



## INCIDENT COMMAND SYSTEM (ICS) FORMS FOR PORTLAND NET

ICS forms provide a template to NET volunteers for documenting activities during a deployment. Though efforts to save life and property take priority over response documentation, **documenting activities is nonetheless important and should be a routine part of NET training, drills, and response.** Documentation serves several crucial functions:

- Documentation passed on to other emergency responders will help them understand the status of resources, and allow them to deploy their own resources effectively and appropriately. Good documentation saves time, and therefore, lives.
- Liability exposure for volunteers will be documented.
- Communication will be improved between functional areas and between shifts.
- Thorough documentation facilitates reimbursements from FEMA.

The purpose of this ICS forms packet is to:

- Clarify the responsibilities each team position in a deployment (e.g. Team Leader, functional team, logistics coordinator) has for documenting activities.
- Specify what the recommended forms are, and how they are used.
- Demonstrate how the documentation “flows” through the incident response.

It is accepted and understood that ICS **forms** are not required for documenting operations; in a pinch, a sheet of ordinary notebook paper will suffice. The benefit of the forms is that they **guide** NET volunteers to documenting the most relevant information and help them to fulfill their duties. In this respect, ICS forms are not so much cumbersome paperwork as they are a helpful tool.

The forms in this packet are based on the CERT ICS forms found in Section 600 of the CERT textbook. However, they are not exactly the same. Based on NET feedback, they have been adapted to NET methods of deployment and operations.

## The Role of the Scribe

PBEM recommends that each Operations Plan anticipate the need for a “scribe” or even several scribes during NET operations. Otherwise, the responsibility of tracking forms and ensuring volunteers keep proper documentation falls to the Team Leader, which compromises her/his span of control.

Every NET has volunteers who are enthusiastic to serve but who do not feel physically ready to engage hands-on in search and rescue tasks such as cribbing, lifting, or other activities that require physical exertion. Acting as the scribe for the NET, therefore, is a great job for them. Ideally, these team members are identified in the NET’s Operations Plan and, as the designated scribe, make themselves familiar with the ICS forms and ICS framework. However, acting as a scribe is also a task that can be delegated to an SUV with little training.

Furthermore, PBEM recommends that a NET have at least one scribe for the NET Staging Area, and one scribe each for the functional teams conducting search and rescue operations. For example, a Team Leader deploys five NET volunteers to a community center after an earthquake to search for survivors. Four of those volunteers will do cribbing, victim carries, extrication, and so forth; the fifth volunteer is present to document the activities of the other four (and perhaps also communicate with the Staging Area via radio). In this way, the important work of documentation gets done without diverting the attention of those volunteers carrying out physical rescue activities.

**Completed forms should never be thrown away.** Forms serve as a response record and will be important when requesting reimbursement from FEMA.

## Documentation Flow

The most important forms to a NET are forms 1 through 4, explained below. Forms 5 through 8 are designed to supplement work at specific stations (e.g. radio, medical, logistics, etc). Any form that is filled out and is no longer of use should be kept for the NET Coordinator.

Forms 1, 3, and 4 flow in a way that outlines an anticipated NET response (see Figure 1, next page). The first form, **Damage Assessment**, is used by NET volunteers transiting to the NET Staging Area; the form is used to record observed damage and other trouble spots along the way.

Form 3, the **Team Leader Assignment Tracking Log**, acts as a “dashboard” for the Team Leader. Working with his/her team, the TL transfers any potential area of response from Damage Assessment forms collected from the team onto the Tracking Log. This tool thereby helps the TL easily track each functional team deployed from the NET staging area.

Form 4, the **Assignment Briefing**, is filled out by the Team Leader when she/he is ready to deploy a functional team to respond to an item on the Tracking Log. On the front, the Assignment Log has spaces for giving the functional team the information they need to get to the scene quickly and safely. The functional team then records their response actions on the reverse side, and turn the form in to the Team Leader when they return to the NET staging area. The Team Leader reviews the reverse side, transferring relevant details to his/her Tracking Log. The Assignment Briefing is then archived with the team’s Logistics section.

