICS 218

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: Date Time: HHMM	4. Vehicle/Equipment Category:

5. Vehicle/Equipment Information

Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

ICS 218	6. Prepared by: Name:	Position/Title:	Signature: _____

Meals – Light Refreshments Approval

State Of Washington
Military Department

Approval for Coffee and Light Refreshments or Meals with Meetings (SAAM 70.10 & 70.15)

Pursuant to Washington Military Department Refreshments and Meals Policy

The Military Department may reimburse employees for the cost of coffee and light refreshments or meals with meetings (meals with meetings also include conferences, conventions, training sessions, workshops and seminars) when the activity is held away from the regular work place, without regard to travel hours, provided that:

- The purpose of the activity is to conduct state business or to provide formal training to state employees; Not for anniversaries or hosting activities (*i.e. new employee, lobbying*)
- The refreshments or meals are an integral part of the activity, such as luncheon or dinner speakers, panel or industry discussions or working group assignments;
- The reimbursement requested does not exceed the maximum meal allowance for that location; and
- The appropriate division director has granted advance written approval

Anticipated Number of Attendees and What Group(s):

Estimated Cost:

Date of Meeting:

City:

Meeting Room Address and Per Diem Rate for Meal *(if applicable)*:

Purpose of Meeting:

Charge Cost to Master Index:

*This must be a *Barrier-Free facility*. (*if unable to locate a barrier-free facility, please call the Accounts Payable Lead at (253) 512-8423*).

Instructions:
The following must be completed and attached before submitting for approval and submission to Accounts Payable for reimbursement or payment:

- This form completed and approved prior to the meeting
- Attach an agenda
- Names of the persons and/or organization that are expected to attend (must have list of attendees for reimbursement)

WMD Form 1008-13 (WMD Policy No. FIN-109-13)

- Attach all original receipts and/or bills for this function (must have estimated cost prior to receiving approval)
- Justification for not using a state-owned or other public owned facility, if applicable
- Attach completed and signed A19-2A for reimbursement

Requester: _____ *Date:* _____

Program Manager/Supervisor: _____ *Date:* _____

Division/Unit Manager: _____ *Date:* _____

Director/Chief of Staff: _____ *Date:* _____

Division Director/TAG: _____ *Date:* _____

☐ Approved ☐ Denied

WMD Form 1008-13 (WMD Policy No. FIN-109-13)

Purchase Approval (A19)

PURCHASE ORDER NUMBER	STATE OF WASHINGTON **SEOC Activation Purchase Order Form**	AGENCY NUMBER 2450	Purchase Type
Director Charge Code		Master Contract	Best Source/Documentation Attached

VENDOR NAME AND ADDRESS	SHIP TO ADDRESS
RESPONSIBLE PARTY'S NAME AND ADDRESS	BILL TO NAME AND ADDRESS
CONTACT NAME AND PHONE NUMBER	

PURCHASE ORDER REQUESTED BY:	RECEIVED BY	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DESCRIBE THE GOODS OR SERVICES TO BE PURCHASED — STAPLE INVOICES ON BACK

	Quantity	Amount Per Unit	Amount
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		Total Purchase	$ -

IF MASTER CONTRACT EXSISTS AND IS NOT USED PROVIDE JUSTIFICATION IN SPACE BELOW

USE SPACE BELOW TO DOCUMENT APPROVAL/RECOMEDATION FOR PURCHASES UP TO LIMITS AS IDENTIFIED

	Date Approved
SEOC Supervisor (NGP $5k/GP$50k):	
Disaster Coordinator (NGP $10k/GP$100k):	
Governor's Appointed Rep (GP $100k):	
EMD Director (other government entity):	
Finance/Admin:	

Accounting Use ONLY Below

PREPARED BY	PHONE NUMBER	DATE	AGENCY PAYMENT APPROVAL	DATE
		6/7/16		

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	USE TAX	VENDOR MESSAGE	INVOICE DATE
			0				06/07/16

REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	Account Number
				0											$ -	

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
	6/7/16	$ -	

Purchase Card Authorization – Custodian

STATE OF WASHINGTON
MILITARY DEPARTMENT
Camp Murray, Washington 98430-5000

As Approving Manager, I _____ delegate authority to manage the use of the Purchase Card Account No. _____ to the Card Custodian:_____

As the Card Custodian, I agree to the following statements and will contact the Agency Program Administrator if I am unclear as to the policies and procedures for use of the card. I agree to adhere to Financial Services Policy FIN-105-02. I agree to have all purchases reconciled monthly with the Department Card Log by the designated Card User and to submit all original receipts to the WMD Accounts Payable Department along with a signed copy of the Department Card Log. I agree to have all purchases reconciled monthly with the bank on-line system transaction log by the Card User and to ensure that the Card User submits all original receipts to the WMD Accounts Payable Department. Additionally, the card will not be used for the following:

1. Cash Advances.
2. Items purchased for personal use.
3. Materials or services purchased from any member of the Designated Card User's or Cardholder's family.
4. Purchases of equipment, materials or supplies restricted by policies, guidelines, or contractual agreements, ie. Purchasing office supplies from a commercial vendor that are available from the contracted vendor.
5. Purchase of air fare.
6. Gifts or donations.
7. Purchases in excess of limits authorized for the card.
8. Splitting purchases to circumvent the daily or monthly purchase limits on a card, or to avoid competitive bidding limits or purchase authority limits.
9. Prepayments for goods and services.
10. Purchase of alcoholic beverages or tobacco products.
11. Purchases from any merchant for goods or services considered an inappropriate use of state funds.
12. Using the card for employee training without written approval from the Human Resources Department.

I understand that violations of this agreement, or agency established policies and procedures governing the use of this card may result in cancellation of division purchasing card privileges and may result in corrective or disciplinary action.

Signature (card custodian) _____ Date:_____

WMD Form 1003-10
(Financial Services Policy FIN-105-02 Attachment C)

Purchase Card Log – WMD 1001-10

Attachment A

Page ____ of ____

Washington State Military Department
Department Card Log

Name of Division/Section _____ Month/Year _____

Card Custodian _____ Date _____ Approving Manager _____ Date _____

Designated Card User	Date/Time of Issue	Date/Time Return	Receipt/Invoice Rec'd Y/N	Program Index	Vendor	Description of Items Purchased	Amt of Purchase	Purpose of Items Purchased

WMD Form 1001-10
(Financial Services Policy FIN-105-02)

Purchase Card User – FIN-105-02

STATE OF WASHINGTON
MILITARY DEPARTMENT
Camp Murray, Washington 98430-5000

I hereby acknowledge receipt of the State Purchase Card Account No. _____
I agree to adhere to Financial Services Policy FIN-105-02.

As the Designated Card User, I agree to the following statements and will contact the Agency Program Administrator if I am unclear as to the policies and procedures for use of the card. I agree to have all purchases reconciled monthly with the Department Card Log. I agree to maintain security of the purchase card at all times. Additionally, the card will not be used for the following:

1. Cash Advances.
2. Items purchased for personal use.
3. Materials or services purchased from any member of the Designated Card User's or Cardholder's family.
4. Purchases of equipment, materials or supplies restricted by policies, guidelines, or contractual agreements, i.e. purchasing office supplies from a commercial vendor that are available from the contracted vendor.
5. Purchase of air fare.
6. Gifts or donations.
7. Purchases in excess of limits authorized for the card.
8. Splitting purchases to circumvent the daily or monthly purchase limits on a card, or to avoid competitive bidding limits or purchase authority limits.
9. Prepayments for goods and services.
10. Purchase of alcoholic beverages or tobacco products.
11. Purchases from any merchant for goods or services considered an inappropriate use of state funds.
12. Using the card for employee training without written approval from the Human Resources Department.

I understand that violations of this agreement, or agency established policies and procedures governing the use of this card may result in cancellation of division purchasing card privileges and may result in corrective or disciplinary action.

Name: _____ Date: _____

Signature: _____

Purchase IT Equipment/Software Request

IT EQUIPMENT/SOFTWARE REQUEST FORM

(Definition of IT Equipment: Computers (desktop, laptop, or tablet), large data storage units, monitors, servers, copiers, printers, phones (desk, cellular, or smart), software, and projectors.

QUOTE ONLY ☐ **IMMEDIATE PURCHASE** ☐

Requestor:

Name (Form Filler): _____ **Phone:** _____ **Date:** _____

Purchase For: _____ **Phone:** _____
Name(s)

Equipment: New ☐ Replacement ☐

Equipment Replacing: (Current Service/Asset Tag) _____

Will current system be turned in: Yes ☐ No ☐

Move Current system to: _____

Standard Hardware: Desktop ☐ Laptop ☐ Tablet ☐ Laptop/Docking Station ☐ Smartphone ☐ Other ☐

Standard Monitors: One ☐ Two ☐ None ☐

_____

Software: (Other than operating system - i.e., Acrobat, GIS, MS Office, Project, Visio)

_____

Special Requirements: (Keyboard, mouse, glare screen, etc.)

_____

_____

Approving Authority:

Name: _____

Approve ☐ Deny ☐ Reason: _____

_____

Approving Authority Signature: _____

Final Approving Authority:

Name: _____ Charge Code: _____

IT is authorized to make this purchase: Yes ☐ No ☐ Not to exceed $: _____
Spending Authority

Note: _____

_____

Approving Authority Signature: _____

IT:

Quote Sent To: _____ Date: _____ PO #: _____

Order Received: _____ PO Signature: _____ PDF Sent: _____
To & Date

Note: _____

_____

WMD Form 1011-13

Request for Assistance – Federal

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print)	2. Title	3. Phone No.
4. Requestor's Organization	5. Fax No.	6. E-Mail Address

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance:

2. Quantity

3. Priority ☐ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High

4. Date and Time Needed

5. Delivery Site Location

6. Site Point of Contact (POC)

7. 24 Hour Phone No.

8. Fax No.

9. State Approving Official Signature

10. Date and Time

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1.
- ☐ OPS Review by:
- ☐ LOG Review by:
- ☐ Other Coordination:
- ☐ Other Coordination:
- ☐ Other Coordination:

2. Source:
- ☐ Donations
- ☐ Other (Explain)
- ☐ Requisitions
- ☐ Procurement
- ☐ Interagency Agreement
- ☐ Mission Assignment

3. Assigned to:
- ESF/OFA:
- RSF/OFA:
- Other:
- Date/Time:

4. Immediate Action Required ☐ Yes ☐ No

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #

7. Statement of Work ☐ See Attached

8. Estimated Completion Date

9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted ☐ Rejected ☐ Requestor Notified

Reason / Disposition

FEMA FORM 010-0-7 PREVIOUSLY FF 90-136 Page 1 of 2

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)

ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	☐ Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;
(2) Work is required as a result of the event, not a pre-existing condition; and
(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

FEMA FORM 010-0-7 PREVIOUSLY FF 90-136 Page 2 of 2

Request for Assistance – Mutual Aid

EMAC – Emergency Management Assistance Compact

Request for Assistance (REQ-A) forms are completed online on the EOS (EMAC Operations System). The following forms are for the reimbursement process.

All actions related to any Requests for Assistance, including Mutual Aid, are to be recorded under “Add Actions” under the appropriate resource request in the “Resource Tracker” on WebEOC.

Emergency Management Assistance Compact (EMAC)
Interstate Reimbursement Form (R-1)

Please complete all fields in gray. Fields in green are automatically calculated.

Event:			
Submitted to the Requesting State of:		Date:	
By the Assisting State of		Form W-9 Enclosed?	☐ Yes ☑ No
For Services Specified in REQ-A under the Requesting State Mission Number:			
Copies of Receipts and Payment Vouchers for Each Claim Are Attached:		☐ Yes ☐ No	

Personnel Costs		
Regular Time		
Overtime		
Employer Share of Fringe Benefits		
Total Personnel Costs	$0.00	
Travel Costs		
Air Travel		
Auto Rental/Gas/Mileage		
Lodging		
Government Vehicle Costs		
Meals/Tips		
Total Travel Costs	$0.00	
Equipment Costs		
Contractual Costs		
Commodities		
Other Costs (Explain in Remarks Section)		
GRAND TOTAL		$0.00

Remarks:

Certified and Authorized by:		**Signature:**	
Title:		**Date:**	

The authorized official of the Assisting State certifies that the totals for each category/claim are exact costs expended by the Assisting State to perform the services requested in the REQ-A. All additional supporting documentation not included with this claim will be maintained by the Assisting State for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting State authorized official named herein.

Emergency Management Assistance Compact (EMAC)
Intrastate Reimbursement Form (R-2)

Please complete all fields in gray. Fields in green are automatically calculated.

Event:			
Submitted to the Assisting State of:		Date:	
From City/County/State Department of:		Vendor Number:	
For Services Rendered under State Mission Number:		EMAC Mission Number:	
Copies of Receipts and Payment Vouchers for Each Claim Are Attached:		☐ Yes ☐ No	

Personnel Costs			
Regular Time			
Overtime			
Employer Share of Fringe Benefits			
Total Personnel Costs		$0.00	
Travel Costs			
Air Travel			
Auto Rental/Gas/Mileage			
Lodging			
Government Vehicle Costs			
Meals/Tips			
Total Travel Costs		$0.00	
Equipment Costs			
Contractual Costs			
Commodities			
Other Costs (Explain in Remarks Section)			
GRAND TOTAL			$0.00

Remarks:

Certified and Authorized by:		**Signature:**	
Title:		**Date:**	

The authorized official of the Assisting State certifies that the totals for each category/claim are exact costs expended by the Assisting State to perform the services requested in the REQ-A. All additional supporting documentation not included with this claim will be maintained by the Assisting State for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting State authorized official named herein.

