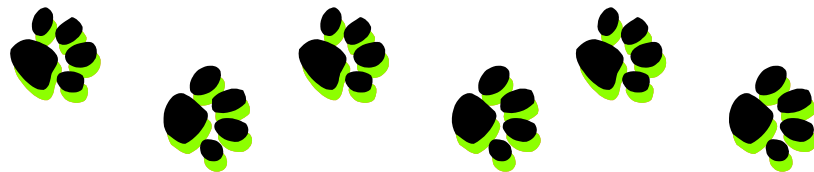


CRAIG ALASKA
EMERGENCY SHELTER
OPERATIONS PLAN



CITY OF CRAIG

AND THE



CRAIG CITY SCHOOL DISTRICT

OCTOBER 2007

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SECTION 1: SHELTER ORGANIZATION AND STANDUP

Disaster Shelters or Mass Care sites are intended to be activated whenever a man-made or natural event causes a need for more shelter or medical care facilities than are available. The city should continue to work with the school district on shelter planning and management.

The shelter operations branch will operate under the Incident Commander, Unified Command or Operations Section Chief as appropriate for the situation. The Shelter Operations Branch Director may activate as many shelter facilities as are necessary to meet the incident needs.

Written communications within the shelter operations branch and between the branch and the incident management team should be made on the ICS Form 213, General Message Form. Copies of the form can be located in the Disaster Supplies Container and in Section 9 of this plan.

This plan is written so that individual checklists can be distributed to assigned staff as necessary.

Shelter Organization and the Standup Sequence can be found as follows:

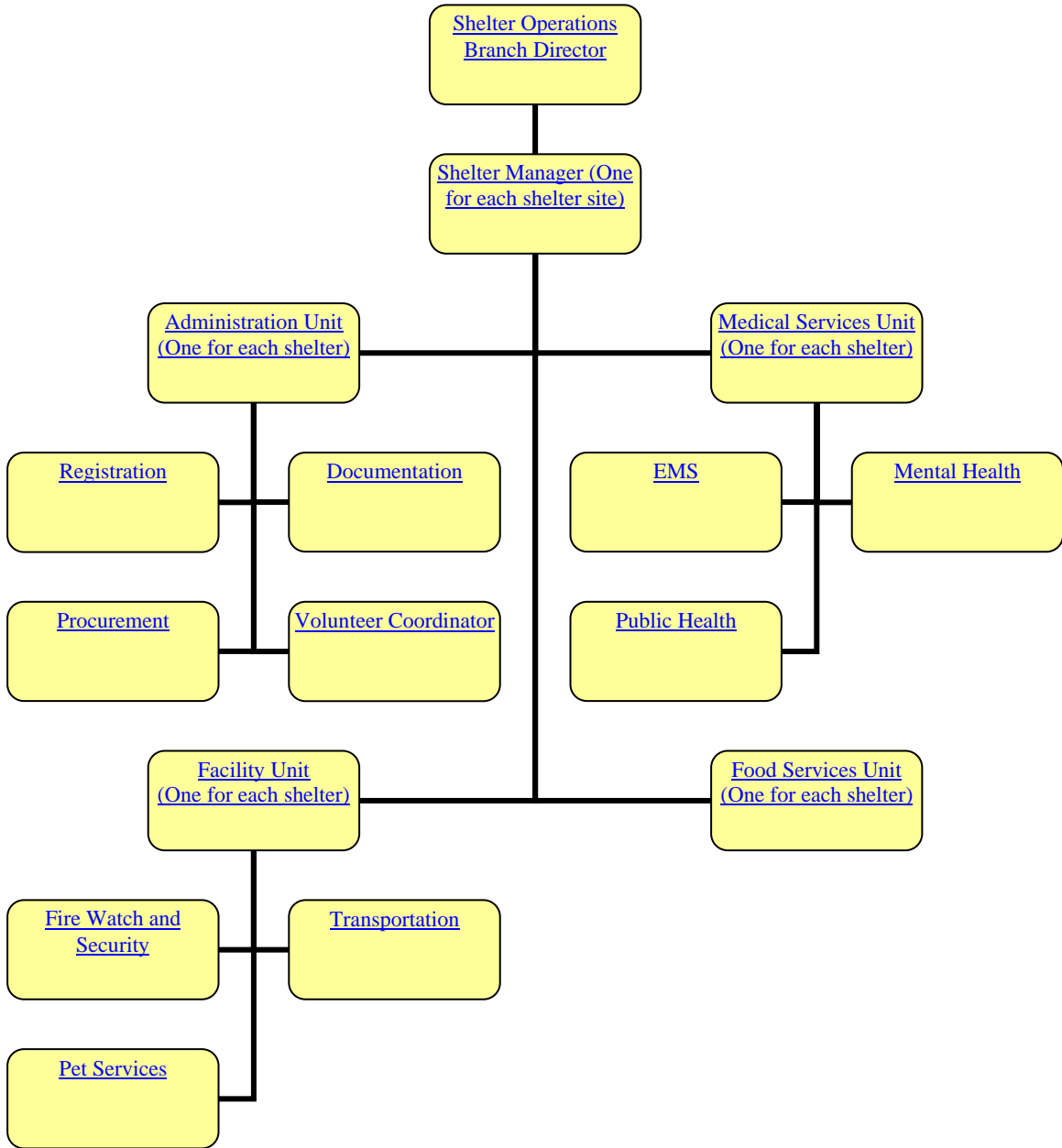
[SHELTER OPERATIONS BRANCH CHART](#)

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[SHELTER STANDUP SEQUENCE](#)

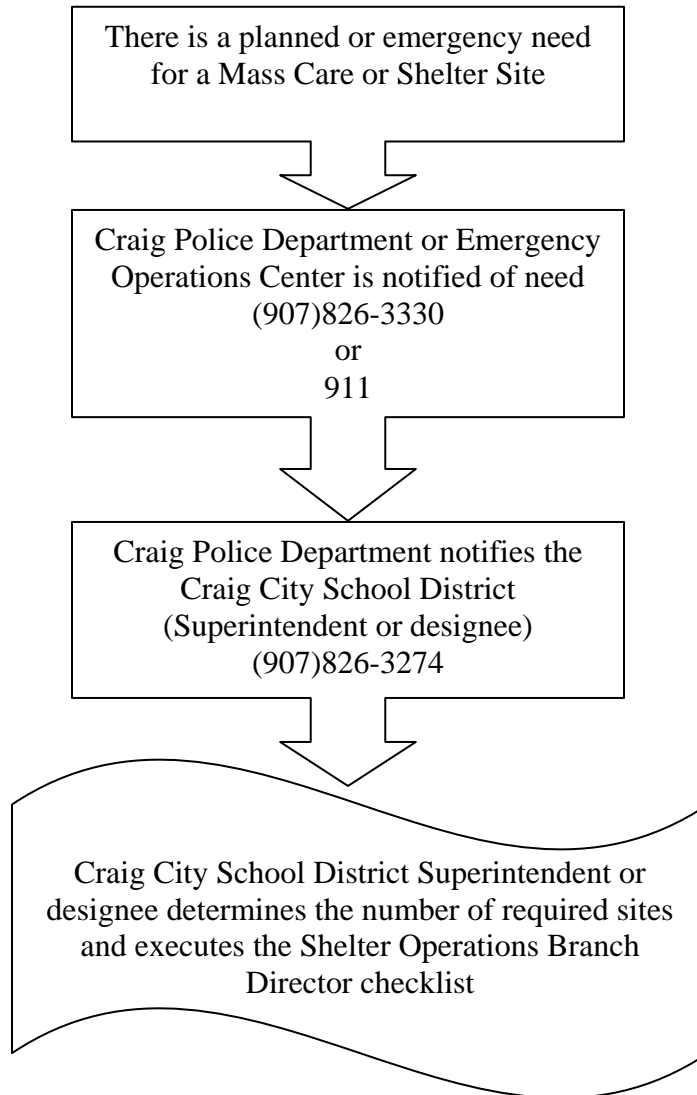
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SHELTER OPERATIONS BRANCH CHART



SHELTER STANDUP SEQUENCE

In the event of a planned or emergency requirement for mass care site or emergency shelter, the Craig Mayor, Craig City Administrator, incident commander or Craig Police Department may direct the Craig City School District (CCSD) to initiate shelter operations.



SECTION 2: SHELTER BRANCH AND SHELTER SITE MANAGEMENT

The Craig City School District is responsible for shelter operations. The Branch Director will be the district superintendent or their successor or designee. The shelter branch director and shelter managers should have some training and familiarization with this plan prior to activation.