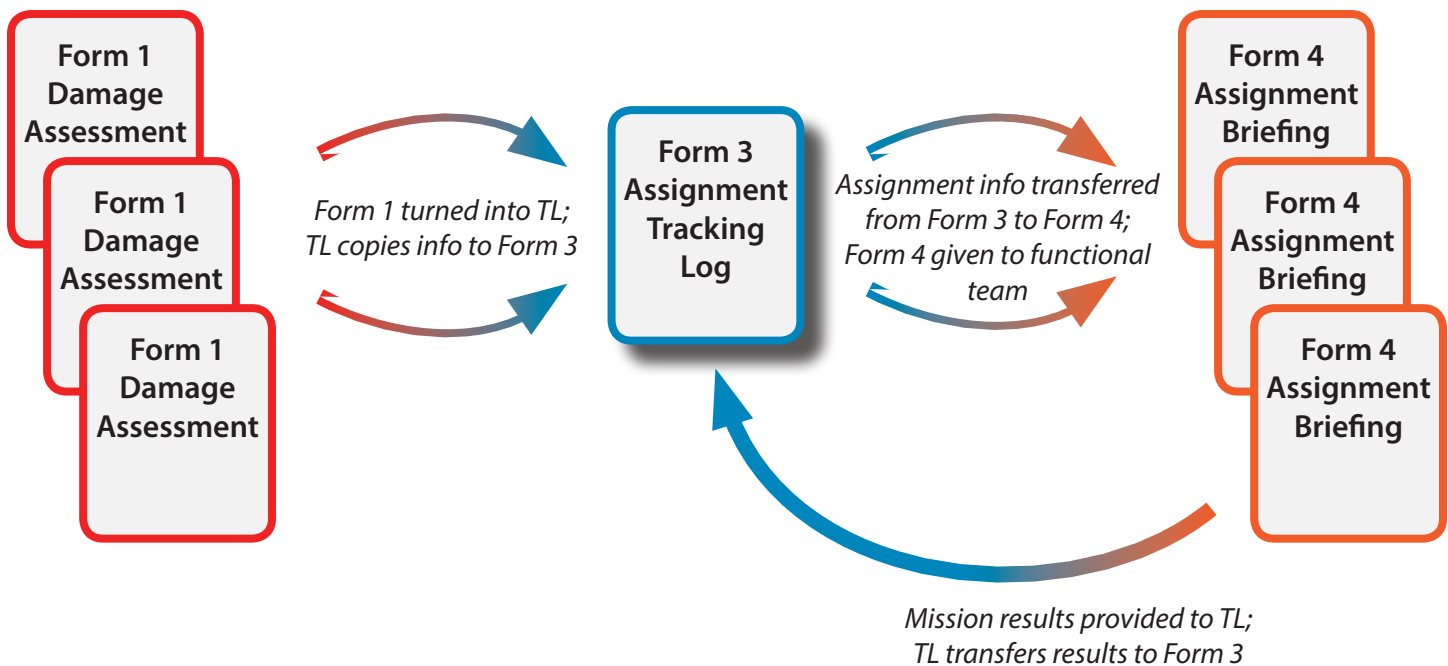


Figure 1: flow of NET forms 1, 3, and 4

## Tracking Numbers

As an **option**, NETs may use the tracking number spaces provided on some forms. Tracking numbers are not used with standard ICS forms; this is a NET embellishment.

Forms 2a through 5b provide a space for an arbitrarily assigned tracking number. Tracking numbers are for internal team use; therefore, a NET Team Leader can decide on whatever number convention works best (e.g. 0001, or simply "1", etc).

Tracking numbers are intended as a means of connecting forms to each other where those forms are used on a specific mission; in other words, the tracking number is the same as a "mission number".

Assigning mission numbers may make it easier for teams and emergency professionals reviewing documents to connect events.

For example, let's say that a Team Leader sends one functional team to conduct search and rescue in a house (tracking number #001) and another functional team to establish radio communication (tracking number 002). Any forms associated with those respective missions (e.g. a medical treatment log or an assignment briefing) will also include their mission tracking number. Later, when reviewing documents, a Team Leader knows that any document with the number "001" on it is associated with the house search and rescue mission.

**Again, the use of tracking numbers is optional.**

# INSTRUCTIONS: NET FORM 1 DAMAGE ASSESSMENT FORM

<b>Recommended kit:</b>	3/personal kit
<b>Filled out by:</b>	Team Member
<b>Turned in to:</b>	Team Leader
<b>CERT or ICS Form equivalent:</b>	CERT Form 1

The Damage Assessment Form is the most basic and essential form in a volunteer's kit. A volunteer uses the form to **record damage observed in a neighborhood** (such as fires, utility hazards, structural damage, injuries and casualties, and available access) **while moving through the area to the NET Staging Area.**

Upon arriving at the NET Staging Area, the volunteer turns the Damage Assessment Form in to the Team Leader. The Team Leader then uses all the Damage Assessment Forms turned in to formulate and prioritize action plans (reflected on Form 4: Team Leader's Assignment Tracking Log).