Request for Assistance – Mutual Aid

PNEMA – Pacific Northwest Emergency Management Arrangement

Pacific Northwest Emergency Management Arrangement (PNEMA)

Interstate/Province Mutual Aid Request

Form REQ-A

Type or print all information except signatures

SECTION I: TO BE COMPLETED BY THE REQUESTING STATE/PROVINCE

Select Exercise or Event:		New or Amended #:	
Event Name:			
Date:		Time:	
State/Province Mission #:		EM Software TN #:	
Requesting Agency:		Req. State/Prov:	
Requesting State REQ-A Contact:			
Last/First Name:		Fax:	
Phone 1:		Phone 2:	
E-mail 1:		E-mail 2:	
Mission Type:		If State:	Law Enforcement - Sheriff / If NG: Title 32
Mission Assignment:			
Resource Requested:			
Deployment Dates (including travel days - one day prior to and one day after dates needed for mission):			
Mobilization:		Demobilization:	
1st Work Day		Last Work Day:	
Deployment Details:			
Work Location/Facilities:		Select One	
Location/Facility Name:			
Address 1:			
Address 2:			
City:		Zip Code:	
Working Conditions:		Select One	
Working Conditions Comments:			
Living Conditions:		Select One	
Living Conditions Comments:			
Identify Health & Safety Concerns:			
Select One			
Select One			
Select One			
Safety Concerns/Remarks:			
Requesting State Resource Coordination Contact:			
First Name:		Last Name:	
Title:		Agency:	
Phone 1:		Mobile:	
E-mail 1:		E-mail 2:	
Staging Area (SA) and SA Point of Contact:			
POC First Name:		Last Name:	
Phone:		E-mail:	
Location/Facility Name:			
Address:			
City/Province & Postal Code:			

The PNEMA Authorized Signature below certifies that information contained herein accurately represents, to the best of their knowledge, the resource request at the time.

Name of PNEMA Authorized Representative:			
Signature of PNEMA Authorized Representative:		Date:	

PNEMA	**Interstate/Province Mutual Aid Request** **Form REQ-A** Type or print all information except signatures		
SECTION II: TO BE COMPLETED BY THE ASSISTING STATE/PROVINCE			
Select Exercise or Event: :	0	Requesting State:	0
Event Name:	0		
Requesting State Mission TN #:	0	Req. State EM Software TN #:	0
Requesting Agency:	0	Date Resources Available:	
The PNEMA Authorized Signature below certifies that information contained herein is a mission estimate to be accepted or declined by the PNEMA Requesting State.			
Name of PNEMA Authorized Representative (AR):			
Signature of PNEMA AR:		Date:	
New or Amended #:		Time Section II Completed:	
Assisting State/Province:		Assisting State/Province TN #:	
Assisting Agency:		Asst. State EM Software TN #:	
Assisting State/Province REQ-A Contact:			
First Name:		Last Name:	
Phone 1:		Phone 2:	
E-mail:		Fax:	
Mission Type:		If State: Select Discipline:	If NG: Select Status:
Mission Assignment:			
Resource Available:			
In-State/Province Resource Point of Contact:			
First Name:		Last Name:	
Phone 1:		Phone 2:	
E-mail 1:		E-mail 2:	
Deployment Dates (including travel days - one day prior to and one day after dates needed for mission):			
Mobilization:		Demobilization:	
1st Work Day		Last Work Day:	
MISSION COST ESTIMATE (Details entered on subsequent tabs):			
Total Equipment, Commodity, Other, and Personnel Quantity & Costs			
Enter all equpment, commodity, other, and personnel details on tab labeled as such (Travel, Equipment, Commodities, Other, Personnel) on this worksheet. Totals for each cateory will automatically be updated below as data is entered on subsequent sheets.			
Total Travel Costs:	$ -	Total Equipment Costs:	$ -
Total Commodity Costs:	$ -	Total Other Costs:	$ -
Total Personnel on Mission:	0	Total Personnel Costs:	$ -
Total Cost Estimate from REQ-A (This number is calculated from the data entered into the REQ-A Excel worksheets):		$ -	
Note: If you received a Mission Ready Package from the Resource Provider, enter the total under "Total Cost Estimate" below and attach complete Mission Ready Package to provide detailed costs.			
Total Cost Estimate from Mission Ready Package (please enter total and attach Mission Ready Package)		$	

SECTION III: APPROVAL OF MISSION ESTIMATES - REQUESTING STATE/PROVINCE					
Select Exercise or Event:			New or Amended #:		
Requesting State/Prov.:			Requesting Agency:		
Event Name:	0				
Req. StateProv. Mission TN #:	0		Req. State/Prov. EM Software TN #:		0
Assisting State/Prov.:	0		Assisting State/Prov. TN #:		0
Currency values at the time of REQ-A Execution. Cost estimates are based upon current Assisting State values.	United States	$ -	Canada	$ -	This rate will be honored for this REQ-A for the duration of this mission.
The PNEMA Authorized Signature below certifies that they have reviewed Section II submitted by the Assisting State and agree to the estimated mission costs and requirements. The mission is accepted.					
Name of PNEMA Authorized Representative:					
Signature of PNEMA Authorized Representative:					
Date:			Time:		

WA RESOURCE REQUEST FORM (ICS 213 RR)

Requestor

1. Mission Number & Incident Name:	2. Requesting Agency:	3. Date & Time: (mm/dd/yy - 00:00)	4. Requester Tracking Number:

5. Order

a. Qty.	b. Kind (if known)	C. Type (if known)	d. Detailed item description and/or of task to be accomplished: (***Vital characteristics, brand, specs, experience, size, etc***.) and, if applicable, purpose/use, diagrams and other info.	SHADED AREA TO BE FILLED BY LOGISTICS SECTION: Needed Date & Time: e. Requested	f. Estimated	g. Cost

6. Personnel/Additional Support Needed: *(Driver/Fuel Etc.)*

7. Duration needed:

8. Requested Delivery/Reporting Location: *(Address/landmarks etc.)*

9. Delivery/Reporting Location POC: *(Name & Contact info)*

10. Suitable Substitutes and/or Suggested Sources: (if known)

11. Priority: ☐ Life Saving ☐ Incident Stabilization ☐ Property Preservation

12. Requestor Provides Funding: ☐ Yes ☐ No

13. If requestor is unable to provide (full/partial) funding for the resource, specify reason:

14. Requested by Name/Position & phone/email:

15. Request Authorized by:

Logistics

16. EOC/ECC Logistics Tracking Number:

17. Name of Supplier/POC, Phone/Fax/Email:

18. Notes:

19. Approval Signature of Authorized Logistics Representative:

20. Date & Time: (mm/dd/yy – 00:00)

21. Order placed by (check box): ☐ ORD UNIT ☐ PROC UNIT ☐ OTHER_____

22. Elevate to State: ☐

23. State Tracking #:

24. Mutual Aid Tracking #:

Finance

25. Reply/Comments from Finance:

26. Finance Section Signature:

27. Date & Time: (mm/dd/yy – 00:00)

Original to: Documentation Unit **Copies to: Logistics Section, originating ESF/agency, and Finance & Administration Section**

Approval for High Cost Lodging (0802)

State Of Washington
Military Department

Approval for High Cost Lodging (SAAM 10.30.20)
Pursuant to Washington Military Department Travel Procedures #11.c.

☐ The employee attends an approved meeting, conference, convention or training session where the traveler is expected to have business interaction with other participants in addition to scheduled events, and maximum benefit will be achieved by authorizing the employee to stay at the lodging facility where the meeting, conference, convention or training session is held.

☐ Affordable lodging accommodations are simply not available within a reasonable commuting distance to the employee's assigned temporary duty station. **(This option requires two price quotes from other hotels.)**

Hotel Name: *Hotel Name*:
Quoted Rate: *Quoted Rate*:

☐ Costs in the area have escalated for a brief period of time either during special events or disasters.

☐ Traveler is assigned to accompany an elected official, a foreign dignitary, or others as authorized by law, and is required to say in the same lodging facility.

☐ To comply with provisions of the Americans with Disabilities Act, or when the health and safety of the traveler is at risk.

☐ When meeting room facilities are necessary and it is more economical for the traveler to acquire special lodging accommodations rather than acquire both a meeting room and a room for lodging.

Purpose Of Trip:
☐ Training ☐ Conference/Convention ☐ Committee Meeting ☐ Other State Function

Travel Destination: *Hotel Name*:

Travel Dates: *Quoted Rate*:

Maximum Allowed:
Per Diem Rate (lodging and meals) X (times) 150% =

Requester: _____ *Date:* _____
Charge Code:

Program Manager/Supervisor: _____ *Date:* _____

Division/Unit Manager: _____ *Date:* _____

Director/Chief of Staff: _____ *Date:* _____

Division Director/TAG: _____ *Date:* _____

☐ Approved ☐ Denied

MIL FORM 802, 14Nov02
(Financial Services Policy 02-002-02)

Travel Authorization (A40A)

FORM A40-A (Rev. 10/09)	STATE OF WASHINGTON TRAVEL AUTHORIZATION

AGENCY NAME	AGENCY NUMBER	EMPLOYEE TELEPHONE NUMBER	TA NUMBER	TA DATE
Military Department	2450			

DIVISION OR DEPARTMENT	EMPLOYEE NAME AND TITLE	CHARGE CODE(s)

1. PURPOSE OF TRIP – Include explanation of how this trip relates to the employee's job and what the benefits are of this trip. For compliance with ESHB2921 (Out-of-State Travel/Training Freeze) please also include any exemptions being claimed and why this cannot be received locally (Video Teleconference or Conference Call).

☐ In-State ☐ Out of State ☐ Out of Continental U.S. (includes Hawaii, excludes Alaska & B.C., Canada)

2. TRAVEL ITINERARY & MODE OF TRANSPORTATION Is this the most cost effective? ☐ Yes ☐ No

DATE	FROM	TO	MODE CODE

MODE CODE SYMBOLS:
POV --- Privately Owned Vehicle
AOV --- Agency Owned Vehicle
MPV --- Motor Pool Vehicle
RNV --- Rental Vehicle
AIR --- Air
T --- Train
B --- Bus
O --- Other (explain under remarks)
State class of transportation under remarks.

Remarks:

AS REQUIRED (check box):
☐ Program Manager approval received.
☐ Exception to lodging – OFM Directive
☐ Overtime/X-change time form attached
☐ Travel Advance Requested

3. TRAVEL EXPENSE ESTIMATE & ADVANCE REQUESTED

ITEM OF EXPENSE	ESTIMATED TRAVEL EXPENSE
a. SUBSISTENCE $0.00 PER DAY	
b. LODGING $ PER DAY	
c. TRANSPORTATION: POV 0 EST. MILES	0
d. OTHER: RENTAL $ AIR $	
e. OTHER EXPENSE: (explain)	
TOTALS	

NOTICE

TRAVEL ADVANCES: See RCW 43.03.150-.210. In case of default by employee in repayment or accounting for advance as provided by state law and regulations, the advance becomes a prior lien and, together with a 10% interest charge, may be deducted from any amounts due to the employee from the state. An unauthorized expenditure of an advance constitutes a misappropriation of state funds.

REQUESTER'S SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
DIVISION DIRECTOR OR TAG AUTHORIZING SIGNATURE (REQUIRED FOR OUT OF STATE TRAVEL)	DATE

(1) RCW 43.170 prohibits travel mileage advances for employee's or officer's use of privately owned vehicles.

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	UBI NUMBER

REF DOC SUP	PRVDR COOP	U D D	FUND	APPR INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	OBJECT INDEX	SUBOBJ CLASS	CO.	CITY TOWN	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER

Title:	Initial Startup Checklist			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Examples of commonly used forms by Logistics during exercises and activations
Responsibilities:	All
References:	NA

☐ Turn on computer by pressing the power button

- (Click ***HERE*** for the SmartBook startup instructions or go to http://mil.wa.gov/other-links/logistics-and-resources and click on the SEOC SMARTBOOK hyperlink)

☐ When the Military Department logo appears, press the space bar to get to the Information Technology User Notification and then press again to get to the login screen

- The "User Name" is on the white label on the lower left of the monitor
- The "Password" is written on one of the SEOC whiteboards or ask the SEOC Supervisor

☐ Open WebEOC

- The icon for WebEOC is on the desktop on the left of the screen, and the most common Microsoft Office applications are pinned to the task bar

☐ Login to WebEOC

- User ID for Logistics: WA-EOC-LOG
- Password: P@ssw0rd

☐ Sign in to the Staffing Board

- Board 05 WA-EOC Staffing and Seating Charts
- If signing in for the first time for an exercise or activation, Click "Initial Sign-in", otherwise locate name on the chart and click "Check In" on the far right side of the screen
- Populate fields (first time user for incident or exercise) as indicated, with name entered as follows: "LastName_FirstName (EMD*) – "*" is the representing agency acronym
- If date/time needs editing, click anywhere on the desired row and click "Edit" on the far right. After desired changes are made, click the appropriate date number on the calendar icon to accept the changes, then click "SAVE"

☐ Open Significant Events Board

- Resize box to fit multiple windows on monitor

☐ Open Logistics Section Activity Log

- Resize box to fit multiple windows on monitor

☐ Open Outlook

- Create an exercise or incident folder and create subfolders by category name as needed
- Move any unrelated emailed to the "Archive" folder

☐ Create Incident/Exercise Folder on "N" drive as appropriate, using consistent naming conventions

- N:\Logistics\Exercises

- N:\Logistics\Activations

Title:	Intergovernmental Agreement (IGA) Process			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	IGAs are used for EMAC/PNEMA mutual aid deployments to identify personnel from jurisdictions as temporary employees of the State of Washington for liability and insurance purposes. The following instructions are for emergency IGA processing during activations only.
Responsibilities:	Drafting and executing IGAs and Amendments for resource deployment under EMAC/PNEMA
References:	Public Law 104-321

Local agencies, Tribes, and jurisdictions owning requested resources with executed IGAs with the Military Department are generally selected over those local agencies, Tribes, or jurisdictions which do not have such documentation in place. In the event the agency owning a requested resource does not have an IGA in place, the following steps are taken:

❑Logistics Section staff sends an email message to the jurisdiction in need of an IGA requesting the required information to populate the IGA template. The information is located at N:\Logistics\Mutual Aid\Legal Documents\IGAs).

