

## ***BASIC EMERGENCY OPERATIONS PLAN***

City/Town of: Moretown in Washington County

Date Plan Approved: 2/6/12 Date Plan Updated: 10-20-2011

Name of Senior Local Official Reviewing this plan: John Hoogenboom

Municipal Business Address: P.O. Box 666

Telephone: 802-496-3645 Fax: 802-329-2222 E-mail: mselectboard@gmavt.net

### Emergency Steps

- 1) Establish an Incident Command Structure and make appropriate local decisions
- 2) Alert Vermont Emergency Management if additional help or resources may be needed (800-347-0488)
- 3) Alert the general population and evacuate as needed. (ex: siren, PA, Door-to-door, etc.)
- 4) Activate your Emergency Operations Center to support the Incident Commander as needed
- 5) Utilize your Delegation of Authority
- 6) Contact the Shelter Coordinator to arrange a shelter opening if needed
- 7) Expand the ICS Structure as needed
- 8) Determine if additional operational shift staffing is needed
- 9) Conduct damage assessment
- 10) Document emergency repairs
- 11) Conduct repairs
- 12) Conduct an after-action review and develop an improvement plan.

**Jurisdictions's Point of Contacts: Identify by priority the top three people who are to be the Point of Contacts for your Town; (ex: EMD, Town Manager, Selectboard Chair, Fire Chief)**

**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.**

	Time Contacted	Job Title	First Name	Last Name	Work #
<input checked="" type="checkbox"/>		<b>Selectboard Chair</b>	<b>Tom</b>	<b>Martin</b>	
	Date	Email Address	Cell #	Pager #	Home #
		<b>tjmat106@gmail.com</b>	<b>802-343-8123</b>		<b>802-496-2599</b>
	Time Contacted	Job Title	First Name	Last Name	Work #
<input checked="" type="checkbox"/>		<b>Fire Chief &amp; emergency coord.</b>	<b>Sean</b>	<b>O'Brien</b>	
	Date	Email Address	Cell #	Pager #	Home #
		<b>soproperty@yahoo.com</b>	<b>802-917-3083</b>		<b>802-496-7562</b>
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Co-emergency coordinator</b>	<b>Michelle</b>	<b>Beard</b>	
	Date	Email Address	Cell #	Pager #	Home #
		<b>mbeard@gmavt.net</b>	<b>02-371-7289</b>		<b>802-496-7758</b>

1) Establish an Incident Command Structure and make appropriate local decisions			
<input checked="" type="checkbox"/>	Time 4:00 p.m.	a. Identify the Incident Commander	
<input checked="" type="checkbox"/>	Time 4:00 p.m.	b. Identify the Incident Command Post	
c. Assess the Situation	<input checked="" type="checkbox"/>	Time 5:00	Start a log of actions taken.
	<input checked="" type="checkbox"/>	Time 5:00	Determine Type of Disaster
	<input type="checkbox"/>	Time	Determine Casualties
	<input type="checkbox"/>	Time	Secure a perimeter around affected area if needed
	<input type="checkbox"/>	Time	Reroute traffic if necessary
	<input checked="" type="checkbox"/>	Time 5:00	Notify VEM Duty Officer for a "Heads Up" (800) 347-0488
<input checked="" type="checkbox"/>	Time 10:00	Request additional resources (Mutual Aid) if needed.	
<input checked="" type="checkbox"/>	Time	d. Consider potential staffing needs (extended or multiple operational periods)	
<input checked="" type="checkbox"/>	Time	e. Complete necessary ICS Forms found at the end of this document	

2) Alert Vermont Emergency Management			
<input checked="" type="checkbox"/>	Time 5:00	Call Vermont Emergency Management Request activation of state resources such as SRAAT, VTrans, Agency of Natural Resources, Dept. of Labor, National Guard, Health Dept., CERT, etc. to provide State resources. (i.e. Clean Drinking Water, Generators, Heavy Equipment, etc.)	<b>1-800-347-0488, 1-802-244-8721</b>
<input checked="" type="checkbox"/>	Time 10:00	HAZMAT Hotline (spills, etc.) VEM Duty Officer will make additional State agency notifications.	<b>1-800-641-5005</b>

