

# After Action Report

## 2005 Preliminary Safety Assessment



Cupertino  
ARES/RACES

### 1. Overview

**Description:** Preliminary Safety Assessment  
**Event Date:** 5-February 2005  
**Report Date:** 20-February 2005  
**CARES Event:** CUP-05-02T  
**RACES Event:**  
**Control:** Cupertino ARES/RACES  
**Report Revision:** 1.0  
**Submitted By:** Jim Oberhofer/CARES

#### Requirements for Reporting

Completing an After Action Report is part of the required SEMS reporting process. The Emergency Services Act, Section 8607 (f) mandates that the Office of Emergency Services (OES) in cooperation with involved state and local agencies complete an After Action Report within 120 days after each declared disaster. Section 2450 (a) of the SEMS Regulations states that, "Any city, city and county, or county declaring a local emergency for which the governor proclaims a state of emergency, and any state agency responding to that emergency shall complete and transmit an after action report to OES within ninety (90) days of the close of the incident period as specified in the California Code of Regulations, section 2900(j)."

Additionally, CARES will use the After Action Report format for documenting training drills and exercises.

Because no formal CARES activation occurred, this After Action Report is in abbreviated format.

#### i. Narrative

We activated the net at 9:00am, took check-ins, and initiated the drill around 9:15am. Because we all responded from our homes, Bill KD6TQJ assumed net control from his home, and Allan KD6QPP was dispatched to City Hall to receive the field and PSA reports. While waiting for the EOC to come on line, Bill began to receive requests to pass traffic to the EOC that he queued up for transmission. Bill requested Skip to listen to KCBS for local news.

About 20 minutes into the drill, Allan "arrived" at the EOC and began to receive traffic. Bill directed LIFE-THREATENING traffic to the EOC from Nancy KF6TEU, Phil WA2KDX, and Skip WA6VFD. Next, Bill directed PSA traffic to the EOC from Bill KF7MCG, Jim KN6PE, Tom N3ZZ, Phil WA2KDX, Nancy KG6TEU, Skip WA6VFD, Andy W9BJX, and Leroy KG6OGA. Skip also relayed reports of interest from KCBS to the net. As the EOC staff "arrived," follow-on requests were sent from the EOC to the field for specifics on the LIFE-THREATENING reports.

We secured the drill around 10:15am and started an on-air debrief.

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## ii. Results

All participants reported that the drill went well from their perspective. Message passing pacing and the use of BREAKS between message segments worked well. There was good differentiation between LIFE-THREATENING and PSA traffic.

All traffic was passed per our original plan (passed by PSA groups, counts, etc). A cursory review of the EOC data collection form indicated it worked very smoothly and was confirmed by Allan. I've received a couple of the Field Responder forms so far and it looks like they worked as well. The NCOs tracking format also worked well as received from Bill.

In summary, it appears that CARES met the objectives of the drill. This drill also confirmed that the process changes that were implemented do work and will improve the expectations for information roll-up during the initial stages of a real event.

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## iii. Working forms

The following pages are the actual working forms created by drill participants. These forms are:

1. ICS214 Unit Log
2. ICS211B Check in List
3. Local Check-in Sheet
4. Local Net Control Message Log
5. PSA Form – Field #1
6. PSA Form – Field #2
7. PSA Form – Field #3
8. PSA Form – EOC

ICS214 Unit Log

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<b>ICS 214 UNIT LOG</b>		<b>1. INCIDENT NAME</b> EQ 7.1 / ASA CUP-05-02	<b>2. DATE PREPARED</b> 7/5/05	<b>3. TIME PREPARED</b>
<b>4. UNIT NAME/DESIGNATOR</b> Cupertino ARES/RACES		<b>5. UNIT LEADER (NAME AND POSITION)</b> Jim K2GPE		<b>6. OPERATIONAL PERIOD</b>
<b>7. PERSONNEL ROSTER ASSIGNED</b>				
NAME		ICS POSITION		TEAM/AGENCY
Bill K0ST0J		NCS		
ALLAN K0GQPP		RRO		
Jim K2GPE				
<b>8. ACTIVITY LOG</b>				
TIME		MAJOR EVENTS		
0930		Opened the Net, gave prep for the drill		
0915		Event occurred, 7.1 EQ		
0918		Requested K0GQPP respond to EOC activate RR		
0921		Requested a volunteer to establish the logging quad		
0924		Requested Field Assignments availability - RR		
0927		H2O check		
0935		EOC RR0 on station		
0958		Shift Supervisor a check		
1015		Secured the Drill, held an air debrief		
1023		Secured the NET, 12 total participants		
<b>ICS 214</b>		<b>PREPARED BY</b>		