The email template contains a request for the following information:

- Jurisdiction/Agency Name
- Street Address
- City, State, Zip + 4
- IGA Contact Person Name
- IGA Contact Person Phone
- IGA Contact Person Fax
- IGA Contact Person Email
- Agency/Jurisdiction Tax Identification Number (TIN)
- Universal Business Identification Number (UBI)
- Name of Person Authorized to Sign IGA
- Title of Person Authorized to Sign IGA

❑Logistics Section staff creates a folder with the entity name within the IGA folder on the “N” drive located at N:\Logistics\Mutual Aid\Legal Documents\IGAs\Current IGAs, with samples shown below.

E12-267 Yakima County	E12-268 City of Seattle Police DEM	E12-269 City of Tacoma Fire
E12-270 Grant County	E12-271 Lewis County Fire 2	E13-093 Island County Fire District 1
E13-094 San Juan County	E13-096 Snoho Fire District 3 - Monroe	E13-098 City of Mount Vernon
E13-099 King County	E13-101 Lacey Fire District 3	E13-102 Thurston County Fire Protecti...
E13-103 Everett Fire Department	E13-105 San Juan County Fire District 3	E13-106 City of Lynnwood
E13-107 Snohomish County Fire Distri...	E13-108 Whatcom County	E13-109 Thurston County Fire Protecti...
E13-115 City of Puyallup	E13-140 Thurston County TCOMM	E13-157 Thurston County
E13-182 Grays Harbor County Fire Dist...	E13-185 City of Olympia	E13-188 City of Mukilteo Fire
E13-233 TERT NORCOM Bellevue	E13-245 Benton County	E13-246 TERT SNOPAC 911
E13-247 TERT Jefferson County 911	E13-255 Pierce County DEM	E13-256 TERT SNOCOM
E13-257 TERT Kitsap County CENCOM	E14-032 Spokane City County DEM	E14-033 City of Seattle Parks & Recrea...
E14-034 City of Seattle Department of ...	E14-035 City of Seattle Police Departm...	E14-036 City of Seattle Fire Dept
E14-037 City of Seattle Finance & Ad...	E14-039 City of Seattle Human Service...	E14-041 TERT City of Redmond Police
E14-062 Douglas County	E14-067 West Pierce Fire & Rescue	E14-163 TERT ValleyCom Kent
E14-217 TERT Grays Harbor Communi...	E14-242 King County Sheriffs Office	E14-245 TERT Spokane 911
E15-008 TERT Pacific County EM	E15-195 City of Auburn	E15-241 TERT City of Spokane Police
E15-242 WSP	U16-003 City of Bellevue	U16-004 CRESA
U16-005 City of Kirkland	U16-006 Kitsap County DEM	U16-007 City of Lakewood
U16-008 TERT KITTCOM - Kittitas 911	U17-001 MACC Moses Lake	U17-005 Seattle PUD
U17-006 Snohomish County FD26	U17-007 Bainbridge Island FD	U17-008 City of Puyallup PD
U17-009 Pierce County FPD 6	U17-010 City of Tacoma PD	U17-011 Snohomish County FD 7

Creating an Initial IGA

❑Use the IGA template and save as the jurisdiction name within the labeled folder:

- Go to IGA Templates Folder (N:\Logistics\Mutual Aid\Legal Documents\IGAs)
- Open the EMAC-PNEMA IGA - FINAL file
- Save As "UXX-XXX EMAC-PNEMA IGA 'name of jurisdiction'
- The end date of the agreement is five years from the last day of the current month the IGA is drafted
- Using the information in the email, populate the highlighted areas only
- If the IGA is for a Telecommunications Emergency Response Team (TERT), the word "TERT" is the first word of the electronic file name, after the contract Number

❑Email the file to contracting:

- If during business hours, to contracts.office@mil.wa.gov, with copies to laurie.emerson@mil.wa.gov, kelly.vandrasek@mil.wa.gov; william.greenup@mil.wa.gov, and rick.Woodruff@mil.wa.gov
- If during non-business hours, check with the EOC Supervisor or the on-call Point of Contact name and contact information

❑When contracting returns the IGA and Routing Checklist:

- Save both the checklist and the PDF IGA to the appropriately labeled folder
- Print the contract checklist on yellow paper and the IGA on plain paper
- Place both in a red pocket folder and route as directed on the checklist
- Once approved, go to the IGA Templates folder and open the file named "Legal Document Text for Locals and Required Attachment Files"
- "Forward" the email template to the email address of the IGA Point of Contact, attach the PDF of the IGA and address the email to the local jurisdiction Point of Contact, copy yourself on the email, and copy the Logistics staff at POD #12.
- Edit only the text pertaining to 'forwarding' and the email template text pertaining to where to send the signed documents, select "read receipt", and send the email
- Save a copy of the email in the same electronic folder as the jurisdiction IGA drafts and PDFs of the IGA documents and print a copy of the email for the pocket folder

❑When signed copies arrive back from the local jurisdiction:

- Electronic (fax or scan/email during activations):
  - Print and place in appropriate pocket folder for Director's review and State Finance signature
  - When signed originals arrive several days later, place in pocket folder
  - Place in appropriate pocket folder for Director's review and State Finance signature
  - Scan entire package and save as "Executed" (IGA Amendment-Number) Local Jurisdiction Name in the appropriately labeled folder
  - If a second signed copy is provided by the local jurisdiction, send them a signed original via postal mail. If not, then email the scanned, executed IGA Amendment
  - Place the signed original and all supporting forms in campus mail to contracting, or hand carry to the contracts office

- Place the pocket folder on any Logistician's desk in-box (cubicle, not EOC) for filing and updating on SharePoint

Amending the IGA for Mutual Aid Deployment

❑Email is received requesting an IGA Amendment (Coinciding with REQ-A processing)

- Locate the executed IGA at N:\Logistics\Mutual Aid\Legal Documents to ensure the document is still valid, as some jurisdictions may not have responded to the required annual reviews, and are therefore not considered current
- Locate the amendment template at N:\Logistics\Mutual Aid\Legal Documents\IGAs
- Save the file as the name of the initial IGA followed by the letter "a", if this is the first amendment to the IGA, or the next sequential letter in the alphabet if there have already been amendments to the IGA
- Send the IGA Attachment Budget Draft to the jurisdiction (Budget Draft located at N:\Logistics\Mutual Aid\Legal Documents\IGAs)
- Populate the highlighted areas on the IGA Amendment document from information on the original IGA
- When the cost estimate information comes back from the local jurisdiction, populate the spreadsheet on the Amendment, located at: N:\Logistics\Mutual Aid\Legal Documents\IGAs\IGA Templates
- Complete the IGA Attachment Finance Breakdown, using the cost estimate information, (Finance breakdown located at N:\Logistics\Mutual Aid\Legal Documents\IGAs), and ensure all three totals match (two spreadsheets and REQ-A Part II)

❑What to do when the cost estimate information is received:

- Save the document in the appropriately labeled folder with the entity name
  - Save As "IGA Number Amendment 'name of jurisdiction'
- Using the information in the email, populate the highlighted areas only
- Email the file to contracting during business hours, to laurie.emerson@mil.wa.gov, kelly.vandrasek@mil.wa.gov, and William.greenup@mil.wa.gov
- If during non-business hours, check with the EOC Supervisor

❑When contracting returns the amendment and routing checklist:

- Save both the checklist provided by contracting and the IGA Amendment to the appropriately labeled folder
- Print out the checklist on yellow paper and print out the IGA Amendment
- Place both in a red pocket folder and route as directed
- Once approved, go to the IGA Templates folder and open the file named "Legal Document Text for Locals and Required Attachment Files"
- Attach the PDF of the IGA and address the email to the local jurisdiction Point of Contact – copy yourself on the email
- Edit only the email text pertaining to where to send the signed documents, select "read receipt", and send the email
- Save a copy of the email in the same folder as the IGA drafts and print a copy for the pocket folder

❑What to do when signed copies arrive back from the local jurisdiction:

- Electronic (fax or scan/email during activations):
  - Print and place in appropriate pocket folder for Director's review and State Finance signature
  - When signed originals arrive several days later, place in pocket folder
  - Place in appropriate pocket folder for Director's review and State Finance signature
  - Scan entire package and save as "Executed" (IGA Amendment-Number) Local Jurisdiction Name in the appropriately labeled folder
  - If a second signed copy is provided by the local jurisdiction, send them a signed original via postal mail. If not, then email the scanned, executed IGA Amendment
  - Place the signed original and all supporting forms in campus mail to contracting, or hand carry to the contracts office
  - Place the pocket folder on any Logistician's desk in-box (cubicle, not EOC) for filing and updating on SharePoint

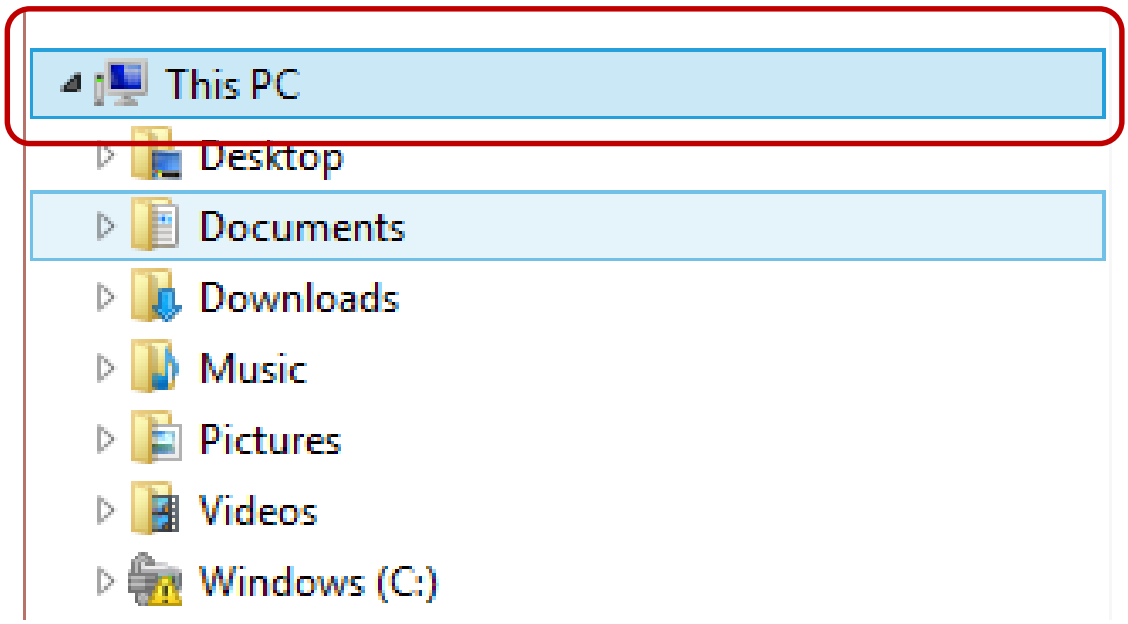
Title:	Network Drive Mapping			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	To establish or reestablish network drive connection on SEOC workstations
Responsibilities:	All
References:	NA

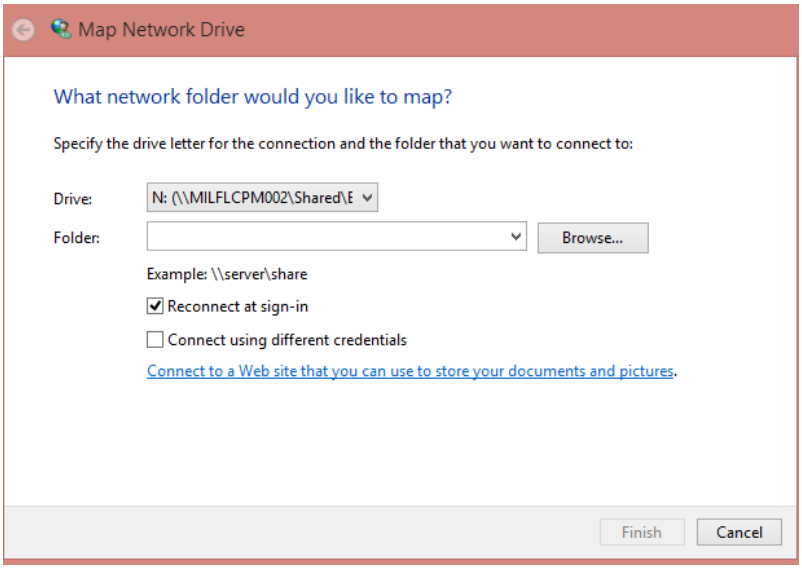
❑ Click on the file folder icon on the shortcut taskbar at the bottom of the screen:

❑ Right click on "This PC"



❑ Click on "Map Network Drive"

- ❑ Select “N” for the network drive connection letter as indicated below (there should be no text next to letter “N” if there is no network map established)