3) Alert the General Population and Evacuate as Needed. (ex: siren, PA, Door-to-door, etc.)		
<input checked="" type="checkbox"/>	Time 2:47	Alert the Public (including special needs or vulnerable populations) of the hazards of the event at the outset and during the event. <b>Who will do this?</b> Methods of alert: Fire Department will go from house to house
<input checked="" type="checkbox"/>	Time 2:47	Communicate protective actions to be taken and evacuation information Evacuation routes:

4) Activate the Emergency Operations Center to Support the Incident Commander as Needed				
		Facility Name	Address	Phone Number
<input checked="" type="checkbox"/>	Time 3:00	Town Hall	Main Street	496-5186
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
The all-hazards event provisions of <b>20 VSA §10</b> shall not be brought into action, unless the municipal director of emergency management, a member of the legislative body of the municipality, the city or town manager, or the mayor of a city that is within the area affected by an all-hazards event shall declare an emergency and request the governor to find that a state of emergency exists and the governor so finds, or unless the governor declares a state of emergency under section 9 of this title. (Amended 2005, No. 209 (Adj. Sess.), § 11.)				
<input checked="" type="checkbox"/>	Time 3:00	The <b>Local Jurisdiction Request for Emergency Declaration</b> form located at the end of this document is completed.		
<input checked="" type="checkbox"/>	Time 4:00	FAX a completed <b>Local Jurisdiction Request for Emergency Declaration</b> form to Vermont Emergency Management <b>(802) 241-5556</b> .		
<input checked="" type="checkbox"/>	Periodically	Provide periodic situation updates to the VEM Duty Officer or SEOC as the situation develops		

**5) Delegation of Authority. Who has been named and provided with a SIGNED and Implemented Delegation of Authority**

Title	Name	Date Implemented
Selectboard Chair	Tom Martin	March 2012

**6) Open Shelter If Needed**

Shelter 1 Name		Physical Address/Location of the Shelter	
Moretown Elementary School		940 100B, Moretown Village	
<input type="checkbox"/>	Time Contacted	Shelter Manager Duane Pierson, Principal	
Shelter Manager Cell. #		Shelter Manager Pager #	Other Contact #
dpierson@apps.moretownschool.com		802-595-5166 Cell #	
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/>	Overnight Shelter
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/>	Red Cross Certified?
<input type="checkbox"/>	Time Opened	Capacity	
<input type="checkbox"/>	Time Closed	Total Number of Occupants	

Shelter 2 Name		Physical Address/Location of the Shelter	
Moretown Town Hall		1147 Route 100B Moretown Village	
<input type="checkbox"/>	Time Contacted	Shelter Manager Sean O'Brien, Dept Fire Chief	
Shelter Manager Cell. #		Shelter Manager Pager #	Other Contact #
		802-917-3083 Cell #	
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/>	Overnight Shelter
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/>	Red Cross Certified?
<input type="checkbox"/>	Time Opened	Capacity	
<input type="checkbox"/>	Time Closed	Total Number of Occupants	

Shelter 3 Name		Physical Address/Location of the Shelter	
<input type="checkbox"/>	Time Contacted	Shelter Manager	
Shelter Manager Cell. #		Shelter Manager Pager #	Other Contact #
<input type="checkbox"/>	Warming Shelter	<input type="checkbox"/>	Overnight Shelter
<input type="checkbox"/>	Has a Backup Generator	<input type="checkbox"/>	Red Cross Certified?
<input type="checkbox"/>	Time Opened	Capacity	
<input type="checkbox"/>	Time Closed	Total Number of Occupants	

- Northern Vermont Chapter American Red Cross (800) 660-9130
- Central Vermont Chapter American Red Cross (802) 773-9159
- Green Mountain Chapter American Red Cross (802) 442-9458

**7) Expand the ICS Structure as needed to the size and scope (Use ICS Forms).**

**8) If the incident expands over multiple operational periods, determine the next operational shift staffing. As the incident winds down, release excess resources as per demobilization plans.**

**9) As incident enters Recovery Phase, conduct a complete damage assessment for public and private damages. Meet with State and Federal Officials to map out next steps.**