As is normal for incident command system management, the shelter operations branch director may activate as many or as few components as necessary for the incident. The branch director may expand or contract operations as circumstances dictate. Checklists are shown for all positions and can be used by the branch director or given to assigned personnel at the unit or team level.

Information on the branch director and shelter manager responsibilities can be found as follows:

[SHELTER OPERATIONS BRANCH DIRECTOR](#)
[SHELTER MANAGER](#)

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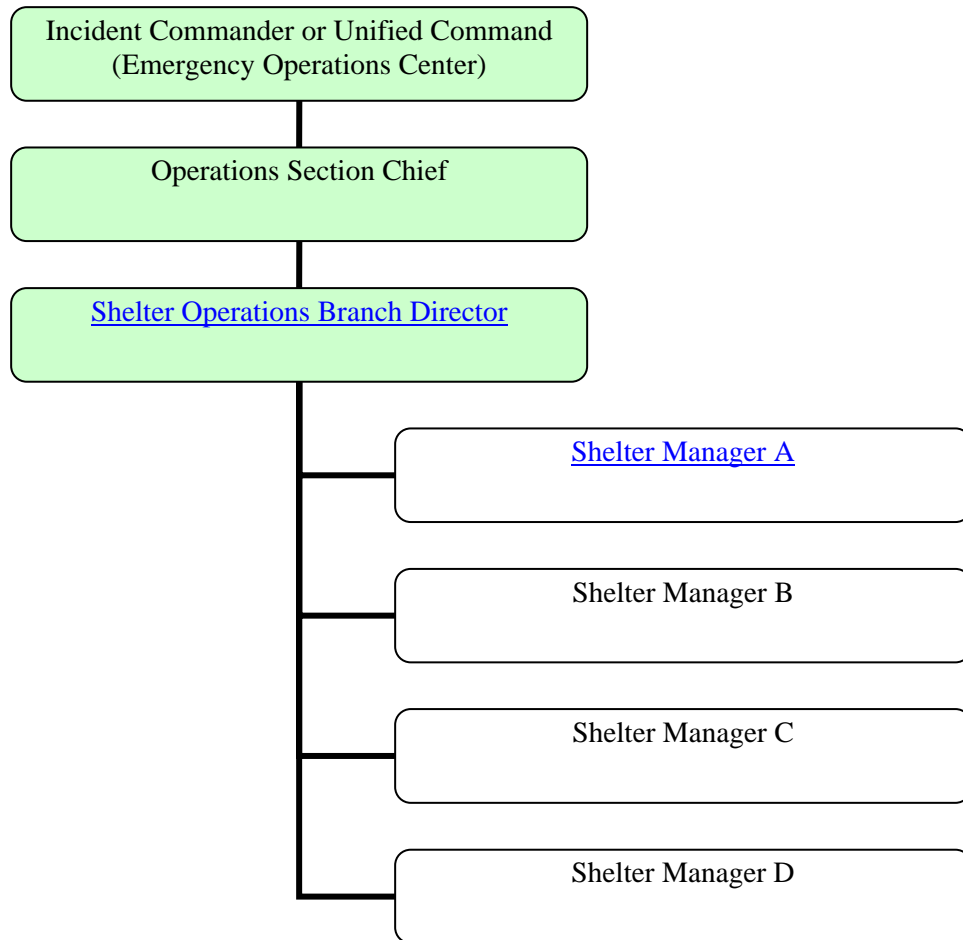
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SHELTER OPERATIONS BRANCH DIRECTOR

The Shelter Operations Branch Director will be the Craig City School District Superintendent or their designated representative. The Shelter Operations Branch Director will report directly to the Operations Section Chief, the Incident Commander or the Unified Command. The Shelter Operations Branch Director may appoint additional Branch Directors, or Deputy Directors necessary to cover shifts as directed by the Operations Section Chief, Incident Commander or Unified Command.

When the mayor, city administrator, incident commander or Craig Police Department directs the Craig City School District (CCSD) to initiate shelter operations, the Shelter Operations Branch Chief will initiate the Shelter Operations Branch Director Checklist.

The Shelter Operations Branch Director or a Deputy may assume responsibilities of the Shelter Manager until one is assigned.



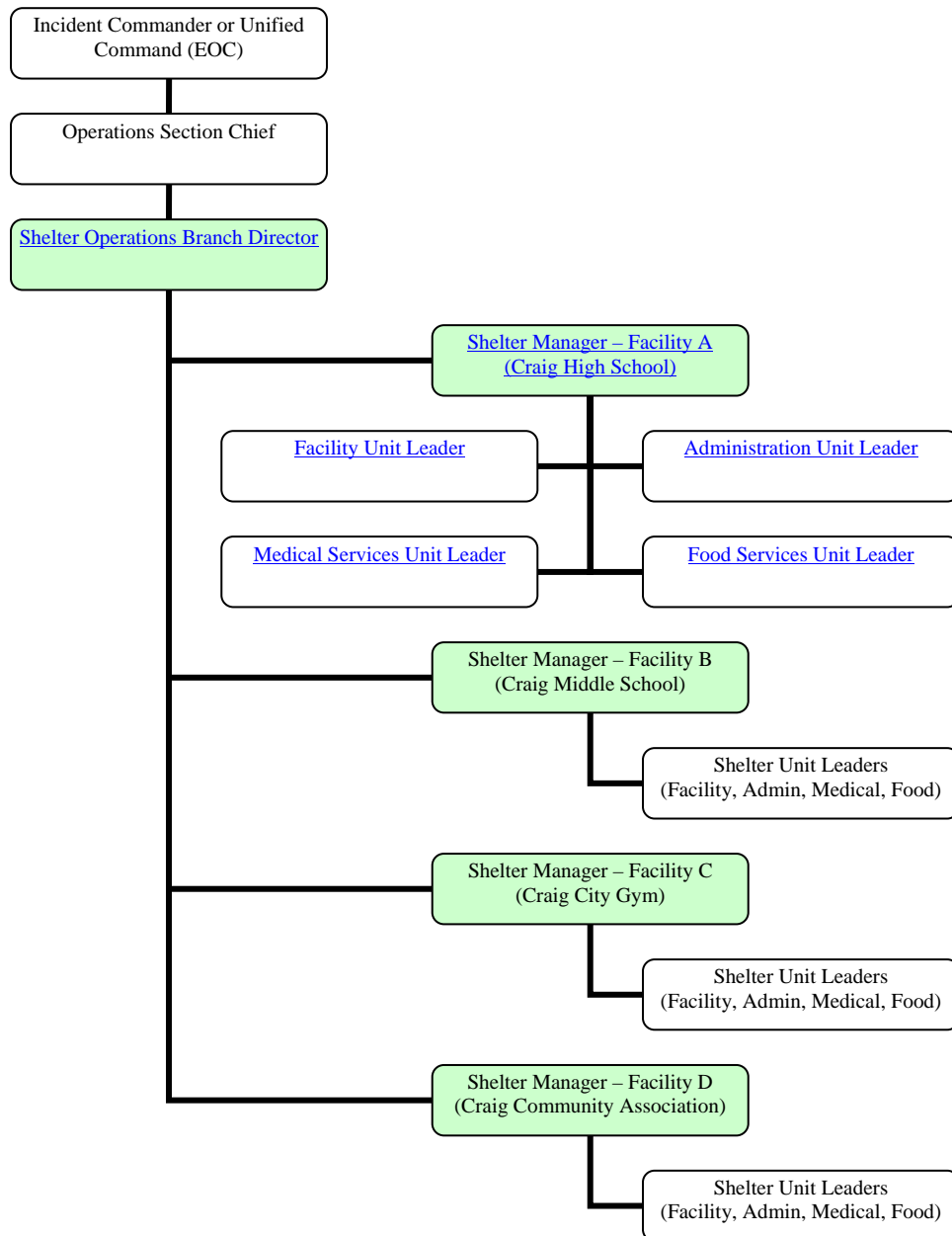
Shelter Operations Branch Director Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Incident Commander/Contact Number:		
	Operations Section Chief/Contact Number:		
	Shelter Manager, Facility A:		
	Shelter Manager, Facility B:		
	Shelter Manager, Facility C:		
	Shelter Manager, Facility D:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
Initial Activation Tasks	Contact	Remarks	
<input type="checkbox"/>	Upon initial contact by Incident Commander, Unified Command or Craig Police Department, determine the size and number of facilities to activate to meet mass care or shelter needs. Determine if deputy or alternate Shelter Operations Branch Directors need to be assigned.	Incident Commander, Unified Command or Craig Police Department 907-826-3330	
<input type="checkbox"/>	Contact Shelter Managers to activate appropriate facilities		
(	Craig High School (Principal)	826-2274	
(	Craig Middle School (Principal)	826-3274	
(	Craig City Gym (Craig Recreation Director)	826-2575	
(	Craig Community Association Building	826-3996	
<input type="checkbox"/>	Meet with all shelter managers to schedule staff, conduct an incident briefing and determine needs	Shelter Managers	
<input type="checkbox"/>	Brief IC, UC or Operations Section Chief on shelter capacity and shortfalls		