- ❑ Enter the following path in the folder cell without the quotation marks: \\MILFLCPM002\SHARED\EMD_PET
- ❑ Click “Finish”
- ❑ Folders should appear as indicated below

Title:	Pacific Northwest Emergency Management Arrangement (PNEMA)			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Provide overview of the PNEMA process for requesting and providing resources under PNEMA
Responsibilities:	All
References:	PUBLIC LAW 105–381

- The process for requesting or providing resources for PNEMA are nearly identical to that of EMAC, with the following exceptions:
  - No online system is used
  - Assistance can be requested at any time
  - Excel PNEMA Request for Assistance (REQ-A) is used to execute assistance agreement
- Follow the same instructions as EMAC (pg. 8)
- The current PNEMA Operations Manual can be found at: N:\Logistics\Mutual Aid\International Mutual Aid\PNEMA\PNEMA 2015

Title:	Printer Mapping			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

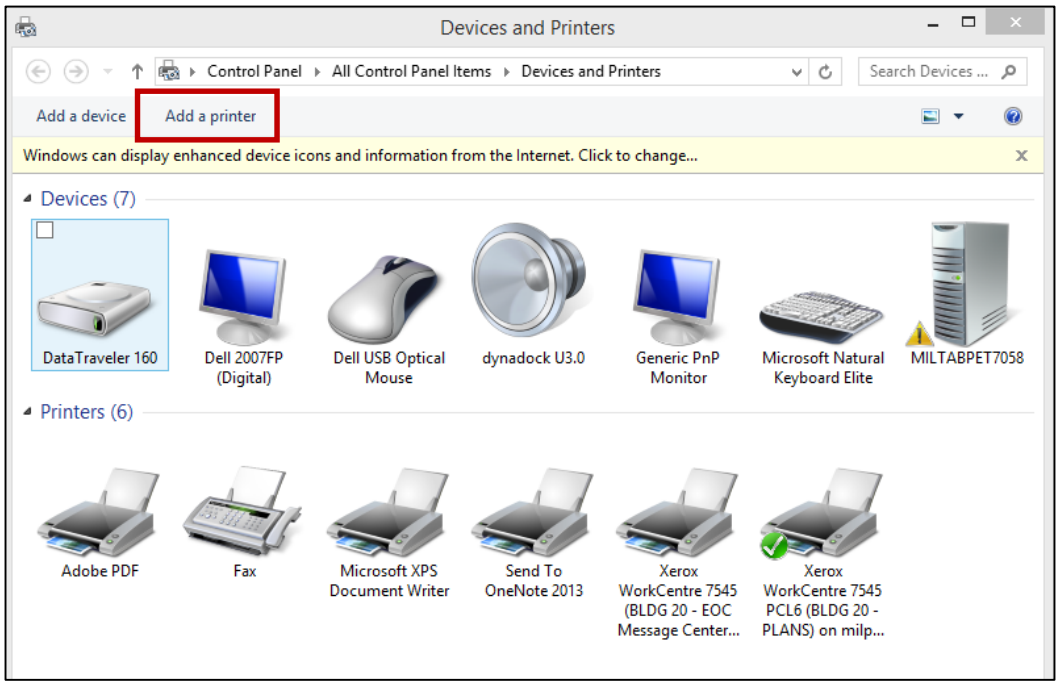
Purpose:	Provide instruction for printer mapping to SEOC workstations
Responsibilities:	All
References:	NA

❑ Click the window icon pinned to the task bar

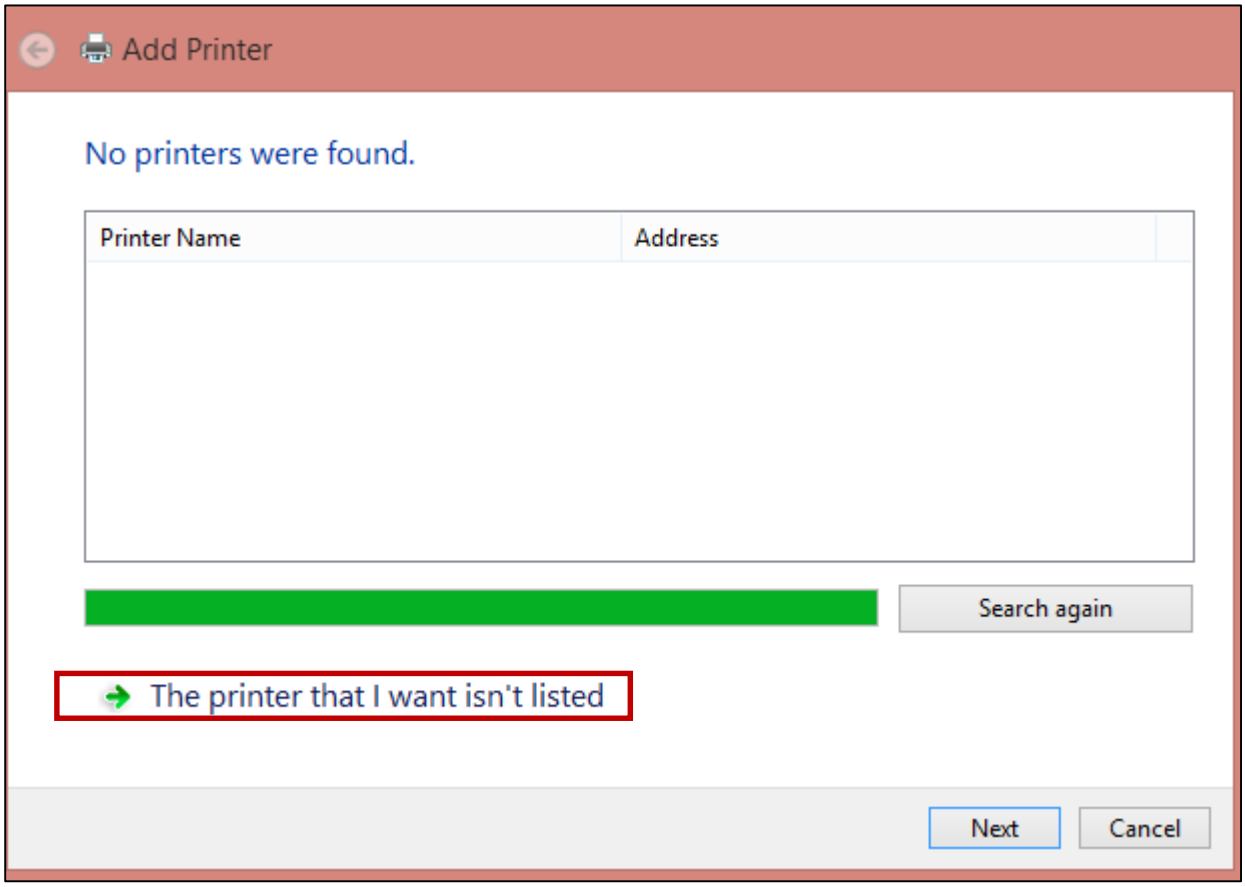
❑ Click on "Search" magnifying glass in the upper right corner

❑ In the "Search" window, type in "Devices and Printers"

❑ Click on "Devices and Printers" then click on "Add a Printer"



❑ If not available, click on “The printer that I want isn’t listed”



❑ Click “Select a shared printer by name” and key in the following in the text box without the quotation marks: \\milpscpm001\\

❑ Click on the desired printer, then click “Finish”

❑ Right click on the new printer icon and select “set as default printer”

Title:	Procurement Processes (Supplies), Policy, and Form			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	To ensure emergency procurement guidelines are followed
Responsibilities:	All - to ensure emergency procurement guidelines are followed
References:	State Finance Building One

During activations, Logistics may be tasked with procuring emergency services or supplies.

- ❑ Assign the resource request to ESF #7, Department of Enterprise Services (DES) Lead, if activated, to identify any contracts on file for the requested resource(s).

- ❑ If no contracts are on file and within 70 hours of the SEOC activation, search online for the desired resource (equipment or supplies)

- ❑ Save and print three potential options for review by the SEOC Supervisor, Disaster Manager, and State Finance, with documentation regarding fiscal responsibility and appropriate charge code(s)

- ❑ Complete an A-19 form for purchasing approval (Click *HERE* for sample form)

- ❑ Once approval is signed, complete appropriate purchase card forms (Click *HERE* for sample forms), obtain appropriate purchase card from State Finance, and place order

- ❑ When item arrives, scan signed A-19 approval, any related email correspondence, order form/confirmation, packing slip, and invoice

  - ➢ Save to appropriate folder on "N" drive and label accordingly
  - ➢ Send originals to State Finance for payment

- ❑ Document each step as each step occurs in the Resource Tracker on WebEOC under the specific resource request's "Add Actions"

SEOC Activations Purchasing Policy for Goods and Services

PURPOSE: The intent of this policy is to establish a standalone PO Form and expense log to be used during Level 1 and 2 activations.

Allowable Emergency Purchases

- SEOC Operation Costs Not Requiring a Purchase Order
  - Individual(s) travel to affected areas
    - Lodging
    - Airfare
    - Motor Pool/Rental vehicle
    - Meals
  - Meals to include Refreshments/Snacks up to per diem rate for EOC Staff
  - Other inter-governmental agency agreements/contracts

- SEOC Operation Costs Requiring Purchase Order
  - Sand Bags
  - Air Cleaners
  - Other Large Purchases as Determined
  - Supplies or Equipment to be kept and stored by the Military Department
  - Equipment for SEOC Food Service
  - Other Supplies as Determined for SEOC operations

Unallowable Emergency Purchases

- Human resources, services, supplies, and equipment for:
  - Other governmental entities - the entity must order and pay directly for its needs. The exception is noted in section Tracking Process of Purchases.
  - National Guard - National Guard goes through the Finance Division for all needs.
- Personal items
- Alcohol
- Items for normal Military Department operations

Emergency Purchasing Rules

- Determine if a master contract **can** meet needs. If it can, then use master contract.
- If master contracts **cannot** meet needs can go to best source.
  - Must document the justification for using best source
  - No bid required
  - Complete Best Buy Form
- $10,000 and more
  - Must contact Contracts immediately with justification for emergency purchase for reporting to DES within the required three days.

- Contact via email or send hard copy if electronic isn't available.

Approval Process of Purchases

- Approval/Recommendations at all levels will be made on the PO.
- Approval Levels will be dependent on no governor proclamation (NGP) or governor proclamation, who the purchase is for, and amount of purchase up to limits as indicated.
    - Amounts are indicated as NGP or GP
    - SEOC Supervisor $5,000/$50,000
    - Disaster Coordinator $10,000/$100,000
    - Governor's Appointed Represented over $100,000
    - EMD Director - Purchases for other governmental agencies if Military Department paying.
- Finance/Admin Section will review and approve all SEOC Purchase Orders.

Tracking Process of Purchases

- The Finance Section must log all expenditures.
- The Finance Section must approve all purchase orders.
- Submit Receipts/Invoices to Finance Section at time of purchase for all SEOC Operation Costs.
- Purchase Orders will start with the incident number (i.e. 140995-01), then
    - Sequential numbering for each purchase
    - Each incident will have a separate log.
- Any purchases that have to be ordered by the SEOC for another governmental agency must have the authorizing governmental agency's information and the contact person name and number for the order on the invoicing section of the PO.
    - Recommend getting e-mail from other governmental entity approving the order to be purchased and/or invoiced.
    - Send copy of PO to the governmental entity.
    - If Military Department is paying for purchase, Accounting will send invoice to the governmental entity for reimbursement along with the vendors invoice.

PURCHASE ORDER NUMBER	STATE OF WASHINGTON **SEOC Activation Purchase Order Form**	AGENCY NUMBER 2450	Purchase Type
Director Charge Code		Master Contract	Best Source/Documentation Attached

VENDOR NAME AND ADDRESS	SHIP TO ADDRESS
RESPONSIBLE PARTY'S NAME AND ADDRESS	BILL TO NAME AND ADDRESS
CONTACT NAME AND PHONE NUMBER	
PURCHASE ORDER REQUESTED BY:	RECEIVED BY / DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DESCRIBE THE GOODS OR SERVICES TO BE PURCHASED — STAPLE INVOICES ON BACK

Quantity	Amount Per Unit	Amount
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
	Total Purchase	$ -

IF MASTER CONTRACT EXSISTS AND IS NOT USED PROVIDE JUSTIFICATION IN SPACE BELOW

USE SPACE BELOW TO DOCUMENT APPROVAL/RECOMEDATION FOR PURCHASES UP TO LIMITS AS IDENTIFIED

	Date Approved
SEOC Supervisor (NGP $5k/GP$50k):	
Disaster Coordinator (NGP $10k/GP$100k):	
Governor's Appointed Rep (GP $100k):	
EMD Director (other government entity):	
Finance/Admin:	

Accounting Use ONLY Below

PREPARED BY	PHONE NUMBER	DATE	AGENCY PAYMENT APPROVAL	DATE
		6/7/16		

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	USE TAX	VENDOR MESSAGE	INVOICE DATE
			0				06/07/16

REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB OBJECT	ORG INDEX	WORKCLASS ALLOC	BUDGET UNIT	CITY/TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	Account Number
				0											$ -	

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
	6/7/16	$ -	

Title:	Purchase Card			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Provide guidance and use of issued State Purchase Cards
Responsibilities:	All
References:	***PENDING – This section is in draft, pending revision and approval by State Finance***

- ❑ During an activation, a State Purchase Card may be issued to the Logistics Section by State Finance for procuring approved meals, travel, supplies, equipment, or goods/services related to the incident.
  - ➢ The card is located in the State Emergency Operations Officer (SEOO) room for official sign out.