[illegible]

# INSTRUCTIONS: NET FORM 2A PERSONNEL CHECK- IN (AFFILIATED)

<b>Recommended kit:</b>	1 per 10 team members/team kit
<b>Filled out by:</b>	Team Scribe/ Logistics
<b>Turned in to:</b>	Team Scribe/ Logistics
<b>CERT or ICS Form equivalent:</b>	CERT Form 2

The Personnel Check-in form is used to record and **track incoming CERT/NET or affiliated volunteers (e.g. ATVs)**. It helps the NET TL or the Logistics section understand:

- Who is on site
- When they arrived
- When/where they were assigned
- Personnel availability

**SUVs should fill out NET Form 2b**, rather than this form.

A space is provided for an Assignment Tracking Number if a volunteer is given a field assignment with a tracking number (see NET Form 4).

This form is used by a volunteer assigned to check other volunteers in. This could be the NET scribe, but **this is also an appropriate task for an SUV**.

**A special note on check out times:** please be sure that all volunteers check out! A volunteer who does not check out is effectively “missing” and unaccounted for, which can lead to a waste of time and resources attempting to locate the volunteer.

NET Form 2a: PERSONNEL CHECK IN					
Neighborhood Emergency Team: <i>Wemmick Heights</i>			Date (yyyy/mm/dd): <i>2015/08/29</i>		
NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time
<i>Gargery, Joe</i>	<i>320007</i>	<i>FRS 4</i>	<i>12:48</i>	<i>001</i>	<i>16:30</i>
<i>Havisham, Estella</i>	<i>22004</i>	<i>FRS 4</i>	<i>13:02</i>	<i>Command</i>	<i>16:45</i>
<i>Abel Magwitch</i>	<i>139486</i>	<i>FRS 4</i>	<i>13:18</i>	<i>001</i>	<i>16:30</i>
<i>Biddy Wopsle</i>	<i>248249</i>	<i>FRS 4</i>	<i>13:18</i>	<i>002</i>	<i>16:30</i>
<i>Clara Barley</i>	<i>610738</i>	<i>FRS 4</i>	<i>14:05</i>	<i>002</i>	<i>16:30</i>
<i>Charles Dickens</i>	<i>SUV</i>	<i>FRS 4</i>	<i>14:05</i>	<i>002</i>	<i>16:30</i>
<i>Dick Charles</i>	<i>SUV</i>	<i>FRS 4</i>	<i>14:07</i>	<i>001</i>	<i>16:30</i>

Incoming NET/CERT volunteers must sign in. Designate which section and team they will report to ("Assignment").  
**Do not forget to ask them to sign out.** This must be done for every shift.  
 Use NET Form 3: SUV CHECK IN for spontaneous volunteers.  
 SCRIBE *Havisham* PAGE *1* OF *1*



# INSTRUCTIONS: NET FORM 2B SPONTANEOUS VOLUNTEER INTAKE

Recommended kit:	30+/Team Kit
Filled out by:	SUVs arriving on scene
Turned in to:	Team Scribe/ Logistics
CERT or ICS Form equivalent:	None

NETs can track spontaneous unaffiliated volunteers (SUVs) using NET Form 2a; however, in addition, NETs must intake SUVs using this form. **This intake form reflects recommendations for managing SUVs as laid out in the NET Guidelines, Section 800.65.** It also helps SUVs understand what may be expected of them during disaster response operations and helps protect the City from liability.

There are two sides to the form. **The front side is a legal waiver** and asks questions that will help a NET determine an SUV's fitness for duty. **The reverse**

**side (shown to the right) is a skills and resources assessment intended to help a NET match the SUV to an appropriate assignment.**

Note that the front side of Form 3 includes personal information which the NET should protect carefully. **Access to these forms should be limited and controlled** (for example, stored in a locking box).

**SUVs assisting NETs *must* fill this form out at the earliest opportunity available**, but without interruption of operations responding to life safety situations.

## Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

*I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.*

Signature *Charles Dickens*  
Date 8/29/2015

## NET Form 2b: SPONTANEOUS VOLUNTEER INTAKE

**PRINT** Last, first name: Charles Dickens

Have you been **convicted** of a **felony** since your 18th birthday? If so, please state the conviction, date of conviction, and a brief explanation of the circumstances. **NOTE:** a conviction does not necessarily disqualify you:

No.

Please state any relevant conditions including disabilities, medical needs, or mental health considerations:

Well, I've been dead since 1870. Feel pretty spry though.

Do you take medication and if so, do you have access to it? N/A ☐ Not sure ☒ Yes ☐ No ☐

Have you contacted your family? Yes ☐ No ☒

Would you like to be contacted in the future for volunteer training and work? Yes ☐ No ☒

Would you like to be contacted again to help with **this** emergency? Yes ☒ No ☐

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

# INSTRUCTIONS:

## NET FORM 3

### TEAM LEADER

### ASSIGNMENT

### TRACKING

Recommended kit:	5+ / Team Kit
Filled out by:	Team Leader
Turned in to:	Emergency responders
CERT or ICS Form equivalent:	CERT Form 3

NET Form 3 is a “dashboard” that the NET TL uses to track active field assignments; it is a tool to facilitate situational awareness.