	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Operations Section Chief or Incident Command. Obtain a completed copy of the Incident Briefing Form (ICS 201) from the Operations Section Chief.	Operations Section Chief	
<input type="checkbox"/>	Develop Shelter Objectives and complete the Incident Objectives Worksheet (ICS 202). If appropriate, also complete or update the Organizational List (ICS 203), Division Assignment List (ICS 204), Communications Plan (ICS 205), Medical Plan (ICS 206), Incident Map, Traffic Plan and any other attachments to the Incident Objectives Worksheet (ICS 202). All ICS forms can be found in Section 9 of this plan.	Shelter Managers	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Shelter Managers. Sign in at registration desk.	Shelter Managers	
<input type="checkbox"/>	Work with Incident Management Team to meet shortfalls and needs within the shelters		
<input type="checkbox"/>	Work with Incident Management Team to include mass care and shelter planning issues in Incident Planning	Shelter Managers	
<input type="checkbox"/>	Conduct end of shift meeting with all Shelter Managers. Sign out at registration desk.	Shelter Managers	
<input type="checkbox"/>	Attend shift briefing conducted by Operations Section Chief or Incident Command at end of shift	Operations Section Chief	
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	Ensure that all units and teams complete Demobilization Checkout Worksheets (ICS 221) at the conclusion of operations. ICS 221 can be found in Section 9 of this plan.	Shelter Operations Branch Director, Shelter Managers, Unit Leaders and Team Leaders	
<input type="checkbox"/>	Ensure that all supervisors complete Individual Performance Rating sheets (ICS 226) on each paid and volunteer employee that they supervised.	Shelter Operations Branch Director, Shelter Managers, Unit Leaders and Team Leaders	
<input type="checkbox"/>			
<input type="checkbox"/>			

SHELTER MANAGER

The Shelter Manager will be designated by the Shelter Operations Branch Director. The Shelter Manager will usually be a school principal or administrator. Shelter Managers will report directly to the Shelter Operations Branch Director. The Shelter Managers may appoint additional Shelter Managers, or Assistant Managers necessary to cover shifts as directed by the Shelter Operations Branch Director. A shelter manager will be in the facility or on call for the entirety of the shelter operations. A single shelter manager may manage more than one facility if there is a shortage of qualified managers.

When the Shelter Operations Branch Director notifies the Shelter Manager to initiate shelter operations, the Shelter Manager will initiate the Shelter Manager Checklist. The Shelter Manager will assume all Unit Leader Responsibilities until Unit Leaders are assigned.



Shelter Manager Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Shelter Manager:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Shelter Operations Branch Director/Contact Number:		
	Administration Unit Leader:		
	Medical Services Unit Leader:		
	Facility Unit Leader:		
	Food Services Unit Leader:		
	Fire Marshal:		
	On-Duty EMTs:		
	On-Duty Police Contact:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Upon initial contact by the Shelter Operations Branch Director, determine the size and number of facilities to activate to meet mass care or shelter needs.	Shelter Operations Branch Director 907-826-3274	
<input type="checkbox"/>	Contact Unit Leaders to activate appropriate units for each facility		
(	Facility Unit		
(	Administration Unit		
(	Medical Services Unit	826-3330	
(	Food Services Unit		
<input type="checkbox"/>	Meet with all Unit Leaders to schedule staff, conduct an incident briefing and determine needs	Unit Leaders	
<input type="checkbox"/>	Brief Shelter Operations Branch Director on shelter capacity and shortfalls	Shelter Manager	

	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Shelter Operations Branch Director	Shelter Operations Branch Director	
<input type="checkbox"/>	Sign in to shelter at registration desk. Conduct beginning of shift briefing for all Unit Leaders.	Shelter Managers	
<input type="checkbox"/>	Work with Shelter Operations Branch Director to meet shortfalls and needs within the shelters		
<input type="checkbox"/>	Ensure that facilities are open and that essential facility requirements are met; including communications and space assignments. Complete Unit Logs (ICS 214), Operational Planning Worksheets (ICS 215), and Radio Requirements Worksheets (ICS 216) as necessary. ICS forms can be located in Section 9 of this plan.	Shelter Managers and Facility Unit Leaders	
<input type="checkbox"/>	Ensure that facility administration is prepared to register shelter occupants, track staff, organize volunteers, maintain documentation, and communicate information to the EOC.	Administration Unit Leader	
<input type="checkbox"/>	Ensure that food Services are developing a menu, preparing a meal schedule, and are working with procurement to purchase foodstuff necessary for shelter food service.	Food Services Unit Leader	
<input type="checkbox"/>	Ensure that volunteers are organized, assigned, and properly supervised	Facility Administration Unit Leader	
<input type="checkbox"/>	Schedule daily safety briefings for staff and occupants	Shelter Manager, Fire Marshal	
<input type="checkbox"/>	Coordinate a safety inspection of the facility and input from the fire marshal for daily safety briefings	Fire Marshal	
<input type="checkbox"/>	Ensure the Craig Police Department has assigned an officer liaison with the shelter for the current operational shift, and that the officer has reported to the facility.	Craig Police Department	
<input type="checkbox"/>	Ensure that Craig EMS has assigned an ambulance and two EMT's to the facility (if resources are available); and that EMTs have reported to the facility and established an infirmary.	Craig EMS	
<input type="checkbox"/>	Conduct end of shift briefing for all Unit Leaders. Sign out at registration desk.	Unit Leaders	
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all personnel, shelter occupants, and shelter operations is made to the Shelter Operations Branch Chief and incoming shelter manager at the end of the current operational period.	EOC / Shelter Operations Branch Chief	

SECTION 3: SHELTER FACILITY UNIT

The shelter facility unit is responsible for physical setup, supply, facilities, transportation, and security. The facility unit manager should be someone familiar with the facilities. The facility unit leader should be familiar with this plan. The facility unit leader may perform the tasks of as many team leaders and members as they see fit and are capable. The unit leader should also stand up team leaders as those roles become necessary.

More information on the shelter facility unit roles can be found as shown below:

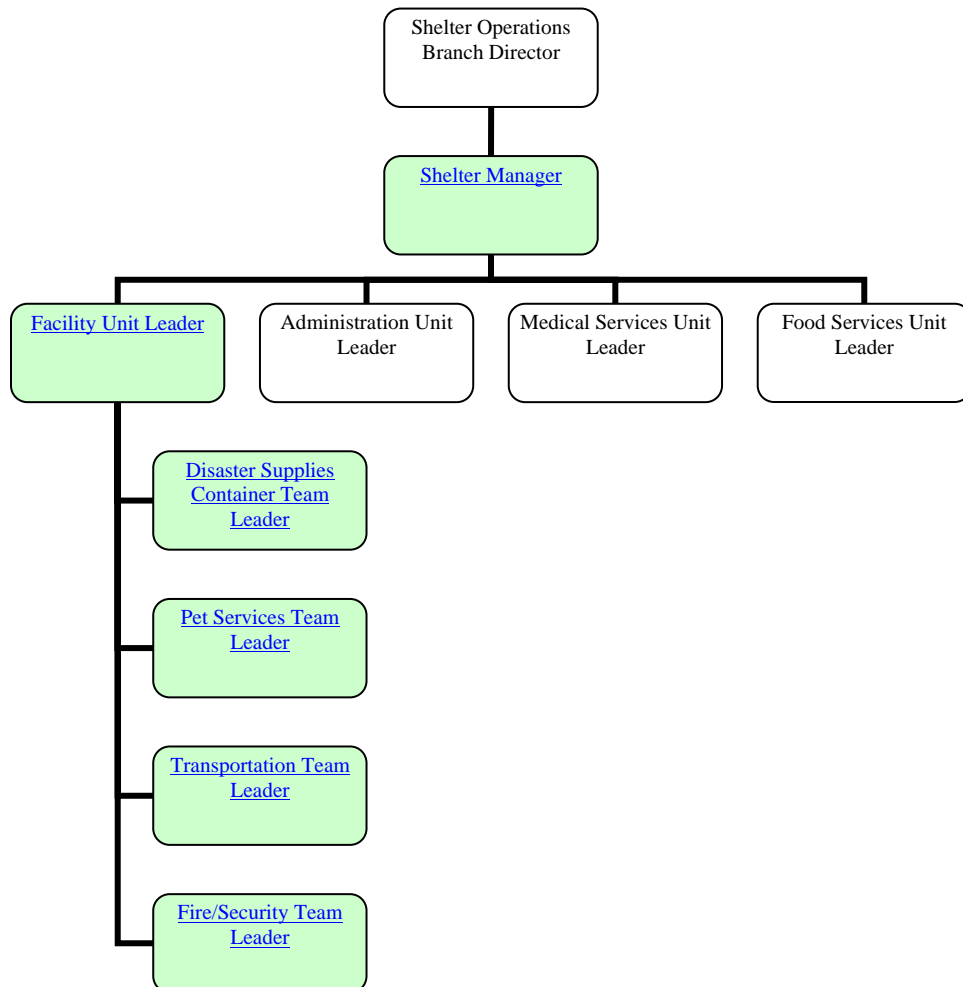
<u>SHELTER FACILITY UNIT LEADER</u>	Page 15
<u>DISASTER SUPPLIES CONTAINER TEAM LEADER</u>	Page 18
<u>PET SERVICES TEAM LEADER</u>	Page 21
<u>TRANSPORTATION TEAM LEADER</u>	Page 24
<u>FIRE/SECURITY TEAM LEADER</u>	Page 27
<u>FIRE MARSHAL</u>	Page 30
<u>FIRE/SECURITY WATCH TEAM MEMBER</u>	Page 33