- ❑ The following forms will be used and referenced when making purchases with the State Purchase Card:

  - ➢ Meals/Light Refreshments Approval
  - ➢ Purchase Approval (A-19)
  - ➢ Purchase Card Authorization - Custodian
  - ➢ Purchase Card Log – WMD 1001-10
  - ➢ Purchase Card User – FIN-105-02
  - ➢ Purchase IT Equipment/Software Request

- ❑ Prior to any purchase
  - ➢ A card needs to be issued to the person responsible (custodian)
  - ➢ A Purchase Card Log needs to be started in the Purchase Card Binder (to be checked out from the Duty Room)
    - A. If no binder is set up, then obtain an empty binder from the shelf by the downstairs mail room and insert identifying sheets in the cover
  - ➢ Approval needs to be obtained
  - ➢ If the purchase is IT related, then the Purchase IT Equipment/Software Request form needs to be completed as well
- ❑ Once approval is signed, complete appropriate purchase card forms (Click *HERE* for sample forms), obtain appropriate purchase card from State Finance, and place order

- ❑ When item arrives, scan signed A-19 approval, any related email correspondence, order form/confirmation, packing slip, and invoice
  - ➢ Save to appropriate folder on "N" drive and label accordingly
  - ➢ Send originals to State Finance for payment

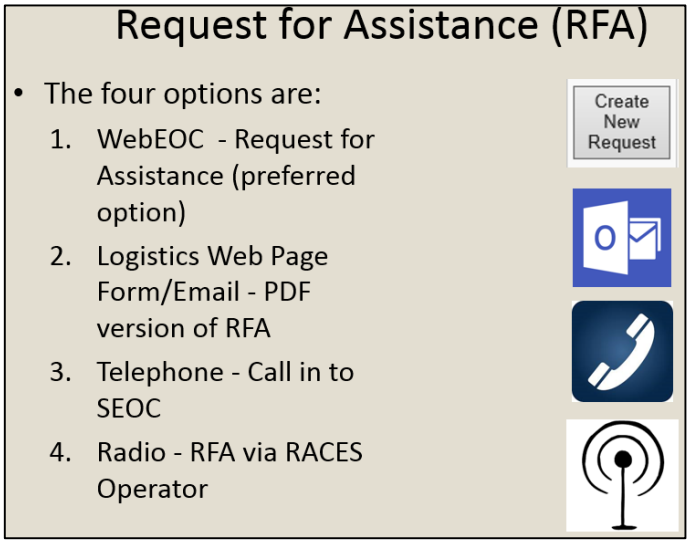
- ❑ Document each step as each step occurs in the Resource Tracker on WebEOC under the specific resource request's "Add Actions"

Title:	Request for Assistance (Four Methods)			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Provide steps for entering resource requests in WebEOC
Responsibilities:	Operations has the lead on entering resource requests, but Logistics backs up Operations and occasionally is assigned to provide resource request support when vendor inquiries and coordination is required.
References:	NA

Taking a Request for Assistance in WebEOC



- ❑ Select "Create New Request" on the Resource Tracker in WebEOC
- ❑ Complete all blanks as indicated, providing as much detail as possible
- ❑ Blue fields are required. Provide as much detail as possible, addressing desired CAPABILITY rather than specific equipment.
  - ➢ What are they trying to accomplish? Focus on "capability" rather than specific items
- ❑ What logistics will be required to use the resource, if any? (Fuel, electrical cables, personnel support, delivery, pickup, etc.)
- ❑ Specific Questions (based on type of request)
  - ➢ Search & Rescue
    - A. Let the caller know that you are going to transfer them to a Rescue Coordinator
    - B. Immediately transfer the call to the Rescue Coordination Center (RCC)
    - C. Coordinate with the Search and Rescue section for a smooth transition of the process and to ensure the request is entered into the Resource Tracker

- Generators
  A. For low quantities in incidents where there is no declaration, ESF #7 (DES) has contracts with Sunbelt Rentals
  B. Considerations
     - ❑How much peak power is needed? (Kilowatts)
     - ❑House ~ 10KW
     - ❑Community Well ~ 25KW
     - ❑What type of connection - Delta or Wye (Y) Connection
     - ❑Will an electrician be on site to hook up the generator?
       - An electrician inquiry is highly recommended, as damage to equipment or injury may result from untrained personnel establishing an electrical connection – ensure the request includes a person to perform this function, as applicable
- Water
  A. Is this water for drinking (potable)?
  B. For how many people?
     - ❑Minimum 1 gallon per person per day
     - ❑If potable, is there a connection into an existing water system?
       - If yes, then it will most likely be a tender that delivers the water
       - If no, then bottled water must be used do to potential issues with water being contaminated by the container, unless the container is made specifically to store potable water
- Heavy Equipment – Consider the following
  A. The task the equipment is performing
  B. If an operator for the equipment is required
  C. If transportation to and from the site is needed
  D. Fuel and maintenance plan
- Shelter Supplies
  A. Number of people in the shelter?
  B. Type of supplies needed?
     - Blankets
     - Cots
     - Pillows
     - Comfort Kits
     - Are there special needs considerations?
- Food
  A. Bulk food or Shelf Stable (MRE)?
  B. For how many people?
  C. How many meals a day?
  D. (BULK) Is there a kitchen with the capability of cooking and serving meals?
     - (BULK) Are there any special dietary needs?
     - Security - # of security officers needed?

(i) What equipment should they have?
1. Traffic Control, Riot Gear, etc.
2. Do they need to be law enforcement or carry weapons?

➢ Click "SAVE" when complete

Save | Cancel | Spell Check | Print PDF

Request For Assistance or Resources

Blue boxes are required fields

Date: 2/24/2016 Time: 12:07:27
Creator: Ramos_Kristin (EMD)
Originating Agency:
County: City / Tribe:
City Tracking Number:
Jurisdiction Tracking Number:
State Tracking #: WA-201622412445
FEMA MA/EMAC #: (Entered by Logistics Only)
Requestor Name: Phone: (xxx-xxx-xxxx)
Fax: (xxx-xxx-xxxx) Email: (email@xxx.xxx)
Priority: Set by Logistics or Operations Only
Overall Status: Set by Logistcis and/or Ops Only
Subject: Enter a one or two word description (ie: Generator or Debris Removal)
Description:
Detailed Description of Capability Needed (What do you want to accomplish?)
Resource Typing Library Tool

Request Specific Resources

Description/Kind: Size/Type: Quantity: Add Line

For Personnel Resources Only

Accommodations

Minimal: Some hotels & restaurants operational ○ Yes ○ No ○ N/A
Normal: All normal amenities available ○ Yes ○ No ○ N/A
Requesting jurisdiction to arrange meals/lodging ○ Yes ○ No ○ N/A
Are there any safety or health concerns? ○ Yes ○ No ○ N/A (If "yes" add details below)
Is special equipment needed? ○ Yes ○ No ○ N/A (If "yes" add details below)

Additional Details:

○ Yes ○ No Have all local resources been exhausted or predicted to be exhausted in the near future?
○ Yes ○ No Has mutual aid been exhausted or predicted to be exhausted in the near future?
○ Yes ○ No Have all commercial resources been exhausted or predicted to be exhausted in the near future?
○ Yes ○ No Is the originating jurisdiction/agency willing to pay for the assistance?

Delivery Location Name:
On-site Point of Contact: On-site Phone Number:
On-site Email:
format example: 08/05/2015 / 1500
Date and Time Needed: (Enter date and time needed. ASAP is not an appropriate entry.)
Duration Needed:
Delivery Needed: ○ Yes ○ No
Address: (Street, City, Zip)
Description using landmark:

Save | Cancel | Spell Check | Print PDF

Title:	Resource Tracking Process (WebEOC)			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

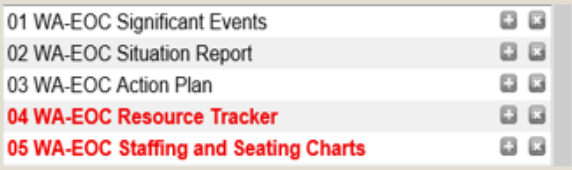
Purpose:	Identifying the Resource Request Process from initial request to finish
Responsibilities:	All
References:	NA

*****IMPORTANT*****

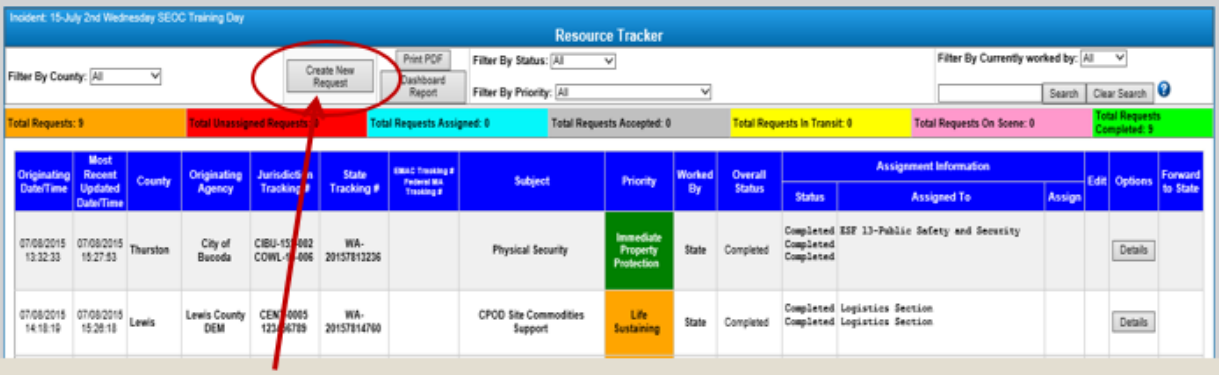
If the "Worked By" column on the Resource Tracker says "City" or "County", TAKE NO ACTION

Modifying resource requests being worked locally may lock the local jurisdiction out of their own request process. If in doubt, please ask the Logistics Section Chief for SEOC Supervisor.

- Open Resource Tracker on the main board: Resource Tracker



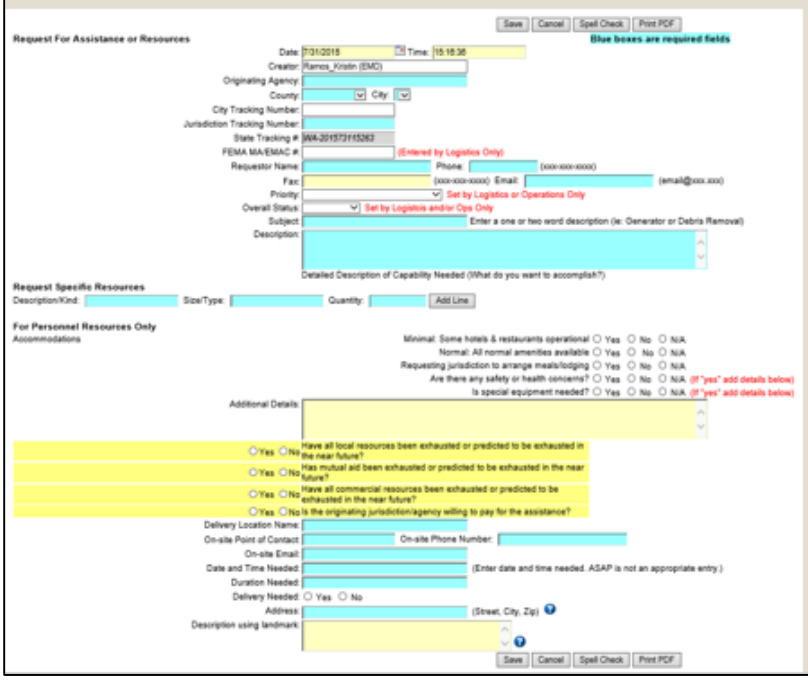
The naming of the "04" board may vary per jurisdiction or Tribe WebEOC set-up



- Click on "Create New Request"

If a request originates from a state agency, no local jurisdiction tracking number is required. Costs incurred as a result from a state agency request cannot be billed to a local jurisdiction. Only costs incurred as a result of a local request can be billed to the local jurisdiction.

- Blue fields are required. Provide as much detail as possible, addressing desired CAPABILITY rather than specific equipment.



What is the desired end result?

What are you trying to accomplish?

- Select an option for ***each*** of the bubble line items.

◉ Yes	○ No	Have all local resources been exhausted or predicted to be exhausted in the near future?
◉ Yes	○ No	Has mutual aid been exhausted or predicted to be exhausted in the near future?
◉ Yes	○ No	Have all commercial resources been exhausted or predicted to be exhausted in the near future?
◉ Yes	○ No	Is the originating jurisdiction/agency willing to pay for the assistance?

- A "No" response does not necessarily mean assistance will not be provided.
- A "No" response means a policy level decision will be required.
- A requesting jurisdiction or Tribe must be prepared to accept the financial burden

- Click "Save" to return to the tracker.