ISC211B Check in List

ok

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CARD	CHECK IN LIST	1. INCIDENT NAME	2. DATE	3. INCIDENT NUMBER	4. CHECK IN LOCATION	TIMES		ADDITIONAL INFORMATION
						TIME IN	TIME OUT	
WEN MAY	NAME (PERSONNEL OR DESCRIPTION OF UNIT)	AGENCY TEAM						
	JIM K106PE		0830	1025				
	ALLAN K060PP		0830	1				
	BILL K0670J		0830	1				
	CHARL K068J		0800	0910				
	PAUL WA0KDX		0900	1025				
	MATHEW K66TEU		0900					
	SEAN WA6VFD		0900					
	BILL KF6TRC NCE		0900					
	LARRY K66BSA		0900					
	TOM K66Z		0900					
	VINCE K6TEY		0900					
	W9BJX W965X		0917					

5. PREPARED BY (RESOURCE UNIT)

PAGE \_\_\_\_ OF \_\_\_\_

ICS 211B  
BASARC 3/98

Local Check in Sheet

CHECK-IN LOG

2/5/05

TIME IN	TIME OUT	STATION	LOCATION
9:05	9:12	KCC PJS	
"		WA2 KDX	
"		KG6 TEU	
"		WA6 VFD	
"		KFG MCG	
"		KG6 OGA	
"		N3 ZZ	
"		KDG QPP	
"		KNG PE	
9:15		W9BJX	
		KG6 TEU	
		KFG MCG	
		KNG PE	
		N3 ZZ	
		KDG QPP	
		WA2 KDX	
		WA6 VFD	
		KG6 OGA	

Local Net Control Message Log

E U P R

MESSAGE LOG

2/5/05

No	PRI.	TIME IN	FROM STATION	Loc	TO:	TIME OUT
1	P	9.23	KPGMCG		EOC	9.45
2	E	9.25	K66TEU		EOC	9.40
3	P	9.30	KNGPE		EOC	9.47
4	P	9.31	N3ZZ		EOC	9.50
5	E	9.35	WA2KDX		<del>EOC</del> EOC	9.40
6	E	9.36	WABVPD		EOC	9.42
7	P	9.38	WA2KDX		EOC	9.50
8	P	9.50	K66TEU		EOC	9.55
9	P	10.00	W9BSX		EOC	10.01
10	P	10.05	<del>WA2KDX</del> WAGVFD		EOC	10.05
11	P	10.10	K66OGA		EOC	10.10
12	P	10.10	WABVPD		EOC	10.10

PSA Form – Field #1

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Standard Operating Procedures

Preliminary Safety Assessment Form – Field		Assessment Date/Time: 02/05/05 0715	Neighborhood/Street: CHANCE & LIPSON PCN	
Performed by: GORTANIC & BOPP		Map Coordinates: B3	Number of Units Surveyed: 16	
Ref	Category	Subcategory	Count	Notes
1.1	Injuries, Minor	Able to walk away from the incident	0	
1.2	Injuries, Delayed	Regular breathing, and capillary refill <2 sec, and Answers questions, responds to commands	1	BREATH
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented	0	
1.4	Injuries, Presumed Dead	Unconscious, no respiration	0	
2.1	Structure, Light Damage	<ul style="list-style-type: none"> <li>• Superficial Damage</li> <li>• Broken Windows</li> <li>• Cracked or fallen plaster</li> <li>• Main damage is to contents</li> </ul>	0	
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> <li>• Large amount of cracking on exterior foundations</li> <li>• Small cracks around doors and</li> <li>• No outward sign of structural damage</li> </ul>	2	
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> <li>• Partial or full collapse</li> <li>• Building is off foundation</li> <li>• Structural damage to the building</li> </ul>	0	
3.1	Hazards	Fire, Any situation	0	
3.2	Hazards	Gas Leaks	0	
3.3	Hazards	Sewer Leaks	0	
3.4	Hazards	Water Main Breaks	1	
3.5	Hazards	Electrical Power, Lines Down. Power in the neighborhood?		No Power
4.1	Access	Roads blocked Other Obstructions	ND	

PSA Form - Field #2

Cup-05-02

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Preliminary Safety Assessment Form - Field