SHELTER FACILITY UNIT LEADER

The Shelter Facility Unit Leader will be designated by the Shelter Manager. The Facility Unit Leader will usually be a facility maintenance supervisor or facility director. Each shelter may have a Facility Unit Leader assigned, or a single Unit Leader may manage multiple facility sites and report to multiple Shelter Managers. The Facility Unit Leader will report directly to the Shelter Manager. The Facility Unit Leaders may appoint additional unit leaders as necessary to cover shifts as directed by the Shelter Manager. The Facility Unit Leader does not have to be in the shelter at all times, but needs to oversee facility needs and staffing in each shelter and remain on-call in the vicinity for the entirety of the shelter operations.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader will initiate the Facility Unit Leader Checklist.

The Facility Unit Leader will assume all responsibilities of the Facility Unit staff until staff members are assigned.



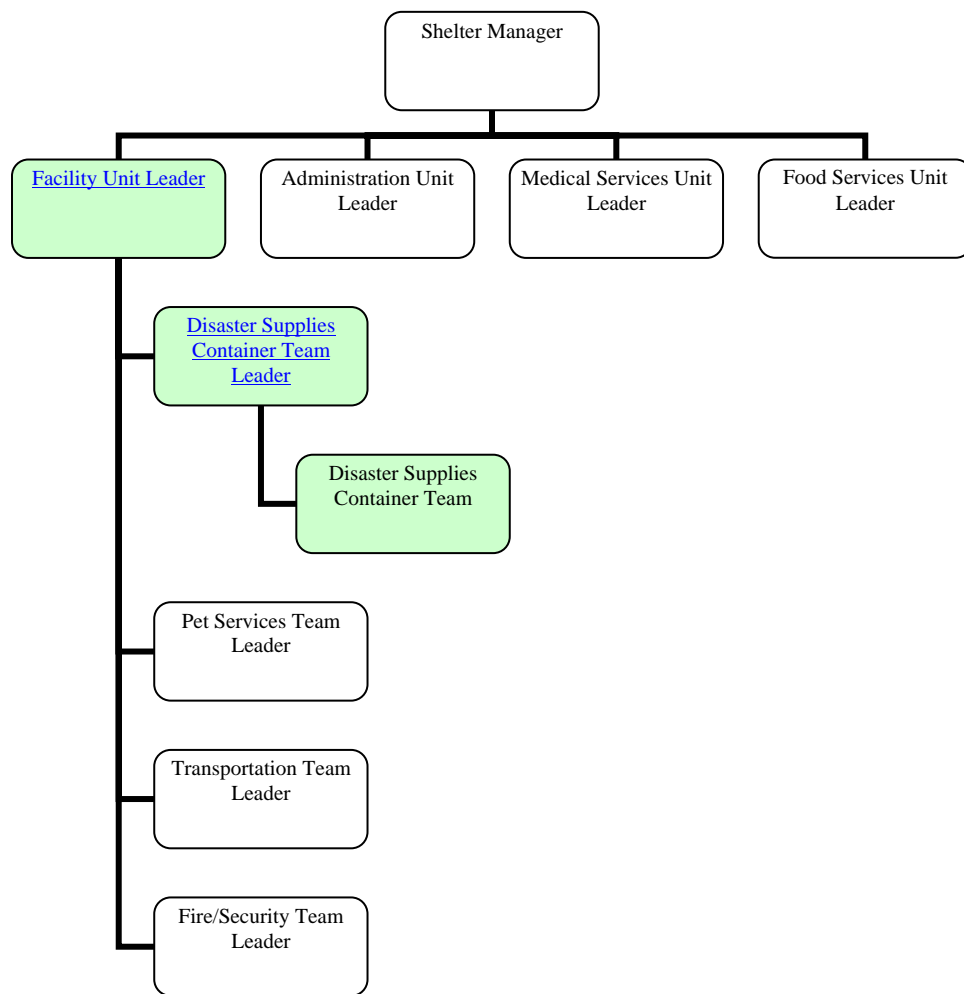
Facility Unit Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Facility Unit Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Shelter Manager/Contact Number:		
	Administration Unit Leader:		
	Medical Services Unit Leader:		
	Food Services Unit Leader:		
	Fire Marshal:		
	Disaster Supplies Container Team Leader:		
	Pet Services Team Leader:		
	Transportation Team Leader:		
	Fire/Security Team Leader:		
	On-Duty EMTs:		
	On-Duty Police Contact:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Shelter Manager to determine facility requirements to meet mass care or shelter needs.	Shelter Manager	
<input type="checkbox"/>	Contact Team Leaders to activate appropriate units for each facility		
(	Disaster Supplies Container Team		
(	Pet Services Team		
(	Transportation Team		
(	Fire/Security Team		

<input type="checkbox"/>	Meet with all Unit Leaders to schedule staff, conduct an incident briefing and determine needs	Unit Leaders	
<input type="checkbox"/>	Establish space assignments and post facility maps indicating designated areas.		
<input type="checkbox"/>	Establish a location to stage the Disaster Supplies Container	Shelter Manager and Disaster Supplies Container Team	
<input type="checkbox"/>	Brief Shelter Operations Branch Director on shelter capacity and shortfalls	Shelter Manager	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Shelter Manager	Shelter Manager	
<input type="checkbox"/>	Sign in to shelter at the registration desk. Conduct beginning of shift briefing for all Team Leaders.	Team Leader	
<input type="checkbox"/>	Work with Shelter Manager to meet facility shortfalls and needs		
<input type="checkbox"/>	Ensure that facilities are open and that essential facility requirements are met; including communications and space assignments.	Shelter Manager	
<input type="checkbox"/>	If the Disaster Supplies Container will be used, execute the Disaster Supplies Container Checklist or assign a Disaster Supplies Container Team Leader	Disaster Supplies Container Team	
<input type="checkbox"/>	If Pet Services are necessary, execute the Pet Services Team Checklist, or assign a Pet Services Team Leader	Pet Services Team	
<input type="checkbox"/>	If transportation is necessary, execute the Transportation Team Checklist or assign a Transportation Team Leader	Transportation Team Leader	
<input type="checkbox"/>	Execute the Fire/Security Team Checklist or assign a Fire/Security Team Leader	Fire/Security Team	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Leaders. Sign out of shelter at registration desk.	Team Leaders	
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter facility operations, staff and needs is made to the Shelter Manager at the end of the current operational period.	Shelter Manager	

SHELTER DISASTER SUPPLIES CONTAINER TEAM LEADER

The Shelter Facility Unit Leader will act as the Shelter Disaster Supplies Container Team Leader, or will assign a team leader at the beginning and throughout the Shelter Operations. This team leader should have strong organizational skills, but does not have to have special qualifications. Each shelter may have a Disaster Supplies Container Team Leader assigned, or a single Team Leader may manage multiple facility sites and report to one or more Facility Team Leaders. The Disaster Supplies Container Team will report directly to the Facility Unit Leader. The Facility Unit Leaders may appoint additional team leaders as necessary to cover shifts as directed by the Shelter Manager. The team leader should be in the shelter facility whenever supplies/equipment is being transferred into or out of the container.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader will initiate the Shelter Disaster Supplies Container Team Leader Checklist or will assign a team leader to execute the checklist.