**10) Document Emergency Repairs.**



**Planning Task #2**  
**High Hazard and/or Vulnerable Sites List (Initial locations to check for damage)**

**(ex: Dams, Low-lying areas, problem culverts & bridges, railway crossing, etc.)**

		<b>Identified Sites (actual locations)</b>	<b>Checked by:</b>	<b>Status:</b>
<input checked="" type="checkbox"/>	Time	<b>Bradley Road</b>	<b>Grandf,Martin,Venema</b>	<b>some fill added</b>
<input checked="" type="checkbox"/>	Time	<b>Butternut Hill</b>	"	<b>graded</b>
<input checked="" type="checkbox"/>	Time	<b>Lover's Lane</b>	"	<b>signs posted</b>
<input checked="" type="checkbox"/>	Time	<b>Doctor's Brook Road</b>	"	<b>no action yet</b>
<input checked="" type="checkbox"/>	Time	<b>McGibbons Road</b>	"	<b>some fill</b>
<input checked="" type="checkbox"/>	Time	<b>Tart's Road</b>	"	<b>fill around culvert</b>
<input checked="" type="checkbox"/>	Time	<b>Howes Road</b>	"	<b>fill and grading</b>
<input checked="" type="checkbox"/>	Time	<b>Williams Road</b>	"	<b>fill and grading</b>
<input checked="" type="checkbox"/>	Time	<b>Goves Road</b>	"	<b>fill and grading</b>
<input checked="" type="checkbox"/>	Time	<b>Bridges on both sides of village</b>	<b>Fire Dept</b>	<b>propane tanks removed</b>
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			
<input type="checkbox"/>	Time			

**Local Support Function (LSF) Review**

**(For use in completing table associated with Planning Task #3)**

<p><b>1. Transportation</b> - Control of transportation assets in support of the movement of emergency resources, including the evacuation of people and distribution of food and supplies.</p>	<p><b>8. Health &amp; Medical Services</b> - Provides care and treatment for the ill and injured; mobilizes trained health and medical personnel and other emergency medical supplies, materials and facilities; provides public health and environmental sanitation services, disease and vector control, and the collection, identification, and protection of human remains. Coordinates special medical needs shelters.</p>
<p><b>2. Communications</b> - Provides emergency warning, information and guidance to the public and responders. Secures resources needed to provide backup capability for all means of communication.</p>	<p><b>9. Search &amp; Rescue</b> - Provides resources for activities to locate, identify and remove from a stricken area, persons lost or trapped in buildings and other structures.</p>
<p><b>3. Public Works &amp; Engineering</b> - Provides debris clearance, road, highway and bridge repairs. Repair and restoration of essential public works systems and services and the safety inspection of damaged public buildings.</p>	<p><b>10. Hazardous Materials</b> - Provides response, inspection, containment and cleanup of hazardous materials.</p>
<p><b>4. Firefighting</b> - Provides for mobilization and deployment, and assists in coordinating structural and wildfire fire fighting resources; provides incident management assistance for on-scene incident command and control operations.</p>	<p><b>11. Agriculture &amp; Natural Resources</b> - Provides coordinated response in the management and containment of communicable diseases in an animal health or plant emergency.</p>
<p><b>5. Emergency Management, Recovery &amp; Mitigation</b> - In support of the local Incident Commander, provides for the overall coordination of the town's emergency operations; collects, analyzes and disseminates critical information on emergency operations for decision making purposes; provides liaison with state/federal government.</p>	<p><b>12. Energy</b> - Coordinates with the private sector the emergency repair and restoration of critical public energy utilities. Coordinates the rationing and distribution of emergency power and fuel.</p>
<p><b>6. Mass Care, Food &amp; Water</b> - Manages and coordinates sheltering, feeding and first aid for disaster victims. Identifies, secures, prepares, and/or arranges for transportation of safe food and water supplies for mass feeding to affected areas following a disaster.</p>	<p><b>13. Law Enforcement</b> - Provides for the protection of life and property by enforcing laws, orders and regulations. Provides for area security, traffic and access control.</p>
<p><b>7. Resource Support</b> - Provides for coordination and documentation of personnel, equipment, supplies, facilities and services used during disaster response and initial relief operations.</p>	<p><b>14. Public Information</b> - Provides for effective collection, control and dissemination of public information to inform the general public of emergency conditions and available assistance.</p>

