
Standard Operating Procedures

Cupertino Amateur Radio Emergency Service

Part 6 Forms

November 2007

Revision 4.4



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Revision

Rev	Date	Comments
3.0	9/2/2002	First official release
3.1	3/3/2003	Added Preliminary Damage Assessment, Field Form
3.2	8/2/2003	Documented use of ICS 214 Form
3.3	8/4/2004	Preliminary Safety Assessment – EOC Form Documented After Action Report
4.0	7/27/2005	Removed SCC RIMS Form template. Refer to the RACES-issued forms.
	10/8/2005	Renumbered Updated Custom forms, restructured to align with Cupertino OES forms;
	7/22/2006	Updated COES201 NCS form to reflect refined message priorities, finalized 4.0.
4.4	11/14/2007	Added Forms COES 2005A ,B, C for ISA data capture in the EOC

ICS 201 INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Sketch Map			
ICS 201	Page 1	5. Prepared By (Name and Position)	

6. SUMMARY OF CURRENT ACTIONS

ICS 202 INCIDENT OBJECTIVES (COMMUNICATIONS)	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD												
<p>5. GENERAL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES): Summarize the situation and the emergency communications need. Develop the Objectives for this Operational Period. These objectives must align with and support the EOC Operational Objectives.</p>												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD												
7. GENERAL SAFETY MESSAGE												
<p>8. ATTACHMENTS</p> <table border="0"> <tr> <td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td> <td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</td> <td><input type="checkbox"/> INCIDENT MAP</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td> <td><input type="checkbox"/> TRAFFIC PLAN</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<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"/> _____
<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"/> _____										
ICS 202 9. PREPARED BY: (PLANNING SECTION CHIEF)		10. APPROVED BY: (INCEDENT COMMANDER)										

ICS 202 Incident Objectives Form Instructions

1. Incident Name. See the EOC for name
2. Date Prepared. MM/DD/YY
3. Time Prepared. HH:MM
4. Operational Period. HH:MM to HH:MM. This is the period of time for which this set of objectives is valid.
5. General Objectives for the Incident. The situation summary should come from the EOC briefing that the EC should attend. The Objectives should directly align and support the EOC Operational Objectives.
6. Weather Forecast for Operational Period. Summarize the weather expected for this Operational Period.
7. General Safety Message. Write any specific Safety Message that would be communicated to all responders during the course of the Operational Period. This could include: aftershocks, building structural integrity, flying embers, etc. Recommendations for mitigating risks from safety hazards should also be listed.
8. Attachments. This report, along with ICS 204 and ICS 205, constitute the Communications Action Plan. All three reports should be kept together.
9. Prepared by. Name and signature of author
10. Approved by. Name and signature of the IC

ICS 204 Assignment List Form Instructions

1. Branch. ICS Section Name
2. Division/Group Organizational entity responsible for this form
3. Incident Name. See the EOC for name
4. Operational Period. HH:MM to HH:MM. This is the period of time for which this set of objectives is valid
5. Operations Personnel: Names of the staff assigned to this shift
6. Resources Assigned: Names of people or equipment to be deployed during this shift.
This includes:

Resource Designator: Tactical Call signs listed here imply sites where resources are assigned

Leader/Responder: Name, Call sign of person in charge at this location and other individuals responding to this location

Number of Persons: Total number of people required

Trans. Needed: (Y/N) Indicate if transportation is required

Drop Off Time: Time when these individuals arrive or are delivered

Pick Up Time: Time when these individuals depart or are picked up

7. Tactical Objectives: List specific communications objectives for this Operational Period
8. Special Instructions: List as appropriate
9. Communications Summary: Narrative of any specific information on the state of communications
10. Prepared by. Name and signature of author
11. Approved by. Name and signature of the IC

ICS 205 Incident Radio Communications Plan Form Instructions

1. Incident Name. See the EOC for name
2. Date/Time Prepared. MM/DD/YY, HH:MM
3. Operational Period. HH:MM to HH:MM. This is the period of time for which this set of objectives is valid
4. Radio Channel Plan Utilization. This includes:

System/Cache: What is the system or FCC service (Ham, FRS, CB, DPW, Public Safety)

Channel: The logical channel number (if any)

Function: The ICS function this channel will be supporting

Frequency: The frequency of the channel if known

Assignment: How this channel will be used (Net Control, Tactical, logistics, etc)

Remarks: Include modes, offsets, PL, any restrictions, coordinators, etc.