When at a NET staging area, volunteers turn in their damage assessment forms (Form 1). The TL uses information from the collected assessment forms to make decisions on where to deploy resources. Form 3 summarizes and tracks where those resources go.

On the example below, note the two blanks circled in red; these are optional inputs. **A tracking**

**number may be assigned by a TL to an operation in order to associate that operation between forms.** For example, a fire extinguisher may be checked out for operation 001. On the Equipment Inventory (Form 8), “001” is associated with that fire extinguisher as it is checked out and back in. Again, this is optional; it is intended to help keep the Staging Area personnel organized.

In the example to the left, **the two functional teams are also given their own designations** (“BLUE TEAM” and “ORANGE TEAM”). This is

done to help prevent them getting mixed up over radio traffic. **These designations are optional.**

Again, **this form is used as a dashboard for summarizing and tracking.** The details of an assignment are placed on Form 5: Assignment Briefing.

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG			
Neighborhood Emergency Team		Wemmick Heights	
Assignment		PDX 1900 Bldg.	
Tracking #		001	
Location		1900 SW 4th Ave	
Team		BLUE	
Team Leader		Gargery	
Start Time	13:25	End Time	14:25
VOLUNTEERS ASSIGNED			
1.)	Gargery, Joe		
2.)	Abel Magwitch		
3.)			
4.)			
5.)			
Objectives			
Confirm fire is extinguished; search for survivors if safe to do so; recruit SUVs to help.			
Results			
Small fire extinguished, two survivors with minor injuries treated.			
NET LEADER:		DeFarge	
SCRIBE:		Havisham	
		PAG	

# INSTRUCTIONS: NET FORM 4 ASSIGNMENT BRIEFING

<b>Recommended kit:</b>	15+ / Team Kit
<b>Filled out by:</b>	Team Leader and tactical team
<b>Turned in to:</b>	Team Leader
<b>CERT or ICS Form equivalent:</b>	CERT Form 4a and 4b

The purpose of NET Form 4 is to provide a team deploying to an operation with **relevant information about the mission, and to record the details of mission results for the TL** and professional responders.

Using information from NET Form 3, the TL fills out Form 4 as completely as possible. Over the course of an operation, a scribe (who can be an

SUV detailed for the task) records the relevant decisions and actions of the NET on the reverse side. When the operation is concluded, the completed form is turned in to the Team Leader.

Completed Assignment Briefings become part of the documentation that the NET relays to the ECC and/or professional emergency responders.

NET Form 4: ASSIGNMENT BRIEFING			
Neighborhood Emergency Team	Wenmick Heights	Date (yyyy/mm/dd)	2015/08/29
Assignment Tracking Number	001	Time Out	13:25
		Time Back	14:25
Cmd. Post Contact ph. # or Radio Channel	FRS 4	Cmd. Post Contact Name	DeFarge
INSTRUCTIONS TO TEAM			
Team Tactical Call Sign	BLUE	Mission Location	1900 SW 4th Ave
SCRIBE	Havisham		
Mission Objectives	<div> <div> <div>PDX 1900 Bldg.</div> <div>Gargery, Joe</div> <div>Abel Magwitch</div> </div> <div> <div>Confirm fire is extinguished; search for survivors if safe to do so; recruit SUVs to help.</div> <div>Damage assessment form reported electrical fire; proceed with caution, and look carefully for downed wires.</div> </div> </div>		
Equipment Allocated	<div> <div>ABC extinguisher, first aid kit, small crowbar, FRS radio.</div> </div>		
FILL OUT MISSION RESULTS ON REVERSE SIDE			



# INSTRUCTIONS: NET FORM 5A PATIENT TREATMENT AREA RECORD

Recommended kit:	5+/Team Kit
Filled out by:	Medical Treatment Specialist
Turned in to:	Team Scribe/Logistics
CERT or ICS Form equivalent:	CERT Form 5

The Patient Treatment Area Record is a specialized form intended to **track the condition of patients placed in a patient treatment area**. It is filled out by a volunteer (CERT/NET or SUV) detailed to the treatment area. Completed Treatment Area Records are turned in to the NET's Scribe.

This form does not allow for a great deal of detail on victims' conditions. This is **acceptable for an immediate, short-term response** when the presumption that emergency medical response will soon be en route.

However, **if volunteers anticipate that professional responders will not be available for some time**, a designated volunteer should consider tracking treatment area patients using this form as a dashboard while **tracking the condition of individual patients using Form 5b: Individual Treatment Record**.