### Planning Task #3 - Local Support Functions (LSF)

Agency	(1) Transportation	(2) Communications	(3) Public Works/Engineering	(4) Firefighting	(5) Emergency Mgmt, Recovery, Mitigation	(6) Mass Care, Food & Water	(7) Resource Support	(8) Health & Medical Services	(9) Search & Rescue	(10) Hazardous Materials	(11) Agriculture & Natural Resources	(12) Energy	(13) Law Enforcement	(14) Public Information
Road Crew / DPW			<b>X</b>											
Fire Department		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>	<b>X</b>				
School		<b>X</b>												
Town Selectboard		<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>							<b>X</b>
Constable / Police													<b>X</b>	
1st Response / Rescue														
Shelter Coordinator														
Animal Control Officer								<b>X</b>						
Town Health Officer														
Town Clerk		<b>X</b>					<b>X</b>							
Town Treasurer														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														
Other (Please Specify)														

**P= Primary Agency, S= Support Agency**

**Planning Task #4 Disaster Lead Agency/Coordinator**

**Who or what agency will have coordination for each type of disaster**

Agency	Drought	Flood	Fire	Winter Storm	Ice Storm	Power Outage	Infectious Disease	Animal/Plant Emergency	Mass Casualty Incident	Hazardous Materials Spill	Public Gathering	Civil Unrest	Revised School Schedule	Other (Please Specify)	Other (Please Specify)
Road Crew / DPW		X													
Fire Department		X	X							X					
School													X		
Town Selectboard											X				
Constable / Police												X			
1st Response / Rescue															
Shelter Coordinator															
Animal Control Officer								X							
Town Health Officer							X								
Town Clerk															
Town Treasurer															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															
Other (Please Specify)															

**P= Primary Agency, S= Support Agency**

# EMERGENCY CONTACT LIST

**Emergency Management Contact List**  
**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES.**

<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
	Date	Email Address	Cell #	Pager #	Home #
<input checked="" type="checkbox"/>	<b>12:00 p.m.</b>	<b>Fire Chief</b>	<b>Sean</b>	<b>O'Brien</b>	
	Date	Email Address	Cell #	Pager #	Home #
	<b>8-28-11</b>	<b>seano20@yahoo.com</b>	<b>917-3083`</b>		<b>496-7562</b>
<input checked="" type="checkbox"/>	<b>7:00 a.m.</b>	<b>Road Foreman</b>	<b>Stuart</b>	<b>Grandfield</b>	<b>496-4141</b>
	Date	Email Address	Cell #	Pager #	Home #
	<b>8-29-11</b>	<b>snowman@madriver.com</b>	<b>279-9300</b>		<b>244-4169</b>
<input checked="" type="checkbox"/>	<b>12:00 p.m.</b>	<b>Fire Department</b>	<b>Sean</b>	<b>O'Brien</b>	<b>496-3254</b>
	Date	Email Address	Cell #	Pager #	Home #
	<b>8-28-11</b>	<b>soproperty@yahoo.com</b>	<b>917-3083</b>		
<input checked="" type="checkbox"/>	<b>8:00 a.m.</b>	<b>School</b>	<b>Kaj</b>	<b>Sampson</b>	<b>828-0184</b>
	Date	Email Address	Cell #	Pager #	Home #
	<b>8/29/11</b>	<b>kajmoretown@yahoo.com</b>			<b>223-2415</b>
<input checked="" type="checkbox"/>	<b>4:00 p.m.</b>	<b>Town Selectboard Chair</b>	<b>John</b>	<b>Hoogenboom</b>	<b>865-4067</b>
	Date	Email Address	Cell #	Pager #	Home #
	<b>8-28-11</b>	<b>hoogenboom.john@gmail.com</b>	<b>793-2859</b>		<b>223-6584</b>
<input type="checkbox"/>		<b>EMS</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>		<b>Shelter Coordinator</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input checked="" type="checkbox"/>		<b>Animal Control Officer</b>	<b>David</b>	<b>Cole</b>	
	Date	Email Address	Cell #	Pager #	Home #
		<b>N/A</b>			<b>496-4073</b>
<input checked="" type="checkbox"/>		<b>Town Health Officer</b>	<b>Richard</b>	<b>Valentinetti</b>	<b>241-3860</b>
	Date	Email Address	Cell #	Pager #	Home #
		<b>dickval@hotmail.com</b>			<b>496-3523</b>
<input checked="" type="checkbox"/>	<b>9:00</b>	<b>Constable</b>	<b>David</b>	<b>Van Deusen</b>	
	Date	Email Address	Cell #	Pager #	Home #
	<b>8-29-11</b>		<b>522-5812</b>		
<input checked="" type="checkbox"/>	<b>7:00 a.m.</b>	<b>Town Clerk</b>	<b>Cherilyn</b>	<b>Lamson</b>	<b>496-3645</b>