5. Prepared by. Name and signature of author

ICS 211B Check In List Form Instructions

1. Incident Name: See the EOC for name
2. Date: MM/DD/YY
3. Incident Number: See the EOC for name
4. Check in Location: Location where check-ins will be taken
Check in form fields. This includes:
 - Name: Name of person or equipment being available for service
 - Agency/Team: Name of the Agency or Team from which this resource belongs
 - Time in: The time when this resource was checked in, HH:MM
 - Time out: The time when this resource was checked out, HH:MM
 - Hours: The number of hours this resource was checked in, HH:MM
 - Add'l Information: Any additional notes or comments on this resource
5. Prepared by. Name and signature of author

ICS 214 Unit Log Instructions

The ICS 214 (Unit Log) should be used by the Assignment Leader to record all pertinent operational milestones and decisions that are made. The Unit log is a chronological, free-form record, and can be filled in narrative manner. At the end of the operational period, the unit log is passed to the in-coming Assignment Leader. At the end of the incident, all unit logs become part of the incident paperwork record.

1. Incident Name: See the EOC for name, include Incident Number
2. Date Prepared: MM/DD/YY
3. Time Prepared: hhmm Local Time
4. Unit Name: Enter as "CARES", and specific assignment (EOC, Staging, Fire Station #1, etc).
5. Unit Leader: CARES Member in charge at this Operating Location during this Operational Period.
6. Operational Period. HH:MM to HH:MM. This is the period of time for which this log is kept.
7. Personnel Roster Assigned: List of the individuals assigned to this Operating Location, include ICS or other Position name, and Agency or organization with which they are affiliated.
8. Activity Log: Enter Time of each entry. List all major milestones, occurrences, decisions, notes, and observations pertinent to the Event at this Operating Location.
9. Prepared by. Name and signature of author

COES 201 CARES NCS Log Form Instructions

General Instructions

- Use this NCS Log to capture all message requests between stations.
- Sequentially number the first column starting with 001 and continue the numbering on subsequent forms.
- Enter the date in the Date Field at the top for the period this form covers. Start a new form when the date changes.
- Fill in the fields as follows:

1. Incident Name: See the EOC for name
2. Date: MM/DD/YY
3. Message ID. The ID number assigned once the originating station is granted permission to send its traffic.
4. Priority. The Urgency of the message (see below).
 - EMERGENCY: (E) Life-threatening, Situations, reports, and updates that might directly result in deploying or prioritizing resources for an incident involving life-saving efforts.
 - URGENT (U) Property threatening, Situations and reports of new threats, revised flood projections, wind direction changes in a major fire, and reports of additional damage from an earthquake aftershock suggesting additional rescue efforts or surveillance.
 - Routine (R) Includes information such as damage reports, correspondence between agency representatives, material and logistics messages, welfare inquiries, resource requests, shift planning, relief requests, etc.
5. Time. The time when the request to pass traffic was received.
6. Originating station. The Tactical or FCC Call sign of the initiating (From) station
7. Receiving Station. The Tactical or FCC Call sign of the receiving (To) station.
8. Time Ack. The time the Receiving Station acknowledges the message

If an official NCS Log is not available, draw 6 columns on a sheet of paper as shown below.

INCIDENT NAME : _____

DATE: _____

(1) Msg ID	(2) Priority	(3) Date/Time	(4) Originating Station	(5) Receiving Station	(6) Time Ack

COES 202 CARES EOC Message Form

ANS R GRAM 1.

2. FROM	<input type="checkbox"/> Urgent	<input type="checkbox"/> ASAP	<input type="checkbox"/> No Reply
	3.		

4. TO	5. DATE:
	6. ATTENTION OF:
	7. SUBJECT:

8. MESSAGE
Signed

9. REPLY
Signed

COES 202 CARES EOC Message Form Instructions

General Instructions

- Sender: Keep the yellow part (2nd sheet). Send white and pink in tact.
 - Recipient: Detach Stub. Keep White Part. Return Pink part.
 - Fill in the fields as follows:
1. <blank> Message Number. Write the message number at the top of the form
 2. FROM: Name, destination, or tactical call sign from where this message originated
 3. Priority. Disregard the pre-printed priorities. Write the urgency of the message as defined here:
 - EMERGENCY: Life-threatening, Situations, reports, and updates that might directly result in deploying or prioritizing resources for an incident involving life-saving efforts
 - URGENT : Property threatening, Situations and reports of new threats, revised flood projections, wind direction changes in a major fire, and reports of additional damage from an earthquake aftershock suggesting additional rescue efforts or surveillance
 - Priority: Includes information such as damage reports, correspondence between agency representatives, material and logistics messages, etc.
 - Routine: Includes all other information such as welfare inquiries, routine resource requests, shift planning, requests for relief, etc.
 4. TO: Name, destination, or tactical call sign to where this message is being sent
 5. Date: The date when this message was recorded
 6. Attention Of: The person who should get this message
 7. Subject: The subject of this message
 8. Message: Message text
 9. Reply: Reply to this message