NET Form 5a: VICTIM TREATMENT AREA RECORD					
Neighborhood Emergency Team		Wemmick Heights		Date (yyyy/mm/dd) 2015/08/29	
Treatment Area Location		1900 Building		Tracking Number 002	
Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
12:48	Abel Magwitch	IMMED DELAY MINOR	Left arm injury; possibly broken. Splinted.	OHSU MCP	16:30
13:18	Dick Charles	IMMED DELAY MINOR	Small cut on left forearm. Bled, but superficial. Treated.	Released	16:30
13:02	Biddy Wopsle	IMMED DELAY MINOR	Broken hand; lots of pain. Bandaged/ splinted.	OHSU MCP	16:45
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

SCRIBE Havisham, Estella PAGE 1 OF 1

## TREATMENT RECORD

<b>Recommended kit:</b>	30+ / Team Kit
<b>Filled out by:</b>	Treatment Specialist
<b>Turned in to:</b>	Team Scribe
<b>CERT or ICS Form equivalent:</b>	None

The Individual Treatment Record is a specialized form intended to track the specific observations and treatments provided to an individual patient placed in a patient treatment area. It is filled out by the volunteer(s) (CERT/NET or ATV/SUV) detailed to provide individual care. Completed treatment records should go with the individual when they move to a higher level of care, with a copy (physical or electronic) turned in to the NET's Scribe.

The form is designed to be used by volunteers with basic medical training. It has two major purposes:

- The form serves as a guide to structure the initial examination of the patient and the gathering of relevant medical information.
- The form serves as a record of the findings discovered, the observations made, and the treatments provided by the volunteer medical personnel. This information is critical for medical personnel that may receive the patient later in the process.

Use as many pages as necessary to document findings.

NET Form 5b: INDIVIDUAL TREATMENT RECORD			
Name: Sydney Carton	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
Address: London	Age: 26		
	Hair:	Eyes:	
Clothing: Late 18th century gentleman	Identifying Marks: Looks exactly like Darnay		
Symptoms/Chief Complaints: Serious neck wound; will require stitches			
Allergies (food, medicine, latex): None			
Medications (what?/last taken): None	Have Meds?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Diabetic?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Have Insulin?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Relevant Past Medical History: None			
Last Intake of Food and Fluids: Beer, one hour ago			
Narrative (what happened?): Neck was in wrong place at wrong time			
Treatment Tracking:			
triage, initial treatment, treatment area, transport hospital, morgue			
Location	Date In	Time In	Int.
			Date Out Time Out Int.
			(I, D, M, X)

**Objective Findings (physical exam and observation)**

14:25 It is a far, far better thing than I do

14:32 It is a far, far better rest than I go to than I

**Treatment**

When completing the form, please use the following guidelines:

- Gather as much of the information as possible.
- Do not worry about using medical language. Write findings, observations and treatments in plain language.
- Make sure to document any relevant observations along with the time observed. Examples: intake of food or fluids, change in condition, increase in pain, appearance of bruising, etc.

# INSTRUCTIONS: NET FORM 6 COMMUNICATIONS LOG

Recommended kit:	5+ / ARO's kit
Filled out by:	ARO
Turned in to:	Team Scribe
CERT or ICS Form equivalent:	CERT Form 6

The Communication Log tracks significant radio activity for each radio at a particular location. Logged activities should include:

- ☐ When the operator checks into or out of a net
- ☐ When the operator changes frequency
- ☐ When operator and logger changes with name and callsign of new person
- ☐ When the operator takes more than a 10 minute break
- ☐ Any significant event involving operation of this radio
- ☐ When the operator goes off the air.

NET Form 6 (ICS 309): COMMUNICATIONS LOG				
Incident # and name <i>Zombie Attack 2016</i>		Time started <i>14:25</i>	Date started <i>2016/08/29</i>	
For operational period # <i>36</i>		Task name <i>Staging area 1 command net</i>		
Operator name <i>Gargery, Joe</i>		Tactical ID <i>Staging 1</i>		
Callsign <i>Wp3BAB</i>		Radio/Band <i>GMRS Channel 5</i>		
MESSAGE AND ACTION LOG (one for EACH RADIO)				
TIME sent or received	FROM call sign of sending station	TO call sign of receiving station	Activity or "From" and "Date/Time" and "Subject" from General Message Form 8	
<i>09:00</i>			<i>Joe Gargery Wp3BAB starts staging 1 duty</i>	
<i>15:10</i>	<i>Rover A</i>	<i>Staging 1</i>	<i>Abel Magwitch, 29 Aug 2016, 14:05, provisions</i>	

LOGGING MESSAGES
<b>TIME sent/rec:</b> enter the time the message is sent or received; use 24 hour clock and local time. <b>FROM:</b> tactical or station call sign of sending station. (Blank for activity.) <b>TO:</b> tactical or station call sign of receiving station. (Blank for activity.) <b>Narrative:</b> any significant activity. <b>For a General Message:</b> callsign of originating station, date and time message was authored from boxes following subject on the General Message form, and exactly what is in the "Subject" box on the General Message Form.