	Date	Email Address	Cell #	Pager #	Home #
	<b>8-29-11</b>	<b>moretownclerk@madriver.com</b>			
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Treasurer</b>	<b>same as clerk</b>		
	Date	Email Address	Cell #	Pager #	Home #
		<b>moretownclerk@gmavt.net</b>			
<input checked="" type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
	<b>7:00 a.m.</b>	<b>Town Selectboard</b>	<b>Cheryl</b>	<b>Brown</b>	<b>496-2385</b>
	Date	Email Address	Cell #	Pager #	Home #
	<b>7-28-11</b>	<b>mselectboard@gmavt.net</b>	<b>279-2924</b>		<b>229-1752</b>
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Town Selectboard</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
<input type="checkbox"/>	Time Contacted	Job Title	First Name	Last Name	Work #
		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #

	Date	Email Address	Cell #	Pager #	Home #
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #
	Time Contacted	Job Title	First Name	Last Name	Work #
<input type="checkbox"/>		<b>Other (Please Specify)</b>			
	Date	Email Address	Cell #	Pager #	Home #

**Mutual-Aid List:** Contact phone numbers of specialty resources for use in disaster  
(This page can be removed if LSF resource lists have been collected)

		<b>Resource</b>	<b>24 hour Phone #</b>	<b>Primary Radio Frequency</b>
<input type="checkbox"/>	Time	<input type="checkbox"/> American Red Cross:		
<input checked="" type="checkbox"/>	Time <b>4:00</b>	<input checked="" type="checkbox"/> Fire, Town of: <b>Town of Waitsfield</b>		<b>154.19000</b>
<input checked="" type="checkbox"/>	Time 4:00	<input checked="" type="checkbox"/> Fire, Town of: <b>Town of Moretown</b>		<b>154.19000</b>
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fire, Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Police, Town of:		
<input checked="" type="checkbox"/>	Time <b>12:00</b>	<input type="checkbox"/> Vermont State Police:		
<input type="checkbox"/>	Time	<input type="checkbox"/> EMS, Town of:		
<input checked="" type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of: <b>Green Mtn Power</b>	<b>1-888-835-4672</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Public Works Town of:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Power Company:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Power Company:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Fuel Company:		
<input checked="" type="checkbox"/>	Time <b>12:00</b>	<input checked="" type="checkbox"/> Fuel Company: <b>Gillespie Fuels</b>	<b>485-3766</b>	
<input checked="" type="checkbox"/>	Time 9:00 a.m.	<input checked="" type="checkbox"/> Phone Company: <b>Waitsfield Telecomm</b>	<b>496-3391</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> RACES:	<b>(800) 347-0488</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> CERT:	<b>(800) 347-0488</b>	
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		
<input type="checkbox"/>	Time	<input type="checkbox"/> Other:		

**Planning Task #5**

**Maps, Diagrams and Other Attachments**

**Please attach additional maps, including floodplain maps, locations of Critical Facilities, areas of concern, shelters and evacuation routes or diagrams to this document, and provide a reference and title for each below. IF you need to add any extra documentation please provide it as separate documentation and forward it with the EOP to VEM.**