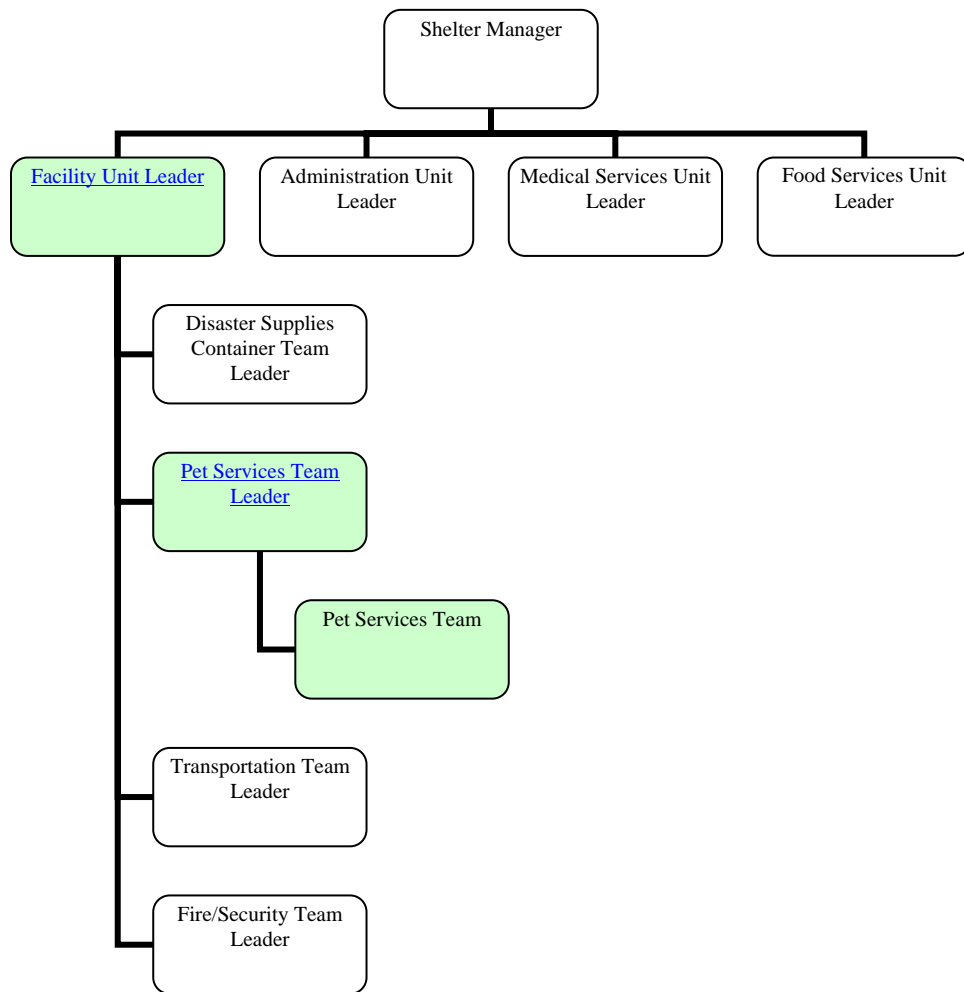
Disaster Supplies Container Team Leader Checklist (Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Disaster Supplies Container Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
	Northland Barge Services:		826-3984
	Arrowhead Transfer:		826-3419
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
Initial Activation Tasks		Contact	Remarks
<input type="checkbox"/>	Meet with Facility Unit Leader to determine staging location for Disaster Supplies Container	Facility Unit Leader	
<input type="checkbox"/>	Contact transportation to move container from standby location to the designated staging location		
☞	Northland Barge Services	826-3984	
☞	Arrowhead Transfer	826-3419	
<input type="checkbox"/>	Notify the Facility Unit Leader and the Shelter Manager of the staging location.	Facility Unit Leader, Shelter Manager	
<input type="checkbox"/>	Establish control, inventory and distribution of supplies and equipment from the Disaster Supplies Container as outlined in the Disaster Supplies Container Plan		
<input type="checkbox"/>	Brief Shelter Facility Unit Leader on equipment and supply capacity and shortfalls	Facility Unit Leader	

	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Facility Unit Leader	Facility Unit Leader	
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Conduct beginning of shift briefing for all Team Members.		
<input type="checkbox"/>	Track and inventory distribution and return of container supplies and equipment		
<input type="checkbox"/>	Track all used, destroyed or damaged equipment or supplies	Disaster Supplies Container Team	
<input type="checkbox"/>	Maintain security of the Disaster Supplies Container	Disaster Supplies Container Team	
<input type="checkbox"/>	If Pet Services are necessary, execute the Pet Services Team Checklist, or assign a Pet Services Team Leader	Pet Services Team	
<input type="checkbox"/>	If transportation is necessary, execute the Transportation Team Checklist or assign a Transportation Team Leader	Transportation Team Leader	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members. Sign out of the shelter at the registration desk.		
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	If the shelter or mass care operations are concluded, contact a transportation company to return the container to the standby location		

PET SERVICES TEAM LEADER

The Shelter Facility Unit Leader will act as the Pet Services Team Leader, or will assign a team leader at the beginning and throughout the Shelter Operations. This team leader does not have to have special qualifications. Each shelter may have a Pet Services Team Leader assigned, a single Team Leader may manage a central pet services facility, or a team leader may manage multiple facility sites and report to one or more Facility Team Leaders. The Pet Services Team Leader will report directly to the Facility Unit Leader. The Facility Unit Leaders may appoint additional team leaders as necessary to cover shifts as directed by the Shelter Manager. A team leader should be in each pet services facility throughout the duration of the shelter operations.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader will determine if pet services will be required and will execute the Pet Services Team Checklist or assign a Pet Services Team Leader.



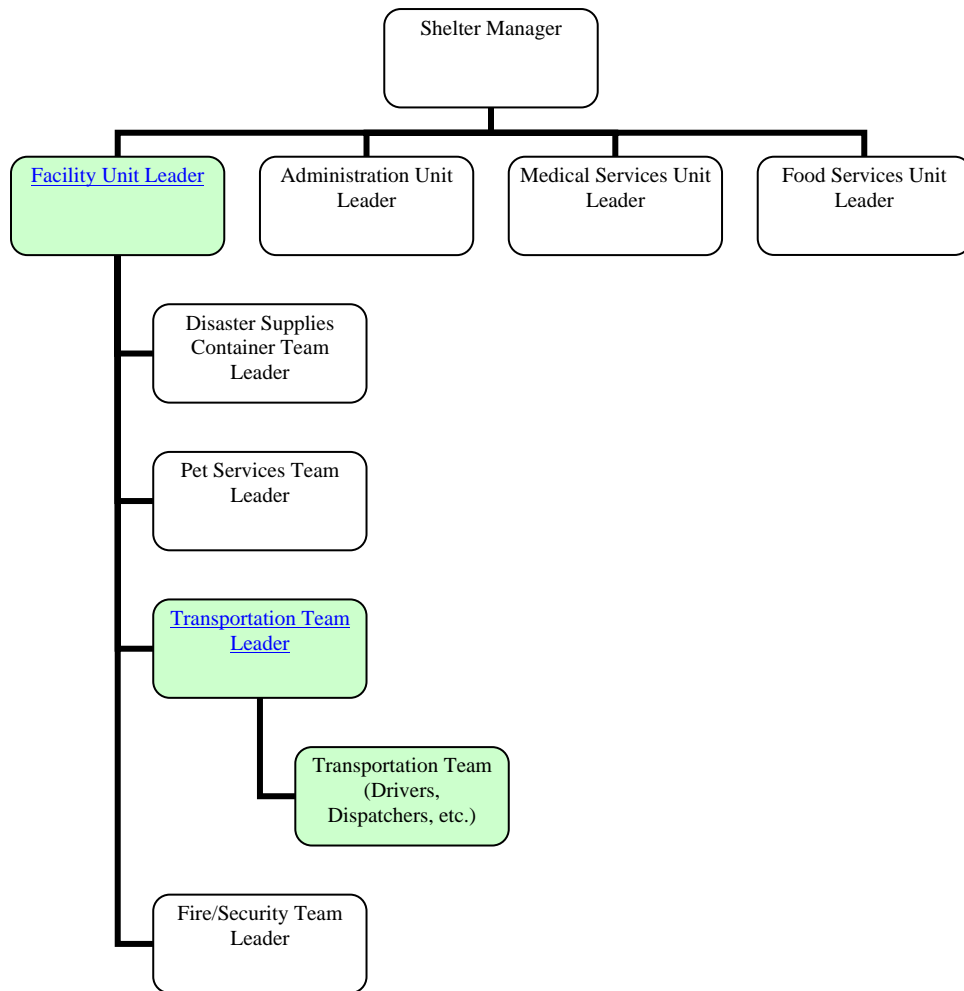
Pet Services Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Pet Services Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Facility Unit Leader to determine need, location and facilities necessary for Pet Services. Determine if existing facilities will be used, or if portable shelters will be used to establish facilities.	Facility Unit Leader	
<input type="checkbox"/>	Contact local Craig Police, local grocery stores, local sporting goods stores and local pet stores to secure kennels, pet food and other supplies necessary to sustain Pet Services		
(	Craig Police Department	826-3330	
(	Thompson House	826-3394	
(	Klawock IGA	755-2722	
(	Log Cabin Sports	826-2205	
<input type="checkbox"/>	Notify the Facility Unit Leader and the Shelter Manager of the pet services locations.	Facility Unit Leader, Shelter Manager	
<input type="checkbox"/>	Establish control, inventory and distribution of supplies necessary for pet services operations		
<input type="checkbox"/>	Brief Shelter Facility Unit Leader on pet services supply capacity and shortfalls	Facility Unit Leader	