HEADER
<b>Incident # and Name:</b> this is assigned by Incident Command. <b>Date Started:</b> use military format (e.g. 01JAN2014). <b>Time Started:</b> the time you arrived on location or began operations; use 24 hour clock and local time. <b>Operational Period #:</b> numbered sequentially; op period changes when Team Leader changes. <b>Task Name:</b> this radio's role in the response (e.g. Command Net, Red Cross Tactical Net). <b>Operator Name and Call sign:</b> name/call sign of radio operator at start of log. <b>Tactical ID:</b> tactical call sign of station, assigned by TL. <b>Radio/Band:</b> identify the radio or band main frequency.

# INSTRUCTIONS: NET FORM 7 EQUIPMENT INVENTORY

<b>Recommended kit:</b>	5/Team Kit
<b>Filled out by:</b>	Team Scribe/ Logistics
<b>Turned in to:</b>	Team Scribe/ Logistics
<b>CERT or ICS Form equivalent:</b>	CERT Form 7 (from ICS 303)

If a team has a sizeable equipment cache, we recommend using this form to track team items as they are checked out and checked back in. This is particularly true of major assets, such as a SKED or radio set.

Like tracking numbers, **Asset Numbers** are purely optional. If a team wishes to use asset numbers to help track tools and supplies, space is provided.

Consider delegating equipment responsibilities to a designated NET volunteer, or even an SUV. The forms should be kept with the equipment cache, and turned in to the Logistics section when completed.

NET Form 7: EQUIPMENT INVENTORY											
Neighborhood Emergency Team		Wemmick Heights		Logistics Officer		Havisham		Date (yyyy/mm/dd)		2015/08/29	
Asset #	Item Description	Owner	Issued To	Assignment Tracking #	Qty	Time	Initials	Comments			
N/A	Prybar	Gargery	Wopsle	001	ISSUED 1	13:25	BW				
					RETURNED 1	14:25	BW				
W002	Extinguisher	TEAM	Wopsle	001	ISSUED 1	13:25	BW	Now empty.			
					RETURNED 1	14:25	BW				
W014	FRS Radios	TEAM	Barley	002	ISSUED 2	14:00	A.B.				
					RETURNED						
					ISSUED						
					RETURNED						
					ISSUED						
					RETURNED						
					ISSUED						
					RETURNED						
					ISSUED						
					RETURNED						

# INSTRUCTIONS: NET FORM 8 GENERAL MESSAGE

<b>Recommended kit:</b>	3/personal kit
<b>Filled out by:</b>	Any volunteer
<b>Turned in to:</b>	Recipient
<b>CERT or ICS Form equivalent:</b>	CERT Form 8

General Message forms are **used to send messages and responses via “runner” if radio communications are not available.**

After the correspondence is completed, the message form should be turned in to Logistics and kept as part of the response record.

There are actually two forms per sheet, front and back. The sender writes a message on the front side, tears it in half, and gives it to a runner. The runner takes the paper to the receiver, and the receiver writes a response on the reverse side.

[illegible]



# The Forms

The forms are formatted page to page, which means they should be printed double-sided.

## NET Form 1: DAMAGE ASSESSMENT

Neighborhood Emergency Team	Date (yyyy/mm/dd)	Date/time received by TL
Person Reporting (please print)		Person Receiving (please print)

	Burning	Out	Gas Leak	H2O Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?
Location	Fires		Hazards				Structures		People #			Y/N	Y/N

\* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people

\*\* COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partil Side (PS)

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# NET Form 1: DAMAGE ASSESSMENT (reverse side)

	Burning	Out	Gas Leak	H2O Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?
Location	Fires		Hazards				Structures		People #			Y/N	Y/N

\* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H)      # PEOPLE: Indicate number of people  
 \*\* COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partil Side (PS)

# NET Form 2a: PERSONNEL CHECK IN

Neighborhood Emergency Team:

Date (yyyy/mm/dd):

NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time

Incoming NET/CERT volunteers must sign in. Designate which section and team they will report to ("Assignment").  
**Do not forget to ask them to sign out.** This must be done for every shift.  
Use NET Form 3: SUV CHECK IN for spontaneous volunteers.