<b>ICS Responsibilities Review</b>	
<b>Command Section</b>	
<b>Incident Commander</b>	<b>Overall responsibility for and management of the incident</b>
Public Information Officer	Central contact for gathering from and dissemination to the news media and other agencies and organizations
Safety Officer	Assess hazardous and unsafe situations and develop measures for assuring personnel safety
Liaison Officer	Point of contact at the incident for personnel from assisting or cooperating agencies. These agencies have pre-existing chains of command, and protocols. They work for the Incident Commander and are given assignment and tasks, through the Liaison Officer. These would include: Vermont Emergency Management, FEMA, American Red Cross, VT National Guard Units, VT HAZMAT Team, County Sheriff, Search and Rescue, Civil Air Patrol and the like.
<b>Operations Section</b>	
<b>Operations Section Chief</b>	<b>Responsible for the direction and coordination of all incident tactical operations,</b>
Divisions / Groups	
Law Enforcement	Traffic; law & order, alert and warning
Fire & Rescue	Fire & Rescue & Evacuation; alert and warning
Ambulance	Emergency Medical and Emergency Transportation
Public Works	Roads, Bridges, Sewer, Water
HAZMAT Team	Hazardous Materials, Radiological Hazards
Search and Rescue	Search and Rescue
Staging Areas	locations at an incident where resources are placed while awaiting tactical assignment
<b>Planning Section</b>	
<b>Planning Section Chief</b>	<b>Responsible for the collection and evaluation of incident situation information, preparing situation status reports, displaying situation information, maintaining status of resources, developing an Incident Action Plan, and preparing required incident related documentation.</b>
Units	
Resources Unit	Responsible for all check-in activity and for maintaining the status of all personnel and equipment resources assigned to the incident.
Situations Unit	Collects and processes information of the current situation, prepares situation displays and situation summaries, develops <b>maps</b> and projections.
Documentation Unit	Prepares the <b>Incident Action Plan</b> , maintains documentation, and provides duplication services.
Demobilizing Unit	Assists in ensuring that an orderly, safe, and cost-effective movement of personnel will be made when they are no longer required at the incident.
<b>Logistics Section</b>	
<b>Logistics Section Chief</b>	<b>Responsible for providing services and support to meet incident needs.</b>
Units	
Communications Unit	Develop Communications Plan, distribute and maintain communications equipment, and manage the Incident Communications Center
Medical Unit	Develop a Medical Plan, provide 1 <sup>st</sup> aid and light medical treatment <u>for personnel assigned to the incident</u> , develop emergency medical transportation plan and reports
Food Unit	Supplies feeding and potable water requirements at all incident facilities.
Supply Unit	Orders personnel, equipment, and other supplies as needed
Facilities Unit	Sets up and manages facilities in support of the incident. Also provides security support for the facilities and incident as required.
Ground Support Unit	Provides transportation, maintains and fuels vehicles assigned to the incident
<b>Finance / Administration Section</b>	
<b>Finance/Admin. Section Chief</b>	<b>Responsible for monitoring incident-related costs, and administering any necessary procurement contracts</b>
Units	
Time Unit	Ensures that all <b>personnel time</b> on an incident or event is recorded
Procurement Unit	Processes paperwork associated with equipment rental and supply contracts. Responsible for <b>equipment time</b> reporting.
Compensation/Claims Unit	<u>Compensation</u> : Is responsible for workers compensation claims and maintains files of injuries and/or illnesses associated with the incident <u>Claims</u> : Handles investigation of all claims involving damaged property associated with or involved in the incident.
Cost Unit	Responsible for providing all cost estimates and cost saving recommendations

# ICS Form 201

<b>INCIDENT BRIEFING</b>	<b>1. Incident Name</b> 2011 Flood	<b>2. Date Prepared</b> 8/31/11	<b>3. Time Prepared</b> 4:00 p.m
<b>4. Map Sketch</b>			
see attached			
ICS 201 Page 1 of 4	<b>5. Prepared by (Name and Position)</b> Stephanie Venema, Selectboard, Liaison		

## 6. Summary of Current Actions

Fire Dept reported for duty 8-28-11

Observed river water levels

Contacted towns for assistance

Evacuated residents

Notified Vermont Emergency Management

Checked town buildings and pumped Town Hall basement

Checked school for gas odors and shut off propane

Assessed roads, bridges, culverts

Hired contractors to complete minimum repairs to open roads

Established volunteer center and assigned a coordinator

Contacted all affected residents to determine individual emergency needs and located assistance through volunteers, fire dept, or other resources.

Set up a meal system to feed volunteers or residents without food.