Ref	Category	Subcategory	Count	Notes
Cup-05-02 Assessment Date/Time: 020505-0135P Neighborhood/Street: 0 Arrow Dr. ST Performed by: WAGVFD Map Coordinates: Thomas 853ARA Number of Units Surveyed: 12				
1.1	Injuries, Minor	Able to walk away from the incident	18	
1.2	Injuries, Delayed	Regular breathing, and Capillary refill <2 sec, and Answers questions, responds to commands	5	
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented	1	Cup-006 - multiple laceration - Glass puncture (not removed) left forearm. Suspect original laceration - pressure laceration. Glass bleeding.
1.4	Injuries, Presumed Dead	Unconscious, no respiration	0	
2.1	Structure, Light Damage	<ul style="list-style-type: none"> <li>• Superficial Damage</li> <li>• Broken Windows</li> <li>• Cracked or fallen plaster</li> <li>• Main damage is to contents</li> </ul>	0	
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> <li>• Large amount of cracking on exterior</li> <li>• Small cracks around doors and foundations</li> <li>• No outward sign of structural damage</li> </ul>	9	
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> <li>• Partial or full collapse</li> <li>• Building is off foundation</li> <li>• Structural damage to the building</li> </ul>	1	
3.1	Hazards	Fire, Any situation	0	
3.2	Hazards	Gas Leaks	5	
3.3	Hazards	Sewer Leaks	0	
3.4	Hazards	Water Main Breaks	1	
3.5	Hazards	Electrical Power, Lines Down. Power in the neighborhood?	10	
4.1	Access	Roads blocked Other Obstructions	0	

Rev 3.2 8/2/2003  
/ 2 units



PSA Form - Field #3

Pass Counts  
 1.1 0  
 1.2 0  
 1.3 2  
 : Go thru whole list

1st round Summary  
 2nd round if asked give particulars  
 Standard Operating Procedures  
 were addressed  
 ready if asked

SAT. 9-11am  
 Cupertino Amateur Radio Emergency Service  
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Mail to  
 Jim

Preliminary Safety Assessment Form - Field

Ref	Category	Subcategory	Count	Notes
Assessment Date/Time: Feb 5, 2005 9am Performed by: Nancy Gabriel / K56TEU Neighborhood/Street: Rose Garden Ln Map Coordinates: MAP GRID GG Number of Units Surveyed: 25				
1.1	Injuries, Minor	Able to walk away from the incident	10	Say all 1. -
1.2	Injuries, Delayed	Regular breathing, and Capillary refill <2 sec, and Answers questions, responds to commands	2	MSC (2)
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented	1	Leg gash heavy bleeding CEIC helps (sum of 545 Rose Garden & Neighbor)
1.4	Injuries, Presumed Dead	Unconscious, no respiration	0	PAUSE = Break =
2.1	Structure, Light Damage	<ul style="list-style-type: none"> <li>Superficial Damage</li> <li>Broken Windows</li> <li>Cracked or fallen plaster</li> <li>Main damage is to contents</li> </ul>	15	Say all 2. -
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> <li>Large amount of cracking on exterior</li> <li>Small cracks around doors and foundations</li> <li>No outward sign of structural damage</li> </ul>	9	(circled) = included
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> <li>Partial or full collapse</li> <li>Building is off foundation</li> <li>Structural damage to the building</li> </ul>	1	Two story 3535 Rose Garden Ln
3.1	Hazards	Fire, Any situation	0	= Break =
3.2	Hazards	Gas Leaks	3	Say all 3. -
3.3	Hazards	Sewer Leaks	0	
3.4	Hazards	Water Main Breaks	1	Corner / Intersection Stelling + Waterford
3.5	Hazards	Electrical Power, Lines Down. Power in the neighborhood?	1	= Break =
4.1	Access	Roads blocked Other Obstructions	1	Say 4. - Queen Pole Rose Garden Ln + Waterford

PSA Summary Form

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02/05/04  
PSA DRILL  
COP 05-02

FIN 0943 0945 0946 949 0951 1000  
Preliminary Safety Assessment Form - EOC

Call Sign:	KFLMCS	KNJPE	N37Z	WADKDX	KUCTED	WPTX	KGLOGA	K6GRI
Time:	0941	0944	0945	0947	0950	0959	1004	-
Message ID:	001	003	004	007	00P	009	011	-
MSgType:	PSA	PSA	PSA	PSA	PSA	PSA	PSA	PSA
Map Coord:	F4	SG	E2	E7	G6	H4	F6	B3
Survey:	12	42	9	50	25	22	114	16
Ref	Category							
1.1	Injuries, Minor	0	4	0	3	10	15	0
1.2	Injuries, Delayed	0	1	2	0	2	3	1
1.3	Injuries, Immediate	3	0	0	1	1	0	0
1.4	Injuries, Presumed Dead	0	0	0	0	0	0	0
2.1	Structure, Light Damage	4	2	5	3	15	25	0
2.2	Structure, Moderate Damage	0	2	0	2	9	1	2
2.3	Structure, Heavy Damage	0	8	0	2	1	0	0
3.1	Fire, Any situation	0	0	0	1	0	0	0
3.2	Gas Leaks	0	2	1	0	3	0	0
3.3	Sewer Leaks	0	0	0	0	0	0	0
3.4	Water Main Breaks	1	2	1	0	1	0	1
3.5	Electrical Power,	2	NO	1	0	1	1	NO
4.1	Roads blocked	0	0	0	1	1	0	NO