COES 203 Preliminary Safety Assessment Form – Field

Assessment Date/time:				Street: _____ Between _____ and _____
Performed by:				Map Coordinates (Chamber Map):
Command Post Location:				Number of Units Surveyed:
Ref	Category	Subcategory	Count	Notes/Addresses (use back of page if necessary)
1.1	Injuries, Minor	Able to walk away from the incident		
1.2	Injuries, Delayed	Regular breathing, and Capillary refill <2 sec, and Answers questions, responds to commands		Address:
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented		Address:
1.4	Injuries, Presumed Dead	Unconscious, no respiration		Address:
2.1	Structure, Light Damage	<ul style="list-style-type: none"> • Superficial Damage • Broken Windows • Cracked or fallen plaster • Main damage is to contents 		
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> • Large amount of cracking on exterior • Small cracks around doors and foundations • No outward sign of structural damage 		Address:
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> • Partial or full collapse • Building is off foundation • Structural damage to the building 		Address:
3.1	Hazards	Fire, any situation, note if extinguished		Address:
3.2	Hazards	Gas Leaks		Address:
3.3	Hazards	Sewer Leaks		Address:
3.4	Hazards	Water Main Breaks		Address:
3.5	Hazards	Electrical Power, Lines Down. Power in the neighborhood?		
4.1	Access	Roads blocked Other Obstructions		

COES 204 Preliminary Safety Assessment Roll-up Form – EOC

	Call Sign:										
	Date/Time:										
	Message ID:										
	Msg Type:										
	Map Coord:										
	Units Surveyed:										
Ref	Category										
1.1	Injuries, Minor										
1.2	Injuries, Delayed										
1.3	Injuries, Immediate										
1.4	Injuries, Presumed Dead										
2.1	Structure, Light Damage										
2.2	Structure, Moderate Damage										
2.3	Structure, Heavy Damage										
3.1	Fire, Any situation										
3.2	Gas Leaks										
3.3	Sewer Leaks										
3.4	Water Main Breaks										
3.5	Electrical Power,										
4.1	Roads blocked										

7. **Discrepancy** (List ISA Assignment, description of deviation)

COES 205A	PREPARED BY	APPROVED BY	DATE	TIME
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7. **Discrepancy** (List ISA Assignment, description of deviation)

COES 205B	PREPARED BY	APPROVED BY	DATE	TIME
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COES 205C ISA CONTROL LOG	
1. ISA Group: SC Valley Water District	2. Date Setup November 2, 2007

ISA Assignment ID	3. Assigned to:	4. Assigned Date/Time	5. Condition (OK/Discrepancy)	6. Reported Date/Time
1. Water-121				
2. Water-122				
3. Water-123				
4. Water-124				

7. **Discrepancy** (List ISA Assignment, description of deviation)

COES 205C	PREPARED BY	APPROVED BY	DATE	TIME
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COES 210 After Action Report Format

Introduction

The completion of after action reports is a 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).

CARES will use the After Action Report for all activations.

Functions of After Action Reports

An After Action Report serves the following important functions:

- Source for documentation of response or drill activities.
- Identification of problems/successes during emergency or training operations.
- Analysis of the effectiveness of SEMS/ICS components.
- Describes and defines a plan of action for implementing improvements.

Responsibility for After Action Reports

The CARES member in command (or designee) of the emergency or exercise will be responsible for completing the After Action Report. Other members of the CARES organization or responders may also be required to complete reports respective to their assignment. CARES will distribute the report as needed.

After Action Report Outline

- i. Introduction and Background
- ii. Type/location of Event / Drill / Exercise
- iii. Description of Event / Drill / Exercise
- iv. Chronological Summary of Event / Drill / Exercise
- v. Response at SEMS Levels (as appropriate)
Include a summary, conclusions, the field response, and other local, operational area, regional, state or federal response.
- vi. Interacting Systems, Agencies, and Programs
Include mutual aid systems (law enforcement, fire/rescue, medical, etc.); cooperating entities (utilities, American Red Cross, university departments, etc.) telecommunications and media interactions.
- vii. Improvements, Conclusions, Recommendations
As applicable, include a description of actions taken, assignments, associated costs or budget, timetable for completion or correction, and follow-up responsibility.
- viii. Training Needs
- ix. Recovery Activities (as applicable)
- x. References: Maps, charts, training materials, etc.