Save | Cancel | Spell Check | Print PDF

- The request appears on the Resource Tracker display

Originating Date/Time	Most Recent Updated Date/Time	County	Originating Agency	Jurisdiction Tracking #	State Tracking #	BMAC Tracking # Federal MA Tracking #	Subject	Priority	Worked By	Overall Status	Assignment Information			Edit	Options
											Status	Assigned To	Assign		
06/03/2015 11:25:26	06/03/2015 11:41:27	King	City of Pacific City Hall	2015-0610	WA-20156311909		Diesel Generator Fuel Needed		City					Edit	Assign	Update

- The Resource is assigned by clicking "Assign" then "Create New Assignment

Create New Assignment

Edit

Note: All blue fields are required

State Tracking #: WA-201512110148

Assigned By:

Assigned To:

Status: Unassigned

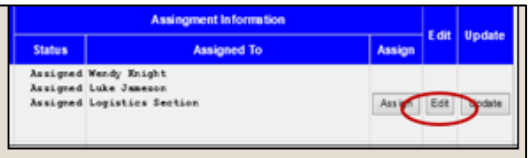
Save | Spell Check | Cancel | Retrieve Record

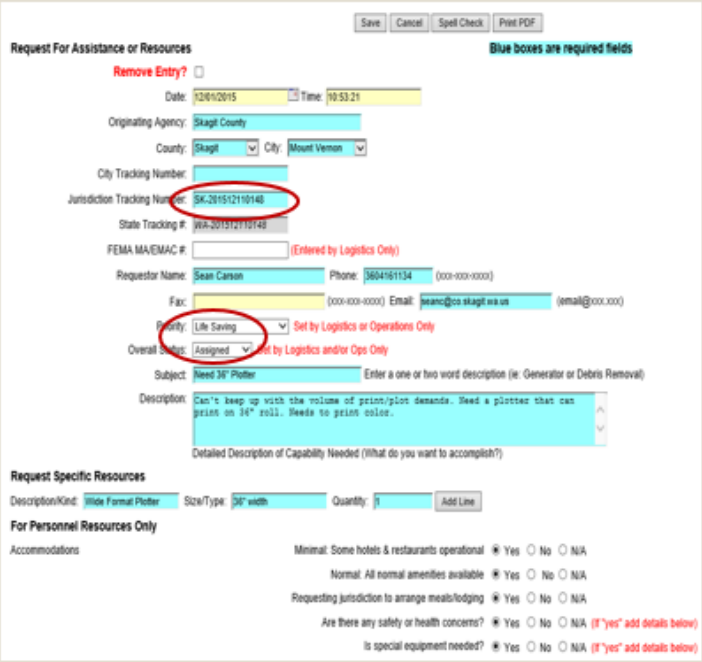
- Staff completes the assignment fields, updates status to "Assigned", and clicks "Save" to return to the "Assign Resource" screen

- Staff clicks the "Save/Return" button to return to the "Resource Tracker" screen

Save/Return

- The State updates the "Overall Status" and "Priority" are updated by clicking "Edit"

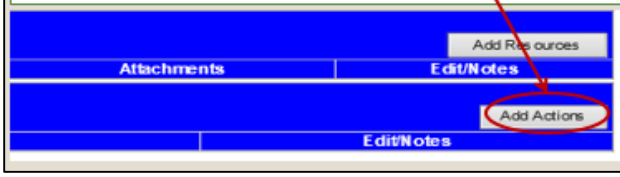


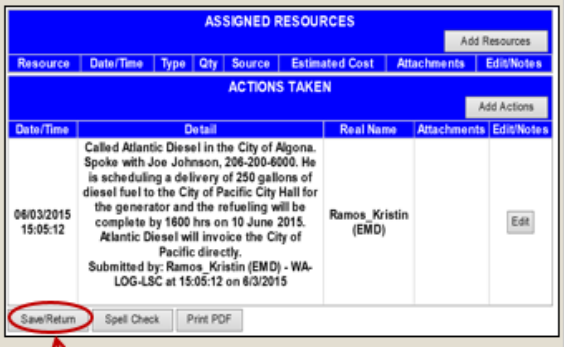


- Drop down menus are used to select the priority and the overall status
- Each time there is an edit to the resource request, the overall status is revised
- The Local jurisdiction tracking number is populated from the original local jurisdiction request

- Click "Update" to document appropriate actions to address this resource request

- Click "Add Actions" to record all activities regarding this resource request including, but not limited to:
  - Names
  - Phone numbers
  - Email addresses
  - Specific actions
  - Attachments





- Click "Save/Return" to return to main screen

- Once the request has been met and the resource returned to its home duty station, the State updates the status to "completed" by first clicking on "Edit"

Original Date	Most Recent Updated Date/Time	County	Originating Agency	Jurisdiction Tracking #	State Tracking #	EMAC # Federal MA #	Subject	Priority	Worked By	Overall Status	Assignment Information			Edit	Update
											Status	Assigned To	Assign		
06/03/2015 11:25:26	06/03/2015 15:36:05	King	City of Pacific City Hall	2015-0610 55558	WA-20156315384		Diesel Generator Fuel Needed	Immediate Property Protection	State	Assigned	Assigned Assigned Assigned	Wendy Knight Luke Jameson Logistics Section	Assign	Edit	Update

Save Cancel Spell Check Print PDF

Request For Assistance or Resources

Blue boxes are required fields

Remove Entry? ☐

Date: 06/03/2015 Time: 11:25:26

Originating Agency: City of Pacific City Hall

County: King City: Pacific

City Tracking Number: 2015-0610

Jurisdiction Tracking Number: 55558

State Tracking #: WA-20156315342

FEMA MA/EMAC #: (Entered by Logistics Only)

Requestor Name: Janet Rollings Phone: 206-555-5555 (xxx-xxx-xxxx)

Fax: (xxx-xxx-xxxx) Email: janet.rollings@ci.pacific.wa.us (email@xxx.xxx)

Priority: Immediate Property Protection Set by Logistics or Operations Only

Overall Status: Completed Set by Logistcis and/or Ops Only

Subject: Diesel Generator Fuel Needed Enter a one or two word description (ie: Generator or Debris Removal)

Description: Diesel fuel needed for 40,000 volt generator. Generator tank capacity is 50 gallons, but the city would like their secondary 200 gallon tank filled as well.

- The "Overall Status" is changed to "Completed"
- "Save" is clicked to return to the main Resource Tracker board

Subject	Priority	Worked By	Overall Status
Diesel Generator Fuel Needed	Immediate Property Protection	State	Completed

Title:	Sandbag Transfer Process			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:		Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Overview of EMAC, EMAC A-TEAM, and the EMAC Operations System
Responsibilities:	How to request and provide resources under EMAC
References:	Public Law 104-321

DOCUMENTS FOUND in **N:\Logistics Section\Resources\Sandbags**

1. Once you locate the ***Sand Bag folder*** you will find a *Sand Bag Count Master list*, digital copy of a *Transfer Receipt*, *Miscellaneous Document folder* and a *Jurisdictions folder*.
2. The *Sand Bag Count Master* list contains current POC info, actual count of sandbags, and notes for each jurisdiction storing STATE owned sand bags. If any changes are to be made to the master list, be sure to update the notes and the date located at the top of the document.
3. The *Miscellaneous Documents folder* had historical documents concerning past sand bag counts and other documents not specific to any jurisdiction.
4. Inside the *Jurisdictions folder* you will find folders assigned to each County/City that stores STATE owned sand bags. In each County/City folder you will find a sand bag count document specific for that jurisdiction. If there are Transfer Receipts associated with an EOC activation in that County/City, there will be additional folders with the incident number as the title. Within each activation folder you will find *Transfer Receipts* associated with that specific activation.

ADDING DOCUMENTS

1. Scan any documents that are associated with sandbag transactions into a digital file. If the documents scanned are general information not specific to any jurisdiction, please save the scanned document into the *Miscellaneous Documents folder* **OR** create a new folder for the document as described in paragraph 4 above.
2. If scanning in a new *Transfer Receipt*, rename the document "Transfer Receipt" followed by the date of the receipt, i.e., Transfer Receipt 0123 10 (MM/DD/YY). Click on the City/County folder the receipt is associated with and store the document in the *Activation folder* the receipt is associated with. If a new Activation folder needs to be created, title the new folder as described in paragraph 4 above.
3. If the document is not a *Transfer Receipt* but is associated with a specific County/City, then save the document into the County/City folder it belongs to titled as the document type followed by the date.

SANDBAG CUSTODIAL RECEIPT
(FOR PRE-POSITIONING BULK STORAGE)

I, _____, accept the delivery from the
(PRINTED Name of Jurisdiction Director or Designee)

Washington State Emergency Management Division of _____ sandbags on
(Number)

behalf of _____ to be stored at
(PRINTED Jurisdiction Name)

_____.
(Address of Bulk-Storage Location)

I understand and agree to the following conditions and procedures as custodial jurisdiction for care and use of these sandbags:

1. The pre-positioning of EMD-owned sandbags in storage locations around the state is intended to facilitate rapid supplemental sandbag assistance to the custodial jurisdiction and surrounding jurisdictions or state agencies who may request sandbags in accordance with EMD sandbag procedure.

2. Each jurisdiction and state agency, including the custodial jurisdiction, should maintain its own adequate supply of sandbags (as defined in current EMD Sandbag Procedure) and keep them in a protected and ready-to-use condition at all times. When use of sandbags is required, each jurisdiction or state agency should utilize sandbags from its own stocks **before** utilizing EMD-owned sandbags.

3. EMD-owned sandbags are a controlled item. Verbal permission must be obtained from the Washington State Duty Officer or from the Washington State EOC Supervisor when a jurisdiction or state agency wants to **pick up** EMD-owned sandbags or to **transfer** EMD-owned sandbags in response to a request from a neighboring jurisdiction or state agency.

4. After acceptance of custodial responsibility and upon delivery of the sandbags intended for pre-positioning bulk storage, this form must be completed, signed, and forwarded by fax or other method to EMD.

5. Use or transfer of EMD-owned sandbags must be made on the Sandbag Use/Transfer Receipt form. This form must also be completed, signed, and forwarded by fax (253) 512-7203 or other method to EMD.

Accepted by: _____ Date: ____/____/____
(Signature of Jurisdiction Director or Designee) (Day/Month/Year)

Title:	Shift Change Briefing Checklist			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Provide continuity in Logistics support from shift to shift
Responsibilities:	All
References:	All

Enter the following information in the Logistics Activity Log for the next person on shift. Print out the day summary at the end of the shift as a courtesy document to review while waiting for computer start up if not on 24/7 operations.

EOC Logistics Section Shift Change Briefing Checklist

- ❑ Date/Time: Prepared by:
- ❑ Situation Status:
- ❑ Number of total Resource Requests:
- ❑ Number of Open, Current, On-Going Resources/Missions:
- ❑ Number of missions still need assigned or accepted?
- ❑ Resources Ordered and in Transit:
- ❑ Anticipated disaster resource shipments (resource request trends):
- ❑ Anticipated release of deployed resources:
- ❑ Travel arrangement status for deployed personnel in the field:
- ❑ Support facilities available (lodging, etc.):
- ❑ List important POCs and contact information as appropriate and applicable:

Objectives and Priorities:

- ❑ Current Operational Period Tasks:
- ❑ Next Operational Period Projections:
- ❑ Required Reports Completed (attach copy) and/or Due:
- ❑ Issues Requiring Coordination with other Sections / ESFs:
- ❑ Ongoing activities in routing areas:
- ❑ Issues/Concerns:
- ❑ Meal Information for next shift:
- ❑ Light refreshment supply and purchase status:
- ❑ Status of approval forms:
- ❑ Status of purchase card binder:

Title:	Travel Arrangements			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Arranging Travel for Liaisons or as directed by SEOC Supervisor or Disaster Manager
Responsibilities:	Travel Authorization Form drafting/routing/approval, vehicle reservation (Camp Murray or Olympia State Motor Pool), and hotel reservations
References:	NA

Coordinate all travel requirements for SEOC assigned staff, traveling to or lodging at external locations.

- ❑ Adhere to the State Administrative and Accounting Manual & Military Department Travel Policy
  - ➢ SAAM: http://www.ofm.wa.gov/policy/10.50.htm
  - ➢ Department Policy: No. FIN-102-02
  - ➢ Washington State Per Diem Rates: http://www.ofm.wa.gov/resources/travel.asp
  - ➢ Federal Per Diem Rates: http://www.gsa.gov/portal/content/104877

- ❑ Create and keep a folder for all travel documents on the shared drive.
  - ➢ Keep hard-copies in a folder (one for each traveler) for back up, quick reference, and scanning at the completion of travel (including receipts)

- ❑ Travel Arrangements
  - ➢ Complete a Travel Authorization (A40-A) prior to travel for each traveler.
    D. The form must list estimations for mileage and per diem (lodging and meals) for the duration of the trip and be signed by the traveler and Disaster Manager
  - ➢ Obtain hotel reservations at the state per diem rate in the desired area, if possible, and complete Travel Approval for High Cost Lodging, if applicable, using the SEOC Purchase Card

- ❑ Air Travel and Rental Car
  - ➢ Azumano Travel - https://www.resx.com/login/washington/default.htm (user ID and password needed; if unavailable, consult with Finance/Admin Section for alternate approval)
  - ➢ Reserve car rental, if needed, when reserving flight

- If the traveler is using a state purchase card, request a purchase card authorization form from the hotel. Fill out the form accordingly, make a copy of the form, have a copy of the purchase card and your state ID, and fax or email back to the hotel
- Be sure to get a confirmation number from the hotel. Save the confirmation number, authorization form (if necessary), name of hotel personnel arrangements were made with, date, time, etc. in the travel folder

❑ If driving to the destination:

- Reserve a car from the state's vehicles or the Motor Pool; personally owned vehicles must have pre-approval
- Each Military Department Motor Pool reservation must be made by, or through the account of, the actual user of the vehicle – ***DO NOT USE YOUR LOGIN TO RESERVE FOR ANOTHER DRIVER***

❑ Upon return, the traveler submits for reimbursement for per diem within the Travel Expense Management System (TEMS), less hotel if paid on Purchase Card, and sends printed TEMS report along with the Travel Authorization and approved receipts (if any) to Chris Robertson (Accounts Payable) in Building 1 for reimbursement/payment.