	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Facility Unit Leader	Facility Unit Leader	
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Conduct beginning of shift briefing for all Team Members.		
<input type="checkbox"/>	Allow owners to walk and care for animals in the pet services facilities		
<input type="checkbox"/>	Maintain inventory of supplies on hand and anticipated shortfalls		
<input type="checkbox"/>	Maintain security of the Pet Services facility		
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members. Sign out of the shelter at the registration desk.		
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	If the shelter or mass care operations are concluded, demobilize the Pet Services Facilities		

TRANSPORTATION TEAM LEADER

The Shelter Facility Unit Leader will act as the Transportation Team Leader, or will assign a team leader at the beginning and throughout the Shelter Operations. This team leader should have some knowledge of available transportation and organization skills to schedule services. Local transportation companies, school bus fleet managers, and taxi operators are potential sources for Transportation Team Leaders. Each shelter may have a Transportation Team Leader assigned or a single Team Leader may manage a transportation services for multiple facilities and report to one or more Facility Team Leaders. The Transportation Team Leader will report directly to the Facility Unit Leader. The Facility Unit Leaders may appoint additional team leaders as necessary to cover shifts as directed by the Shelter Manager. Team Leaders may work out of any facility or shelter as determined by the Facility Unit Leaders, Shelter Managers or Shelter Operations Branch Director.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader will determine if transportation services will be required and will execute the Transportation Team Checklist or assign a Transportation Team Leader.



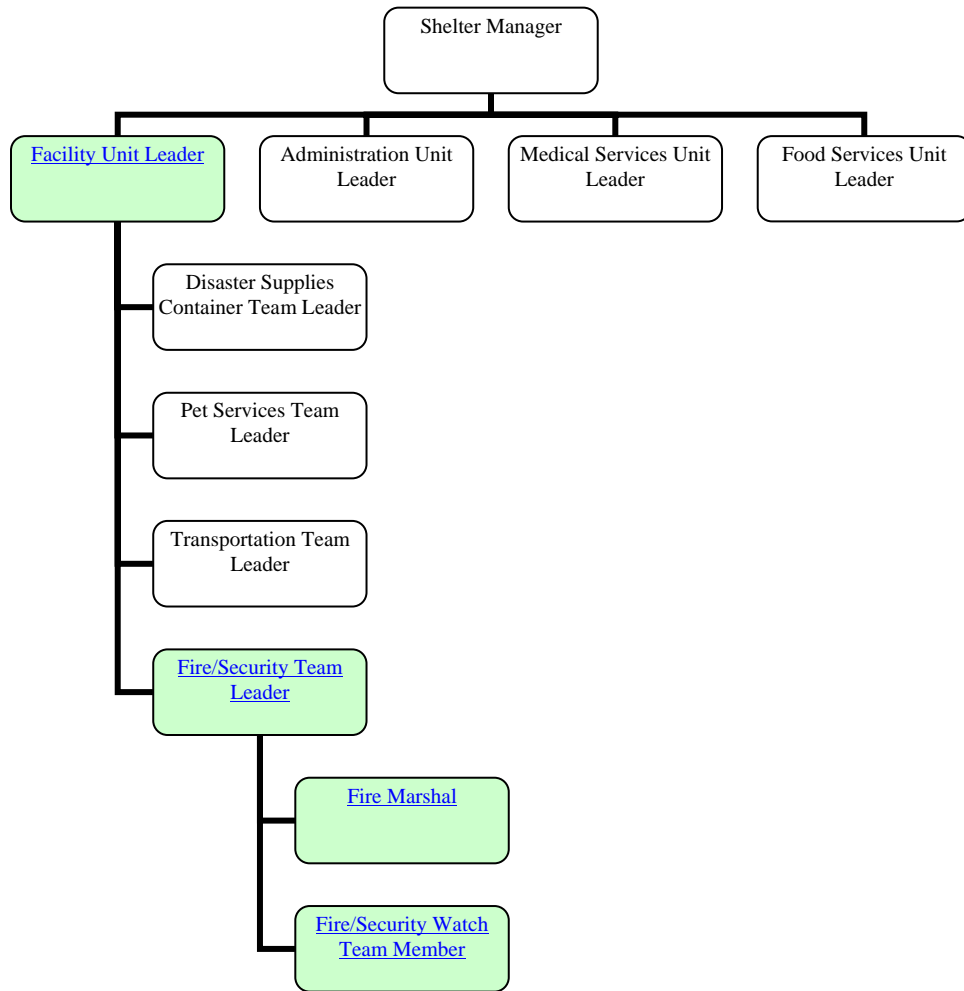
Transportation Team Leader Checklist (Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Transportation Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Facility Unit Leader to determine transportation need and resources	Facility Unit Leader	
<input type="checkbox"/>	Contact local schools, churches, taxi companies and City of Craig to identify transportation resources and drivers		
(	Craig City School District	826-3274	
(	City of Craig	826-3275	
(	Indian Time Taxi	826-	
(	New Hope Baptist Church	826-2526	
(	Anchor Baptist Church	826-5603	
(	Craig Church of God	826-3358	
(	Craig Presbyterian Church	826-3282	
(	Craig Bible Church	826-3340	
(	Salvation Army	755-2769	

<input type="checkbox"/>	St. John's Catholic Church	826-2345	
<input type="checkbox"/>	Prince of Peace Assembly Church	755-2275	
<input type="checkbox"/>	Church of Latter Day Saints	826-3434	
<input type="checkbox"/>	Make a roster of available vehicles and drivers		
<input type="checkbox"/>	Contact fuel providers and arrange billing for fuel service		
<input type="checkbox"/>	City of Craig, Public Works	826-3405	
<input type="checkbox"/>	Shaub-Ellison Tire and Fuel	826-3450	
<input type="checkbox"/>	Petro Marine Services	826-3296	
<input type="checkbox"/>	Brief Shelter Facility Unit Leader on transportation capacity and shortfalls	Facility Unit Leader	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Attend shift briefing conducted by Facility Unit Leader	Facility Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members. Include a driver safety briefing.		
<input type="checkbox"/>	Post current schedule and contact information for shelter residents to use transportation services		
<input type="checkbox"/>	Maintain a daily schedule of available vehicles and drivers. Update or complete the Support Vehicle Inventory form (ICS 218). ICS 218 can be found in Section 9 of this plan.		
<input type="checkbox"/>	Maintain security of the transportation facility and vehicles		
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members. Sign out of the shelter at the registration desk.		
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	If the shelter or mass care operations are concluded, demobilize the Transportation Facilities and resources		

FIRE/SECURITY TEAM LEADER

The Shelter Facility Unit Leader will act as the Fire/Security Team Leader, or will assign a team leader at the beginning and throughout the Shelter Operations. This team leader should have some knowledge of fire, safety and security issues and procedures and should have good organizational skills to manage and schedule 24-hour services. Each shelter should have a Fire/Security Team Leader assigned. The Fire/Security Team Leader will report directly to the Facility Unit Leader. The Facility Unit Leaders may appoint additional team leaders as necessary to cover shifts as directed by the Shelter Manager. It is not necessary that the Fire/Security Team Leader is onsite at all times, but they should be available on call.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader will execute the Fire/Security Team Checklist or assign a Fire/Security Team Leader.