## 7. Current Organization

See attached



<h1 style="text-align: center;">INCIDENT OBJECTIVES</h1> <p style="text-align: center;">ICS 202</p>	1. INCIDENT NAME Hurricane Irene flood	2. DATE PREPARED 8-29-11	3. TIME PREPARED 8 :00
4. OPERATIONAL PERIOD (DATE/TIME) 8-29-11 through 9-30-11			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) Open all roads to the extent that they are passable Put signs and cones in locations where roads are vulnerable Close Moretown Common to local traffic only Designate constables to direct or redirect traffic as necessary to prevent excessive traffic Clean 100B in village, clearing debris and mud using town equipment Establish volunteer center to coordinate incoming volunteer efforts Use town hall as a collection center for food, water, cleaning supplies, masks, water testing, clothing Selectboard meet daily with residents to determine needs and locate resources Provide the public with information on public assistance, safety measures, resources available Distribute masks and eye protection devices			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD Sunny, no wind, in the 70's			
7. GENERAL SAFETY MESSAGE Wear masks, shoes or boots, and gloves; keep children off muddy sidewalks and roads. Get water tested.			
8. ATTACHMENTS (√ IF ATTACHED)  <input type="checkbox"/> ORGANIZATION LIST (ICS 203) <input type="checkbox"/> MEDICAL PLAN (ICS 206) <input type="checkbox"/> _____ <input type="checkbox"/> ASSIGNMENT LIST (ICS 204) <input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> _____ <input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205) <input type="checkbox"/> TRAFFIC PLAN <input type="checkbox"/> _____			
9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)		



<b>RADIO COMMUNICATIONS PLAN</b> VT ICS 205	1. Incident Name	2. Date/Time Prepared	3. <b>Jurisdiction:</b>
	<b>4. Radio Channel Utilization Chart</b>		

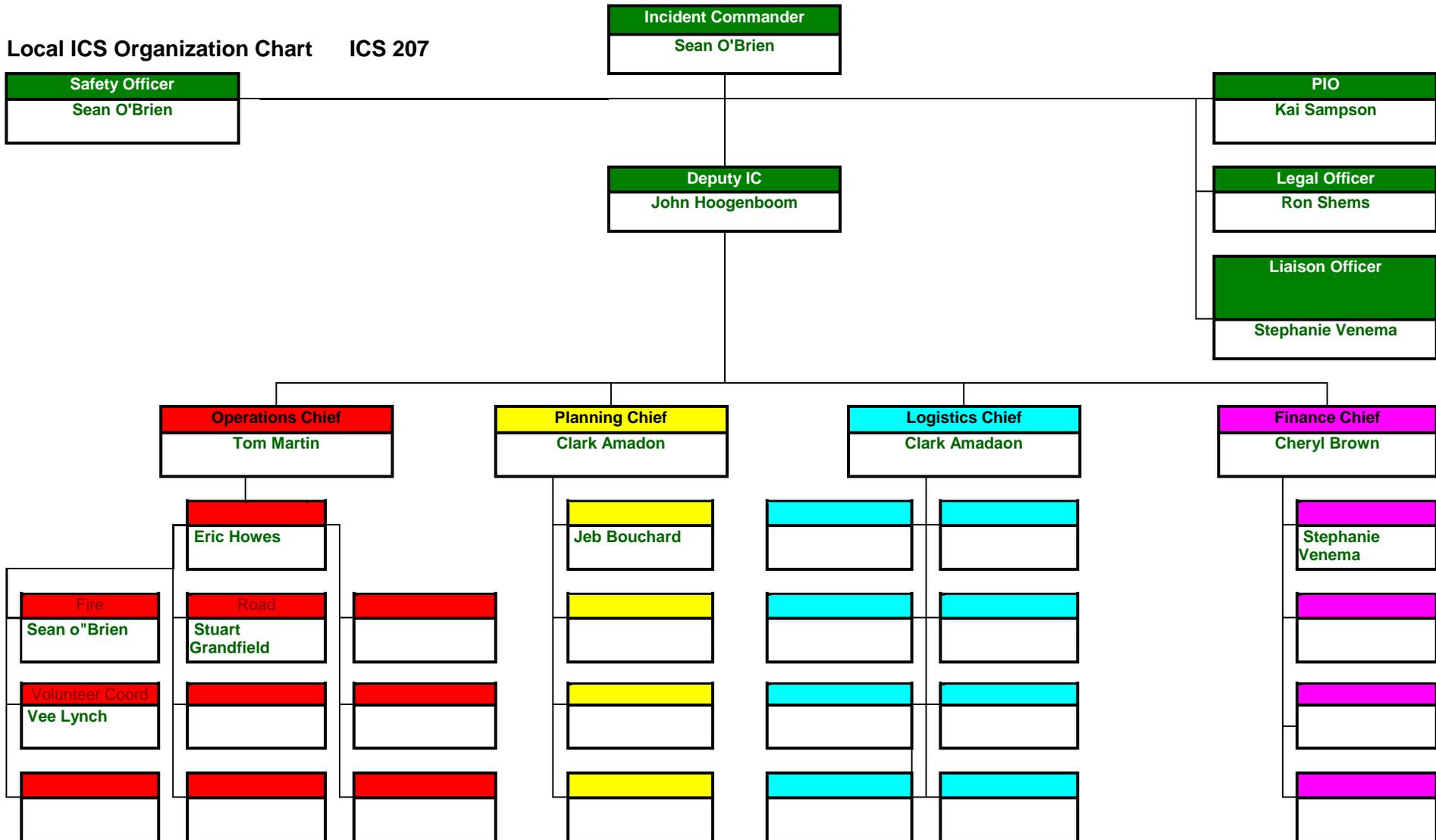
Agency/Organization	Function	Channel (P) (S)	Frequency	Type Portable/Mobile/Base	Remarks
Fire Dept	Channel 1	PSee remarks	154.19000	All three	P= Primary Channel S= Secondary Channel
	Channel 9	S	154.19000	All three	