- Scan the entire packet, containing the following, and email to the traveler and the Logistics Section Chief for his/her records and for filing in the appropriate activation/exercise electronic folder:
  D. Travel Authorization
  E. Purchase Card Authorization (if using the Purchase Card)
  F. Hotel receipt with a "ZERO" balance
    - If paid on with the Purchase Card, write "PAID WITH STATE PURCHASE CARD" on the receipt and do not include the amount on the TEMS reimbursement
  D. Any other receipts for approved purchases, along with the approval form(s)
    - URL for TEMS if not on the Camp Murray network: https://fortress.wa.gov/ofm/tems/UserManager/logon.aspx?system=3&startURL=https://tems.ofm.wa.gov/Home.aspx&ReturnUrl=%2fDefault.aspx
- Send original documents, after scanning and filing, to State Finance Accounts Payable, in Building One

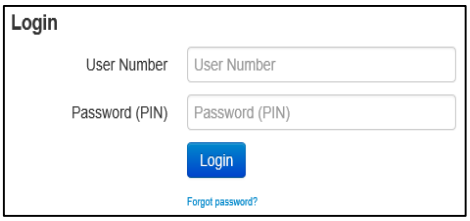
❑ NOTE: If the SEOC purchase card is not available, use a section purchase card with State Finance approval (Complete approval form and keep a copy with the final scanned package)

Title:	Vehicle Reservations			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Reserving state vehicle process
Responsibilities:	Reserve state vehicles through the Camp Murray or Olympia Motor Pools
References:	NA

Camp Murray Motor Pool



- ❑ Go to the Motor Pool website: ***CLICK HERE FOR WA STATE FLEET OPERATIONS***
- ❑ Login using UserID and Pin for traveler:
- ❑ Click on "New Reservation" at the top of the screen:

- ❑ Select desired vehicle, date(s), and time(s) from the drop down menus
- ❑ Click on "Reserve" to make the reservation

- ❑ A confirmation email will be sent to the email address on file with access code for the key box
- ❑ Don't have an account or need further details?
  - ➢ ***CLICK HERE FOR INSTRUCTIONAL VIDEO***
  - ➢ Contact the Washington State Reservation System at 360.664.9215 Option 1
  - ➢ Your user ID number is your state employee number; If there are less than six digits in the number, add leading zeros to the front

Olympia Motor Pool

- ❑ If Camp Murray's vehicles are unavailable, the Department of Enterprise Services (DES) has fleet operations vehicles at their site in Olympia on Fones Road. http://www.des.wa.gov/services/Travel/Vehicle/Pages/MPReservations.aspx

❑ The link above brings up the web page below

HOME welcome | SERVICES what we do and provide | ABOUT who we are | CONTACT get in touch with us

Washington State Department of Enterprise Services

home > services > travel, cars & parking > reserve or rent a vehicle > reserve a fleet operations vehicle

Sign up for email/text updates

- Fleet Maintenance & Service
- Parking
- Reserve or Rent a Vehicle
  - Assistance for Drivers
  - Contact Fleet Operations
  - Enterprise Rent-A-Car
  - Map and directions: Capitol Campus Site
  - Map and directions: Olympia Fones Road site
  - Reserve a fleet operations vehicle
  - Short and long term rentals
  - State Vehicle FAQ
  - Travel Calculator
- Travel on State Business
- Vehicle Purchasing

Reserve a fleet operations vehicle

Reservation options

Reservations can be made by contacting us in person, by phone, or by using our online Fleet Operations Reservation System.

You must be registered to use our online system:

- First time users must be authorized and registered by their Agency Transportation Officer (ATO).
  - DSHS employees should contact Tim Scott at (360) 664-6029. Contact us if you need additional assistance.
- Once registered, use your HRMS number to access the system.

The online reservation system is available anytime; however you must pick up your vehicle during our hours of operation.

Vehicle types and rates

Fleet Operations has the following vehicle types available:

- Full and mid-size sedans (including hybrids)
- Pick-ups and sport utility vehicles (including hybrids)
- Full and mini-size passenger and cargo vans

We can also make arrangements for you to rent an accessible van if you need one. We will however need at least two weeks advance notice to fill your request.

See short-term rental rates for our vehicle rates.

Vehicle pick up and return information

Picking up a vehicle

- You must have a valid driver's license to rent a Fleet Operations vehicle.

Returning a vehicle

- Vehicles returned before 8:30 a.m. will not be charged for that day.
- Vehicles are equipped with fuel cards, and should be returned with at least ¾ of a tank of fuel. If not, your agency will be assessed a $10 charge.
- After parking the vehicle, return the keys to the dispatcher and notify them of the space number you parked in.
- When possible, return the vehicle inside the fenced area.
- If returning after business hours, drop the keys in the night drop on the front door.

- ❑ If fleet vehicles are depleted from the Olympia Motor Pool site, DES has contracts in place for commercial rental cars with Enterprise Rent-A-Car: http://www.des.wa.gov/services/Travel/Vehicle/Pages/MPEnterpriseRental.aspx

HOME welcome | SERVICES what we do and provide | ABOUT who we are | CONTACT get in touch with us

Washington State Department of Enterprise Services

home > services > travel, cars & parking > reserve or rent a vehicle > enterprise rent-a-car

Sign up for email/text updates

- Fleet Maintenance & Service
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- Reserve or Rent a Vehicle
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  - State Vehicle FAQ
  - Travel Calculator
- Travel on State Business
- Vehicle Purchasing

Enterprise Rent-A-Car

How do I reserve a vehicle?

Contact your travel coordinator for information on agency-specific travel policies. Note: If you are a travel coordinator, you must contact Enterprise at (425) 917-7559 to set up your agency's account.

Reservation options:

- Visit www.enterprise.com
- Call the Enterprise reservation line (800) 847-3722
- Contact your travel agent.

Contact Information

Jessica Smith, Contract Specialist
(360) 407-8408
(360) 586-2426 - fax
jessica.smith@des.wa.gov

How much advance notice do I need to give Enterprise?

Reservations should be made at least 24 hours in advance on local rentals and seven calendar days in advance on one-way rentals. Local rentals are those where the renter will return the vehicle to the same location as rented. Reservations made within 24 hours of vehicle rental are subject to car availability.

How do I pay for the rental?

Each government organization has an established travel policy that addresses how rental cars will be paid for based on the options available in the contract and OFM travel guidelines. We suggest you contact your travel coordinator prior to renting a car from Enterprise.

Can I use the rental car for personal use?

No.

Who can rent a vehicle under this contract?

All Washington, Idaho, and Oregon state agencies, members of each state's purchasing cooperatives and higher education.

- Master Contract Usage Agreement members
- Oregon State Purchasing Cooperative Information
- Idaho: send email to Anthony Opalka at anthony.opalka@adm.idaho.gov

Title:	WAMAS Coordinator Procedures			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/1/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Overview of the Washington Mutual Aid System (WAMAS)
Responsibilities:	State and local roles in the coordination of Intrastate Mutual Aid
References:	RCW 38.56.010-080

WAMAS is intrastate mutual aid – local jurisdictions assisting local jurisdictions.

During large incident response, local WAMAS coordinators may be brought in the SEOC to assist with the coordination of intrastate mutual aid.

Activities related to WAMAS or tasks performed by the WAMAS Coordinators do NOT get entered into WebEOC. WAMAS Coordinators establish and maintain their own resource request forms, tracking mechanisms, and execution.

- ❑ The Logistics Section assists with the Intergovernmental Agreements (IGAs), if not on file, amendments (with cost estimates for salary and per diem), and reimbursement to the local jurisdiction providing the personnel.
  - ➢ The State, on occasion, may support the cost of the WAMAS coordinators (decisions are incident specific by the Disaster Manager and/or EMD Director); however, the specific tasks related to WAMAS are performed by the WAMAS coordinators.
  - ➢ Reference tools are provided to WAMAS Coordinators provided below located at:

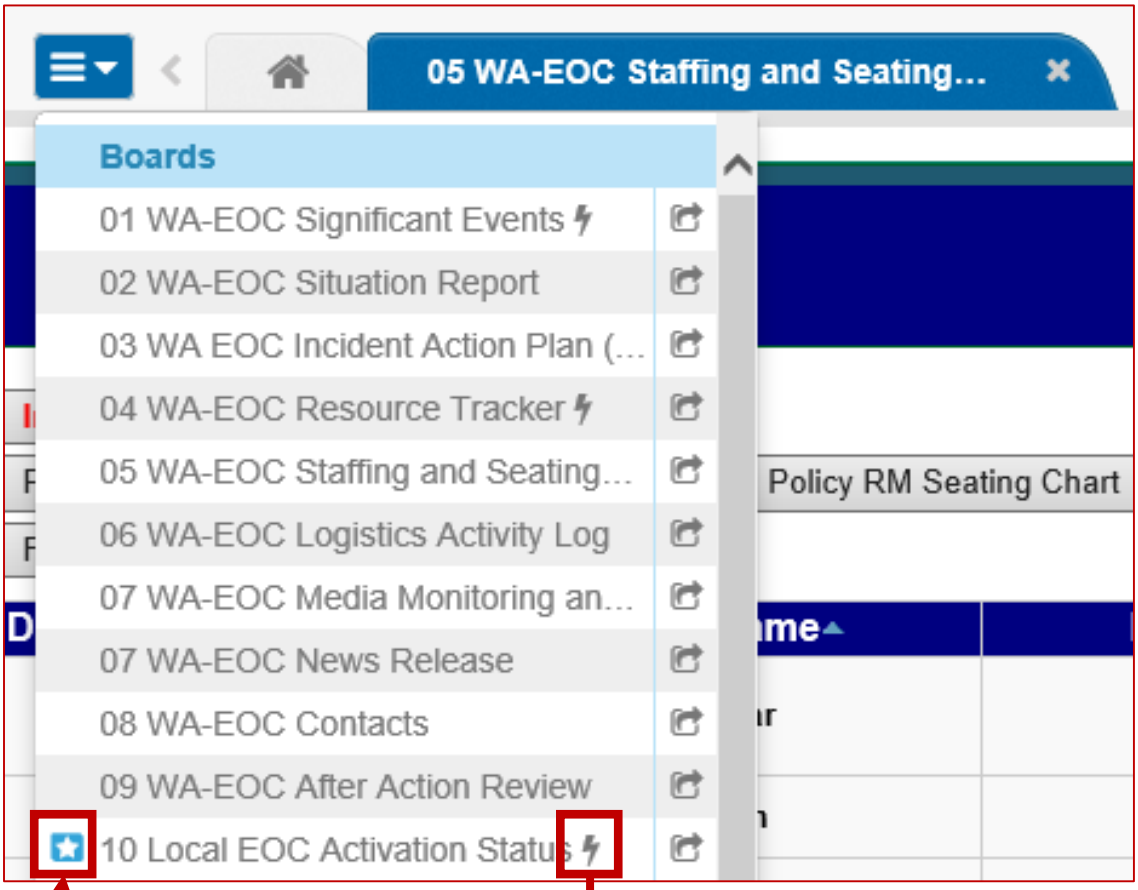
    http://mil.wa.gov/other-links/logistics-resources
    - WAMAS Operations and Deployment Guide
    - WAMAS Request for Assistance Form
    - WAMAS Reimbursement Form

Title:	WebEOC Activity Log			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Making daily entries in the WebEOC Activity Log for Logistics
Responsibilities:	All
References:	NA

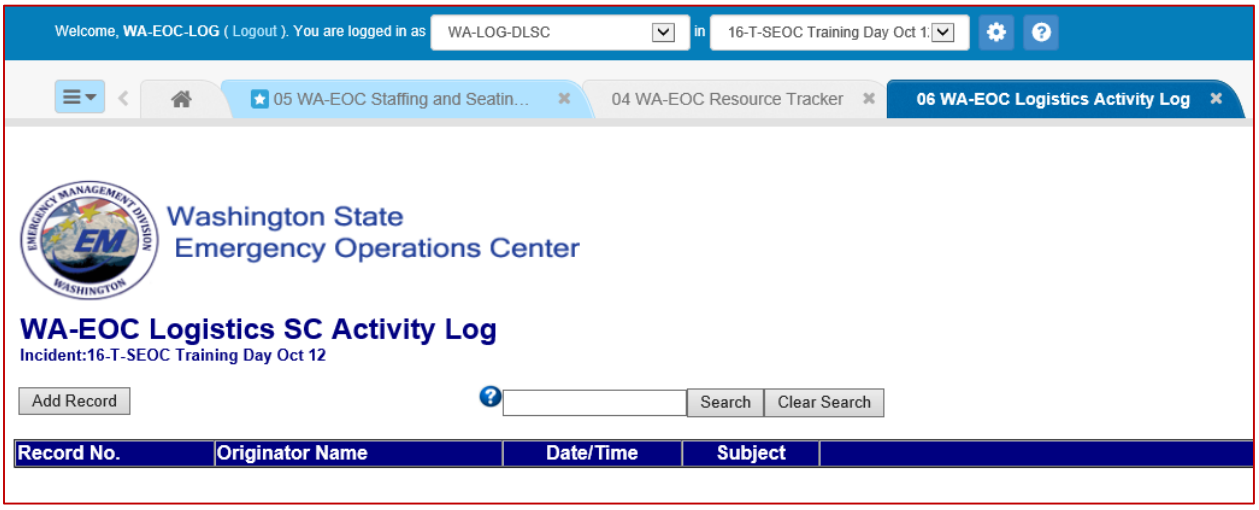
❑ The Boards can be accessed by using the drop down menu on the upper left of the WebEOC screen



The star indicates a board which has updated information.

