

NETs recording information



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.

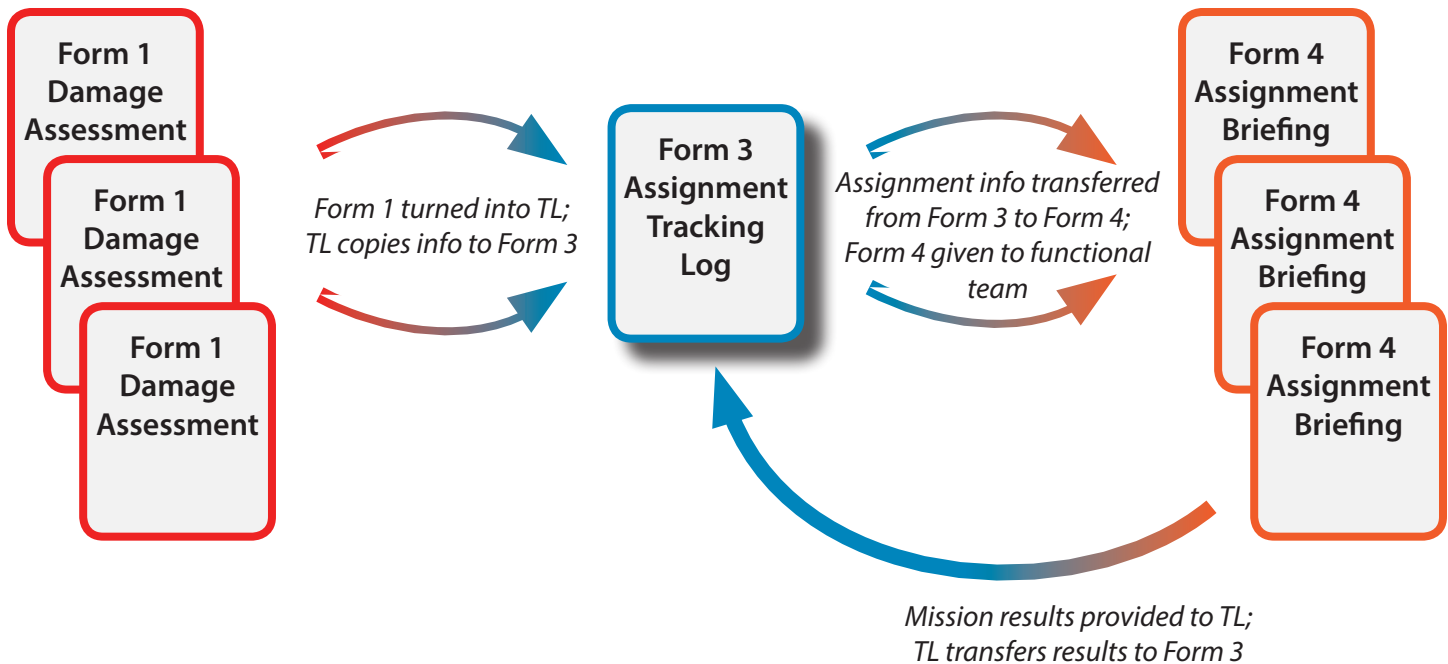


Figure 1: flow of NET forms 1, 3, and 4

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 2A PERSONNEL CHECK-IN

The Personnel Check-in form is used to record and track incoming CERT/NET as well as affiliated volunteers (e.g. ATVs) and SUVs. 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 also.

When and if assigned to a functional team or other responsibility, an SUV's assignment should be tracked here on Form 2A.

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

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>

Question: if a volunteer works more than one assignment, do you check them in again when they transition to another assignment?

Answer: if your team opts to use tracking numbers, then we recommend checking them in for the new assignment.

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 2B: 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

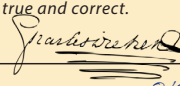
determine an SUV's fitness for duty. **The reverse side** (shown to the right) **is a skills and resources assessment intended to help a NET match the SUV to an appropriate assignment.**

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).

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 _____
8/29/2015
 Date _____

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE

PRINT Last, first name: Charles Dickens

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: C.D.

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

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 2B SPONTANEOUS VOLUNTEER INTAKE

continued

There is no expectation that SUVs fill out this form in the midst of conducting life safety operations. NETs should keep these forms at the command post and ask SUVs to complete the intake between assignments.