5. Prepared by:

<b>MEDICAL PLAN</b> VT ICS 206	1. Incident Name	2. Date Prepared	3. Jurisdiction:				
<b>4. Incident Medical Aid Station</b>							
Triage Centers/Medical Aid Stations	Location		Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Transportation</b>							
<b>A. Ambulance Services</b>							
Name	Address	Phone/Contact #	Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>B. Incident Ambulances</b>							
Name	Location		Freq.	Paramedics Yes No			
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>6. Hospitals</b>							
Name	Address	Travel Time Air Ground		Phone/Contact #	Freq.	Burn Center	Helipad
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Medical Emergency Procedures</b>							
Prepared by: _____				Reviewed by: _____			

Incident Name: 2011 Flood	Date Prepared: 8/29/11	Time Prepared: 3:00 p.m.	Operational Period Date: From: 8/28/11 To: 8/30/11	Operational Period Time: From: 1:00 p.m. To: 12:p.m.
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**Local ICS Organization Chart ICS 207**



Prepared By:	ICS Position:	Approved By:	Community Name:
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## LOCAL JURISDICTION REQUEST FOR EMERGENCY DECLARATION

The  Town  Village  City of \_\_\_\_\_

has suffered property damage and/or injury or loss of life resulting from a disaster that exceeds our capability to respond to and recover from and that requires the assistance of the State to protect the health, well-being and public safety of our citizens. Therefore, as provided in 20 VSA Section 10, in my capacity as a:

Selectboard Member  Town/City Manager  Mayor  President of the Board of Trustees

**I request that the Governor declare a state of emergency for the jurisdiction of:**

\_\_\_\_\_

This disaster began on \_\_\_\_\_ (mm/dd/yyyy). We have activated and utilized our Rapid Response Plan (RRP) or Emergency Operations Plan (EOP), I request that the State of Vermont activate and utilize its Emergency Operations Plan, and authorize any resources needed to respond to, mitigate, and recover from this disaster.

I shall send the initial Local Emergency Disaster Situation Report to VEM as soon as it is completed;

OR,

The initial Local Emergency Disaster Situation Report is attached to this Request.

Dated at \_\_\_\_\_, Vermont this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature and title \_\_\_\_\_

Printed or typed name and title \_\_\_\_\_

Contact information for confirmation (email/ph/fax/radio): \_\_\_\_\_

**Telephone Vermont Emergency Management at (800) 347-0488  
or (802) 244-8721  
and fax this request as promptly as possible to VEM at 1-802-241-5556**

**Reference: 20 VSA §10.** - The all-hazards event provisions of this chapter shall not be brought into action, unless the municipal director of emergency management, a member of the legislative body of the municipality, the city or town manager, or the mayor of a city that is within the area affected by an all-hazards event shall declare an emergency and request the governor to find that a state of emergency exists and the governor so finds, or unless the governor declares a state of emergency under section 9 of this title. (Amended 2005, No. 209 (Adj. Sess.), § 11.)