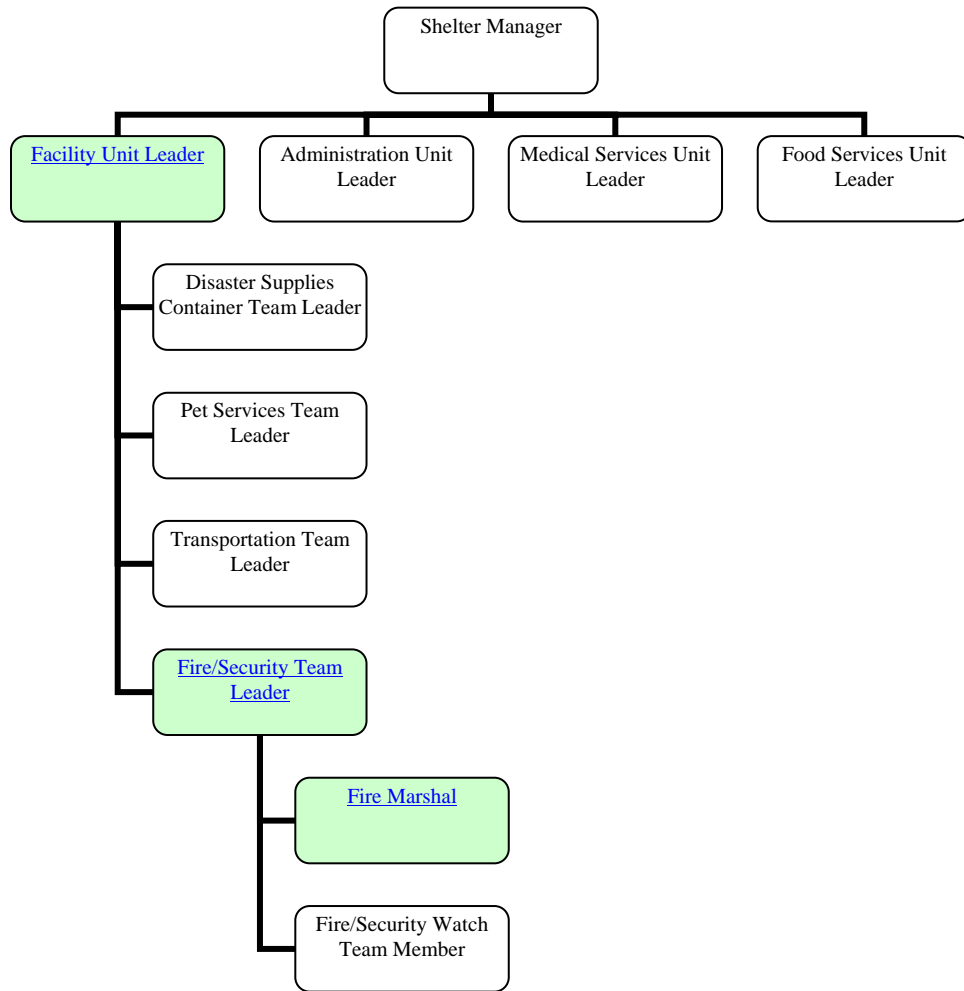
Fire/Security Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Fire/Security Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
	Fire Marshal :		
	Craig Police Department:		826-3330
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Facility Unit Leader to identify facilities that will be used for shelter or mass care	Facility Unit Leader	
<input type="checkbox"/>	Execute the Fire Marshal Checklist, or assign a Fire Marshal from the local Fire Department	826-3330	Assigned through Craig Dispatch
<input type="checkbox"/>	Work with the Administration Unit Leader to identify in-shelter volunteers to conduct Fire/Security Watch		
<input type="checkbox"/>	Schedule Fire/Security Watch Team members		
<input type="checkbox"/>	Brief Shelter Facility Unit Leader on Fire/Security Watch capacity and shortfalls	Facility Unit Leader	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Facility Unit Leader	Facility Unit Leader	
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Conduct beginning of shift briefing for all Team Members.		
<input type="checkbox"/>	Post Fire/Security Watch Team schedule for current and following operational periods.		
<input type="checkbox"/>	Coordinate daily inspection and briefing from Fire Marshal	Fire Marshal	
<input type="checkbox"/>	Immediately notify the Facility Unit Leader and Shelter Manager of safety, fire or security concerns		

<input type="checkbox"/>	Conduct daily safety, fire and security briefing for shelter occupants. Include fire alarm and escape procedures	Facility Unit Leader, Shelter Manager, Fire Marshal	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members. Sign out of the shelter at the registration desk.		
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
<input type="checkbox"/>	If the shelter or mass care operations are concluded, demobilize the Fire/Security Watch personnel and resources		

FIRE MARSHAL

The Shelter Facility Unit Leader or the Fire/Security Team Leader will act as the Fire Marshal, or will assign a Fire Marshal at the beginning and throughout the Shelter Operations. The fire marshal should be familiar with local shelter facilities, fire safety, fire escape procedures and fire department response. A single person can act as the fire marshal for multiple facilities. The Fire Marshal will report directly to the Fire/Security Team Leader. It is not necessary that the Fire Marshal is onsite at all times, but they should be available on call.

When the Shelter Manager notifies the Facility Unit Leader to initiate shelter operations, the Facility Unit Leader or the Fire/Security Team Leader will execute the Fire Marshal Checklist or assign a Fire Marshal.



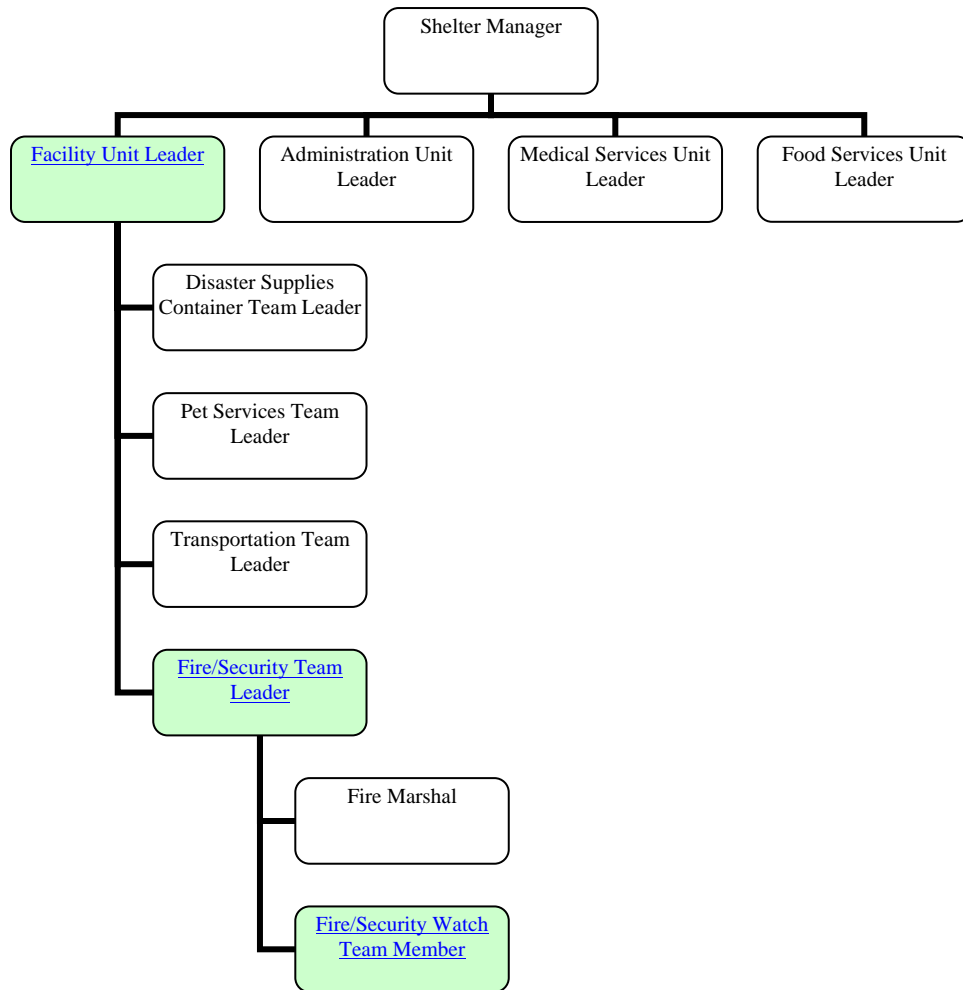
Fire Marshal Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Fire Marshal:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
	Fire/Security Team Leader:		
	Craig Police Department:		826-3330
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Facility Unit Leader to identify facilities that will be used for shelter or mass care	Facility Unit Leader	
<input type="checkbox"/>	Conduct a walk-thru of each shelter or mass care facility to identify safety/fire issues	826-3330	Assigned through Craig Dispatch
<input type="checkbox"/>	Review, modify or develop fire escape plans for each facility		
<input type="checkbox"/>	Brief Shelter Facility Unit Leader on safety/fire issues, fire escape plans and identified hazards	Facility Unit Leader	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Shelter Manager. Brief shelter leadership on safety/fire issues	Shelter Manager	
<input type="checkbox"/>	Post Fire Escape plans and make sure that escape routes are clearly marked and free of obstructions		
<input type="checkbox"/>	Immediately notify the Fire/Security Team Leader, Facility Unit Leader and Shelter Manager of safety, fire or security concerns		
<input type="checkbox"/>	Assist the Facility Unit Leader with the daily safety, fire and security briefing for shelter occupants. Include fire alarm and escape procedures	Facility Unit Leader, Shelter Manager, Fire Marshal	
<input type="checkbox"/>	Attend shift briefing conducted by Shelter Manager. Brief shelter leadership on safety/fire issues	Shelter Manager	