The verbiage used in the legal section of the intake form may also read as intimidating to potential SUVs. Please inform SUVs that by signing, they are not "signing away" any rights or protections. The

language is only to inform SUVs that they have no indemnification from the City of Portland; they do not have this regardless whether they choose to sign.

Finally, this form has been designed for triplicate if printed on carbon paper. However, this is not required for use.

Skills or Experience (mark all that apply)	NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE (reverse)																																										
Medical training	Last, first name: <u>Dickens, Charles</u>																																										
First aid/CPR	Home address: <u>2020 NE Startop</u>																																										
Fire fighting skills	City: <u>Portland</u>	State: <u>OR</u>	Zip code: <u>97212</u>																																								
Safety and security	Best phone: () -																																										
Search and rescue skills	E-mail: <u>dickie@yahoo.com</u>																																										
Crisis counseling skills	Age: <u>205</u>	Gender: <u>M</u>	Driver's license (state/#): <u>none</u>																																								
Office/organizational skills	Fit for physical work? Yes <input type="checkbox"/> Light <input checked="" type="checkbox"/> No <input type="checkbox"/>																																										
Teaching skills	Emergency contact name: <u>Catherine Hogarth</u> Relation: <u>wife</u>																																										
Crowd control	Emergency contact phone: () -																																										
Carpenter skills	<div style="text-align: center; font-weight: bold; font-size: small;">FOR OFFICIAL USE ONLY</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td>ID verified (initials) <u>E.H.</u></td> <td>Accepted?</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Issued ID? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Badge #</td> <td colspan="2"></td> </tr> <tr> <td>Waiver signed</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NET organization/objectives</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Weapons policy</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Safety awareness</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Search and rescue</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Medical triage</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Assignment 1:</td> <td colspan="3"></td> </tr> <tr> <td>Assignment 2:</td> <td colspan="3"></td> </tr> </table>			ID verified (initials) <u>E.H.</u>	Accepted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Issued ID? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Badge #			Waiver signed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		NET organization/objectives	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Weapons policy	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Safety awareness	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Search and rescue	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Medical triage	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Assignment 1:				Assignment 2:			
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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																																											

White: Operations Manager

Yellow: Planning

Pink: Volunteer Lead

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 4: Assignment Briefing.

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

INSTRUCTIONS: NET FORM 4 ASSIGNMENT BRIEFING

Recommended kit:	15+ / Team Kit
Filled out by:	Team Leader and tactical team
Turned in to:	Team Leader
CERT or ICS Form equivalent:	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	PDX 1900 Bldg. Gargery Joe Abel Magwitch Confirm fire is extinguished; search for survivors if safe to do so; recruit SUVs to help. Damage assessment form reported electrical fire; proceed with caution, and look carefully for downed wires.		
Equipment Allocated	ABC extinguisher, first aid kit, small crowbar, FRS radio.		

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		Wemnick Heights		Date (yyyy/mm/dd)	
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	<input type="radio"/> IMMED <input checked="" type="radio"/> DELAY <input type="radio"/> MINOR	Left arm injury; possibly broken. Splinted.	OHSU MCP	16:30
13:18	Dick Charles	<input type="radio"/> IMMED <input type="radio"/> DELAY <input checked="" type="radio"/> MINOR	Small cut on left forearm. Bled, but superficial. Treated.	Released	16:30
13:02	Biddy Wopsle	<input type="radio"/> IMMED <input checked="" type="radio"/> DELAY <input type="radio"/> MINOR	Broken hand; lots of pain. Bandaged/ splinted.	OHSU MCP	16:45
		<input type="radio"/> IMMED <input type="radio"/> DELAY <input type="radio"/> MINOR			
		<input type="radio"/> IMMED <input type="radio"/> DELAY <input type="radio"/> MINOR			
SCRIBE <u>Havisham, Estella</u>					
PAGE <u>1</u> OF <u>1</u>					

INSTRUCTIONS: NET FORM 5B INDIVIDUAL TREATMENT RECORD

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

The Individual Treatment Record is a specialized form intended to track the specific observations and treatments provided to an individual patient place 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 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.

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

Use as many pages as necessary to document findings.