SCRIBE \_\_\_\_\_

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NET Form 2a: PERSONNEL CHECK IN (reverse side)

NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time

SCRIBE \_\_\_\_\_

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



## Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

*I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NET Form 2b: SPONTANEOUS VOLUNTEER INTAKE

**PRINT** Last, first name: \_\_\_\_\_

Have you been **convicted** of a **felony** since your 18th birthday? If so, please state the conviction, date of conviction, and a brief explanation of the circumstances. **NOTE:** a conviction does not necessarily disqualify you:

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Please state any relevant conditions including disabilities, medical needs, or mental health considerations:

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Do you take medication and if so, do you have access to it?      N/A ☐    Not sure ☐    Yes ☐    No ☐

Have you contacted your family?      Yes ☐    No ☐

Would you like to be contacted in the future for volunteer training and work?      Yes ☐    No ☐

Would you like to be contacted again to help with **this** emergency?      Yes ☐    No ☐

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

## Skills or Experience (mark all that apply)

- ☐ Medical training .....  
☐ First aid/CPR .....  
☐ Fire fighting skills .....  
☐ Safety and security .....  
☐ Search and rescue skills .....  
☐ Crisis counseling skills .....  
☐ Office/organizational skills .....  
☐ Teaching skills .....  
☐ Crowd control .....  
☐ Carpenter skills .....  
☐ Chainsaw skills .....  
☐ Electrician skills .....  
☐ Amateur radio skills .....  
☐ Food prep skills .....  
☐ Commercial license .....  
☐ non-English languages:

## Equipment/Supplies You Can Provide

- ☐ First aid supplies .....  
☐ Spare wheelchair or crutches .....  
☐ Spare bed(s) .....  
☐ Tarps or tents .....  
☐ Chainsaw .....  
☐ Bottled water .....  
☐ Generator .....  
☐ Fire extinguisher .....  
☐ Camp stove and fuel .....  
☐ Walkie-talkie or other radio .....  
☐ Prybar .....  
☐ Blanket(s) .....  
☐ Flashlight(s) .....  
☐ Batteries .....  
☐ Rope .....

## NET Form 2b: SPONTANEOUS VOLUNTEER INTAKE (reverse)

Last, first name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Best phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Driver's license (state/#): \_\_\_\_\_

Fit for physical work? Yes ☐ Light ☐ No ☐

Emergency contact name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency contact phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### FOR OFFICIAL USE ONLY

ID verified (initials) \_\_\_\_\_ Accepted? Yes ☐ No ☐

Issued ID? Yes ☐ No ☐ Badge # \_\_\_\_\_

Waiver signed ..... Yes ☐ No ☐

NET organization/objectives ..... Yes ☐ No ☐

Weapons policy ..... Yes ☐ No ☐

Safety awareness ..... Yes ☐ No ☐

Search and rescue ..... Yes ☐ No ☐

Medical triage ..... Yes ☐ No ☐

Assignment 1: \_\_\_\_\_

Assignment 2: \_\_\_\_\_

# NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment		Assignment	
Tracking #		Tracking #	
Location		Location	
Team		Team	
Team Leader		Team Leader	
Start Time	End Time	Start Time	End Time
VOLUNTEERS ASSIGNED		VOLUNTEERS ASSIGNED	
1.)		1.)	
2.)		2.)	
3.)		3.)	
4.)		4.)	
5.)		5.)	
Objectives		Objectives	
Results		Results	
NET LEADER:		SCRIBE:	
		PAGE _____ OF _____	

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG (reverse side)

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment		Assignment	
Tracking #		Tracking #	
Location		Location	
Team		Team	
Team Leader		Team Leader	
Start Time	End Time	Start Time	End Time
VOLUNTEERS ASSIGNED		VOLUNTEERS ASSIGNED	
1.)		1.)	
2.)		2.)	
3.)		3.)	
4.)		4.)	
5.)		5.)	
Objectives		Objectives	
Results		Results	
NET LEADER:		SCRIBE:	
		PAGE _____ OF _____	

## NET Form 4: ASSIGNMENT BRIEFING

<b>Neighborhood Emergency Team</b>		<b>Date (yyyy/mm/dd)</b>	
<b>Assignment Tracking Number</b>		<b>Time Out</b>	<b>Time Back</b>
<b>Cmnd. Post Contact ph. # or Radio Channel</b>		<b>Cmnd. Post Contact Name</b>	

## INSTRUCTIONS TO TEAM

<b>Team Tactical Call Sign</b>	<b>Mission Location</b>
<b>SCRIBE</b>	

## Mission Objectives

[illegible]

## Equipment Allocated

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**FILL OUT MISSION RESULTS ON REVERSE SIDE**



**NET Form 4: ASSIGNMENT BRIEFING (reverse side)**

<b>SCRIBE</b>	
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## MISSION RESULTS