The lightning bolt indicates a board shared or in use by another agency or jurisdiction.

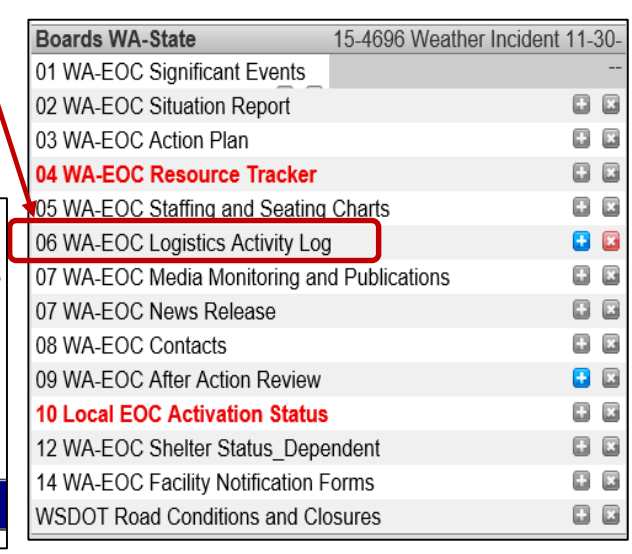
❑ As each board is opened, a tab is created at the top of the screen for quick return



❑

❑ Open the WA-EOC Activity Log, Board 06

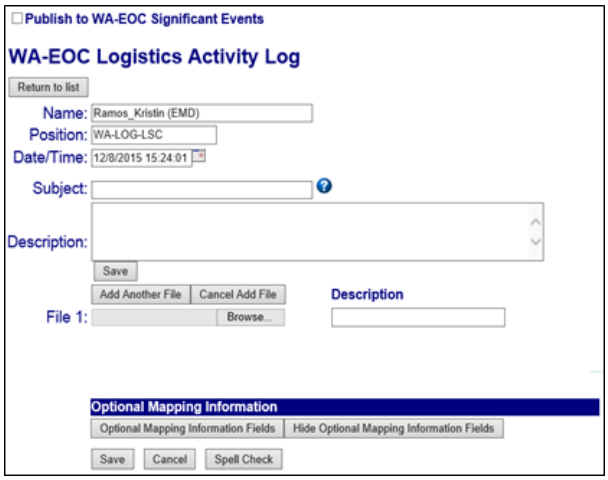
❑ Click on "Add Record" to enter a new log item



❑ Enter a 2-3 word subject in the subject line

❑ Enter a detailed description in the description box & attach files as needed or appropriate

❑ Enter a description of the attachment in the "Description Box"



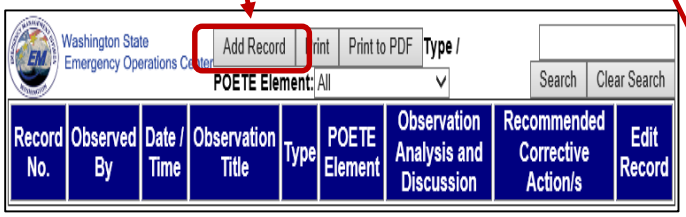
- ❑ Click on “SAVE” to add to the running log

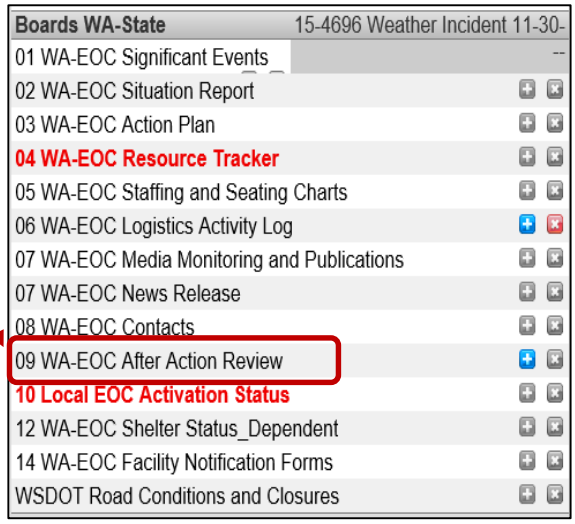
Title:	WebEOC After-Action			Page:	[00 of 00]
Effective Date:	00/00/0000	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

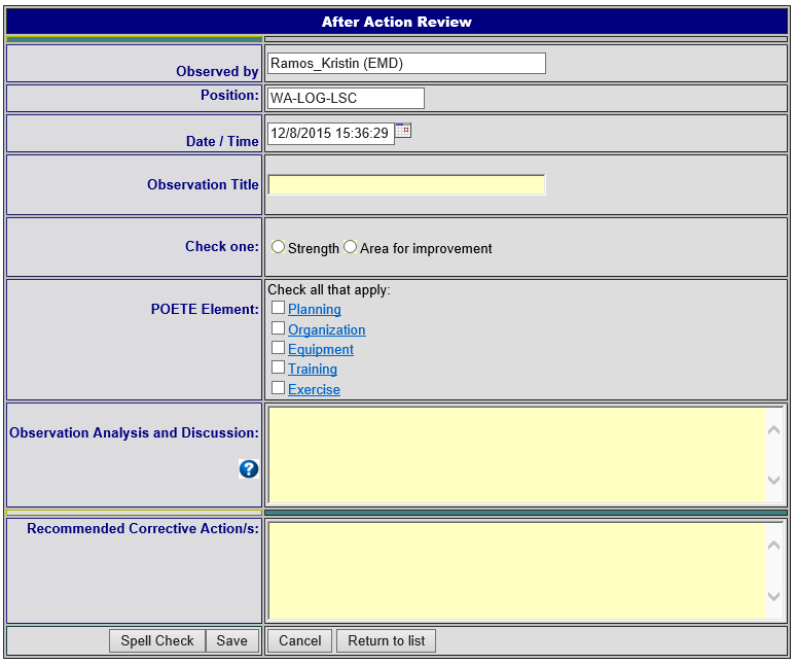
Click HERE for return to the Procedure and Job Aid List

Purpose:	Sustainments and Improvements in incident response
Responsibilities:	All – enter items as the thoughts occur to ensure a complete and comprehensive After Action from which to base the Improvement Plan and Corrective Action Plan
References:	NA

- ❑ Open the WA-EOC After Action, Board 09
- ❑ Click on "Add Record"







Fill in the yellow fields with

- ❑ Observation title
- ❑ Strength/Improvement
- ❑ POETE Element
- ❑ Observation details
- ❑ Recommended corrective actions

Enter After-Action comments as the thoughts arise to ensure ideas are documented.

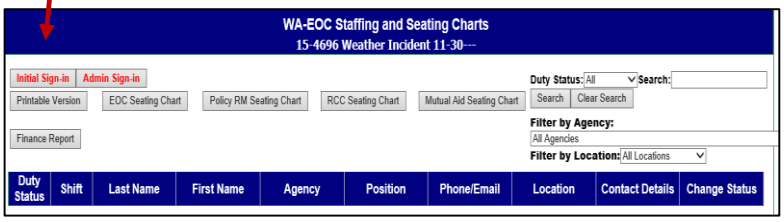
Capture positive areas for sustainment as well as areas for improvement.

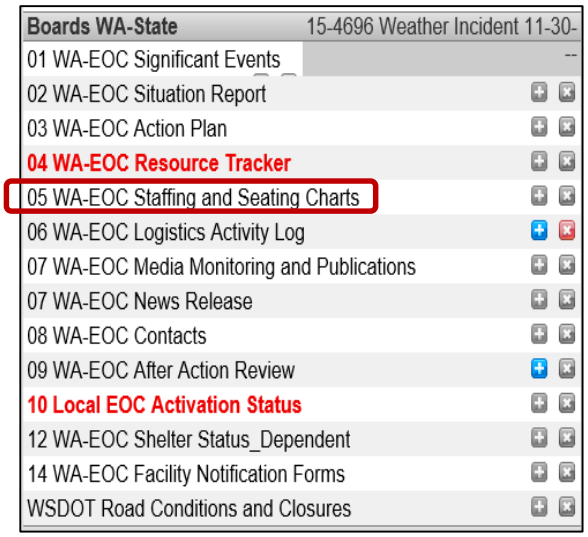
Title:	WebEOC Staffing Board			Page:	[00 of 00]
Effective Date:	**00/00/0000**	Prepared by:	Kristin Ramos	Date:	12/01/2015
Revision No.:	[0.0]	Approved by:	[Name]	Date:	00/00/0000

Click HERE for return to the Procedure and Job Aid List

Purpose:	Ensure accuracy in personnel hours tracking and accurate meal planning
Responsibilities:	All staff are to ensure personal hours in WebEOC are accurate
References:	NA

- ❑ Click on WA-EOC Staffing and Seating Charts, Board 05
- ❑ If the first time signing in for the incident, click on "Initial Sign In"
- ❑ If signed in previously locate the appropriate name and click on "Check In" on the right side of the screen





Staffing Check In Status

Duty Status: ◉ On Duty ○ On Call Save | Cancel

Shift Type: ◉ Day Shift ○ Night Shift

Last Name:

First Name:

Agency: Emergency Management Division_EMD

Location: ◉ In EOC/Policy RM ○ Off Site

EOC Position: WA-LOG-LSC

EOC Phone / EMAIL are required if in EOC

EOC Position Phone Number: 253-912-xxxx or EMAC Rm 253-512-xxxx

EOC Position Email: seocxx@mil.wa.gov

New Time In: 12/8/2015 15:53:13

All off Site fields are required if Off Site

Off Site Contact: Phone / Email

Off Site Location: Select: Location/Bldg/RM:

Off Site Note

Off Site County:

Save | Cancel

- ❑ Complete the blanks as indicated
- ❑ Only enter off site information if not on the SEOC floor

❑ To edit an existing entry, locate the desired name entry line and left click anywhere in the line to bring up the individual seating chart history

WA-EOC Staffing and Seating Charts
15-Jan-13 Tuesday SEOC Training Day

Remove Entry:

Save | Cancel | Print PDF | Return to List Current as of: 12/8/2015 at 16:00:14

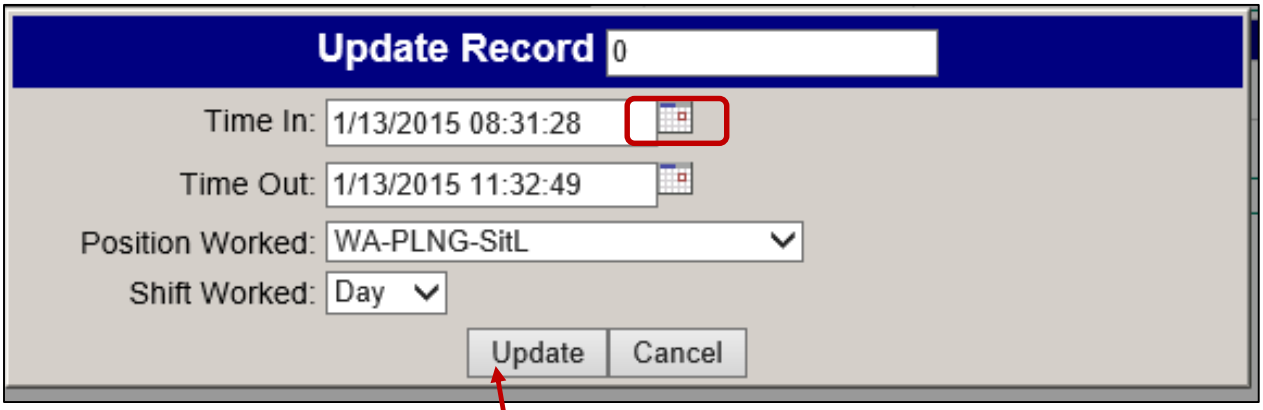
Duty Status	Time In	Time Out
Off Duty	01/13/2015 13:03:13	01/13/2015 15:22:54

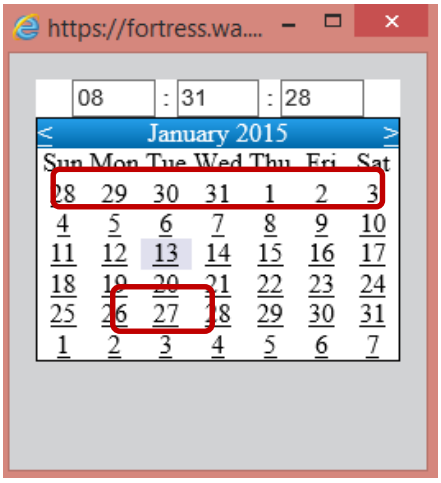
Last Name	First Name	Agency	Position
Ramos	Kristin	Emergency Management Division_EMD	WA-PLNG-SitL

Phone		Location Details	
Phone Number:	253-912-4934	Offsite Details:	
Email:	eoc56@mil.wa.gov		
Off Site Phone:		Location:	In EOC ,

Time In	Time Out	Position Worked	Shift	Hours	Edit
1/13/2015 08:31:28	1/13/2015 11:32:49	WA-PLNG-SitL	Day	3.0	Edit
1/13/2015 13:03:13	1/13/2015 15:22:54	WA-PLNG-SitL	Day	2.3	Edit

❑ Go to the date/time range line in need of adjustment and click “Edit”





- ❑ Click on the calendar icon for “Time In” or “Time Out’
- ❑ Adjust the hour, minute, or second as needed
- ❑ Click on the date number to activate the changes
- ❑ Click on “Update”
- ❑ Changes will save automatically