NET Form 5b: INDIVIDUAL TREATMENT RECORD							
Name: <i>Sydney Carton</i>		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female					
Address: <i>London</i>		Age: <i>26</i>					
		Hair: _____ Eyes: _____					
Clothing: <i>Late 18th century gentleman</i>		Identifying Marks: <i>Looks exactly like Darnay</i>					
Symptoms/Chief Complaints: <i>Serious neck wound; will require stitches</i>							
Allergies (food, medicine, latex): <i>None</i>							
Medications (what?/last taken): <i>None</i>		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: <i>None</i>							
Last Intake of Food and Fluids: <i>Beer, one hour ago</i>							
Narrative (what happened?): <i>Neck was in wrong place at wrong time</i>							
Treatment Tracking:				Objective Findings (physical exam and observation)			
Location	Date In	Time In	Int.	Date Out	Time Out	mt. (I, D, M, X)	

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		Time started	14:25
Zombie Attack 2016		Date started	2016/08/29
For operational period #		Task name	Staging area 1 command net
36		Tactical ID	Staging 1
Operator name	Gargery, Joe	Radio/Band	GMRS Channel 5
Callsign	Wp3BAB		
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
09:00			Joe Gargery Wp3BAB starts staging 1 duty
15:10	Rover A	Staging 1	Abel Magwitch, 29 Aug 2016, 14:05, provisions

LOGGING MESSAGES
TIME sent/rec: enter the time the message is sent or received; use 24 hour clock and local time.
FROM: tactical or station call sign of sending station. (Blank for activity.)
TO: tactical or station call sign of receiving station. (Blank for activity.)
Narrative: any significant activity.
For a General Message: call sign 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
Incident # and Name: this is assigned by Incident Command.
Date Started: use military format (e.g. 01JAN2014).
Time Started: the time you arrived on location or began operations; use 24 hour clock and local time.
Operational Period #: numbered sequentially; op period changes when Team Leader changes.
Task Name: this radio's role in the response (e.g. Command Net, Red Cross Tactical Net).
Operator Name and Call sign: name/call sign of radio operator at start of log.
Tactical ID: tactical call sign of station, assigned by TL.
Radio/Band: identify the radio or band main frequency.

INSTRUCTIONS: NET FORM 7 EQUIPMENT INVENTORY

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

NET Form 1: DAMAGE ASSESSMENT

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

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: _____

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: _____

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

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: (____) _____ - _____ E-mail: _____

Age: _____ 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 <input type="checkbox"/>	No <input type="checkbox"/>
Issued ID? Yes <input type="checkbox"/> No <input type="checkbox"/>	Badge # _____		
Waiver signed		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NET organization/objectives		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weapons policy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety awareness		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Search and rescue		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical triage		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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			
Tracking #			
Location			
Team			
Team Leader			
Start Time		End Time	
VOLUNTEERS ASSIGNED			
1.)			
2.)			
3.)			
4.)			
5.)			
Objectives			
Results			
NET LEADER:	SCRIBE:		PAGE _____ OF _____

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
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border: 1px solid black;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">MINOR</div>			
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border: 1px solid black;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">MINOR</div>			
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border: 1px solid black;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">MINOR</div>			
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border: 1px solid black;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">MINOR</div>			
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border: 1px solid black;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border: 1px solid black; margin-left: 10px;">MINOR</div>			

SCRIBE _____

PAGE _____ OF _____

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
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border: 1px solid black;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border: 1px solid black;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border: 1px solid black;">MINOR</div> </div>			
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border: 1px solid black;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border: 1px solid black;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border: 1px solid black;">MINOR</div> </div>			
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border: 1px solid black;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border: 1px solid black;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border: 1px solid black;">MINOR</div> </div>			
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border: 1px solid black;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border: 1px solid black;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border: 1px solid black;">MINOR</div> </div>			
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SCRIBE _____

PAGE _____ OF _____

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

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 8: (ICS 213) GENERAL MESSAGE

TO

POSITION

LOCATION

FROM

POSITION

LOCATION

SUBJECT

DATE

TIME

MESSAGE

REPLY ON REVERSE SIDE

NET Form 8: (ICS 213) GENERAL MESSAGE

TO

POSITION

LOCATION

FROM

POSITION

LOCATION

SUBJECT

DATE

TIME

MESSAGE

REPLY ON REVERSE SIDE