Tracking #

## Location

[illegible]

### Mission Narrative/Details

**Indicate any volunteers injured during mission here**

NET Form 5a: VICTIM TREATMENT AREA RECORD

Neighborhood Emergency Team	Date (yyyy/mm/dd)
Treatment Area Location	Tracking Number

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED			
		DELAY			
		MINOR			
		IMMED			
		DELAY			
		MINOR			
		IMMED			
		DELAY			
		MINOR			
		IMMED			
		DELAY			
		MINOR			
		IMMED			
		DELAY			
		MINOR			

NET Form 5a: VICTIM TREATMENT AREA RECORD (reverse side)

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			
		IMMED DELAY MINOR			

NET Form 5b: INDIVIDUAL TREATMENT RECORD

Name:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Address:	Age:			
	Hair:	Eyes:		
Clothing:	Identifying Marks:			
Symptoms/Chief Complaints:				
Allergies (food, medicine, latex):				
Medications (what?/last taken):	Have Meds?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	Diabetic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	Have Insulin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Relevant Past Medical History:				
Last Intake of Food and Fluids:				
Narrative (what happened?):				

Time	Objective Findings (physical exam and observation)
Time	Treatment and Observations

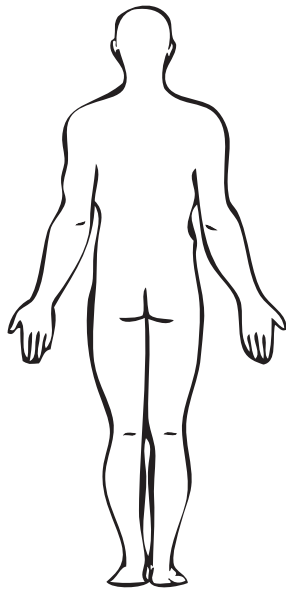
Treatment Tracking:  
triage, initial treatment, treatment area, transport hospital, morgue

Location	Date In	Time In	Int.	Date Out	Time Out	Int.	Category (I, D, M, X)

**NET Form 5b: INDIVIDUAL TREATMENT RECORD (reverse side)**

**NOTE: AVPU stands for**  
**Alert**  
**Voice**  
**Pain**  
**Unresponsive**

## Unresponsive

[illegible]

## Additional Notes



## NET Form 6 (ICS 309): COMMUNICATIONS LOG

Incident # and name		Time started
		Date started
For operational period #	Task name	
Operator name	Tactical ID	
Callsign	Radio/Band	
MESSAGE AND ACTION LOG (one for EACH RADIO)		

TIME sent or received	FROM callsign of sending station	TO callsign of receiving station	Activity OR "From" and "Date/Time" and "Subject" from General Message Form 8

## NET Form 6 (ICS 309): COMMUNICATIONS LOG (reverse side)

## MESSAGE AND ACTION LOG (one for EACH RADIO)

[illegible]

## NET Form 7: EQUIPMENT INVENTORY

**Neighborhood  
Emergency Team**

**Logistics Officer**

**Date**  
(yyyy/mm/dd)

Asset #	Item Description	Owner	Issued To	Assignment Tracking #	ISSUED	RETURNED	Qty	Time	Initials	Comments
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	
					ISSUED	RETURNED	- -	- -	- -	

**NET Form 7: EQUIPMENT INVENTORY (reverse side)**

**Neighborhood  
Emergency Team**

**Logistics Officer**

Date (yyyy/mm/dd)

Asset #	Item Description	Owner	Issued To	Assignment Tracking #		Qty	Time	Initials	Comments
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	
					ISSUED	-	-	-	
					RETURNED	-	-	-	

# NET Form 8: (ICS 213) GENERAL MESSAGE

TO	POSITION	
FROM	POSITION	
SUBJECT	DATE	TIME

## MESSAGE

A 15x15 grid of small vertical bars, resembling a barcode or a stylized letter 'E' repeated 15 times.

**REPLY ON REVERSE SIDE**

**NET Form 8: (ICS 213) GENERAL MESSAGE**

TO	POSITION	
FROM	POSITION	
SUBJECT	DATE	TIME

## MESSAGE

A 15x15 grid of small vertical bars, resembling a barcode or a data visualization. The bars are arranged in 15 rows and 15 columns, with each bar having a unique height and position within its column.

REPLY ON REVERSE SIDE

GENERAL MESSAGE REPLY			
TO	POSITION		
FROM	POSITION		
SUBJECT	DATE	TIME	
	MESSAGE REPLY		
<div></div>			

GENERAL MESSAGE REPLY			
TO	POSITION		
FROM	POSITION		
SUBJECT	DATE	TIME	
	MESSAGE REPLY		
<div></div>			