<input type="checkbox"/>	Conduct beginning and end of shift briefing for all Fire/Security Team Members. Sign in and out of the shelter facility at the registration desk.		
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	

FIRE/SECURITY WATCH TEAM MEMBER

The Fire/Security Team Leader assign Fire/Security Watch Team Members at the beginning and throughout the Shelter Operations. The team members do not require special knowledge or skills. Volunteers for team members may come from shelter occupants. Each shelter facility should assign enough team members to operate in teams of two for two to three hour shifts. A team of two members should be on duty 24-hours. Team Members will report directly to the Fire/Security Team Leader. Team Members must be located in the facility during their shift.

A team should execute the Fire/Security Watch Team Member Checklist for each team shift.



Fire/Security Watch Team Member Checklist (Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Fire/Security Watch Team Member 1:		
	Fire/Security Watch Team Member 2:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Facility Unit Leader/Contact Number:		
	Fire/Security Team Leader:		
	Craig Police Department:		826-3330
	Fire Marshal:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
Initial Activation Tasks		Contact	Remarks
<input type="checkbox"/>	Meet with Fire/Security Team Leader for briefing	Facility Unit Leader	
<input type="checkbox"/>	Conduct a walk-thru of each shelter or mass care facility with the fire/security team leader and the fire marshal to identify safety, security and fire issues	826-3330	Assigned through Craig Dispatch
<input type="checkbox"/>	Review fire escape plans prepared by the Fire Marshal		
Daily/Shift Tasks		Contact	Remarks
Conduct Walk-Thru Every 15-30 Minutes			
<input type="checkbox"/>	Coordinate with team coming off shift to note safety, fire or security issues, concerns or events.		
<input type="checkbox"/>	Ensure that fire escape routes are clearly marked and free of obstructions		
<input type="checkbox"/>	Immediately notify the Fire/Security Team Leader of fire or security concerns		
<input type="checkbox"/>	Attend beginning and end of shift briefing for all Fire/Security Team Members. Sign in and out of the shelter facility at the registration desk.		

<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Shelter Administration Unit, Documentation Team	
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SECTION 4: SHELTER ADMINISTRATION UNIT

The shelter administration unit is responsible for tracking all staff, occupants and visitors into and out of the shelter facility. Administration is responsible for registration, shelter document collection, procurement and finding/staffing volunteer resources.

Additional information on the shelter administration unit can be found as shown below:

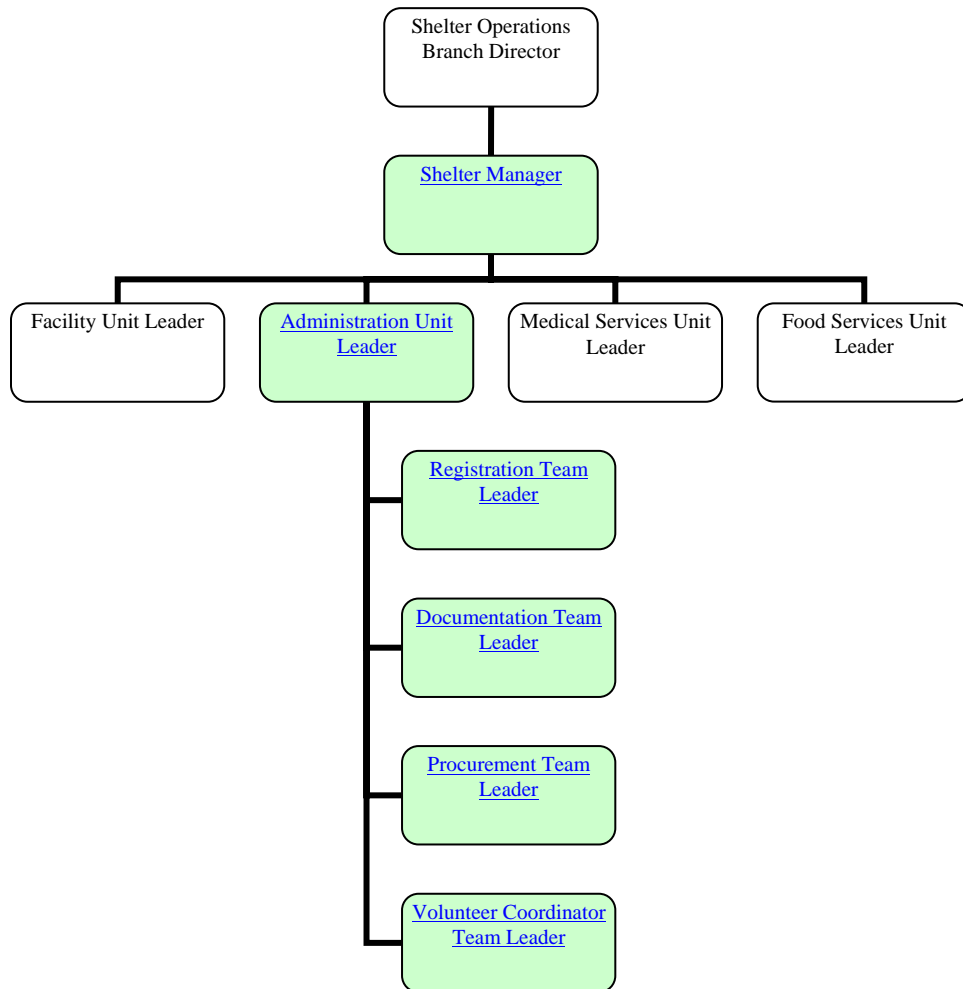
<u>SHELTER ADMINISTRATION UNIT LEADER</u>	Page 36
<u>REGISTRATION TEAM LEADER</u>	Page 39
<u>DOCUMENTATION TEAM LEADER</u>	Page 42
<u>PROCUREMENT TEAM LEADER</u>	Page 45
<u>VOLUNTEER COORDINATOR</u>	Page 48

SHELTER ADMINISTRATION UNIT LEADER

The Shelter Administration Unit Leader will be designated by the Shelter Manager. The Administration Unit Leader will usually be a member of school or municipal administration staff. Each shelter may have an Administration Unit Leader assigned, or a single Unit Leader may manage multiple facility sites and report to multiple Shelter Managers. The Administration Unit Leader will report directly to the Shelter Manager. The Administration Unit Leaders may appoint additional unit leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Administration Unit Leader does not have to be in the shelter at all times, but needs to oversee administrative needs and staffing in each shelter and remain on-call in the vicinity for the entirety of the shelter operations.

When the Shelter Manager notifies the Administration Unit Leader to initiate shelter operations, the Administration Unit Leader will initiate the Administration Unit Leader Checklist.

The Administration Unit Leader will assume all responsibilities of the Administration Unit staff until staff members are assigned.



Administration Unit Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Administration Unit Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Shelter Manager/Contact Number:		
	Facility Unit Leader:		
	Medical Services Unit Leader:		
	Food Services Unit Leader:		
	Fire Marshal:		
	Registration Team Leader:		
	Documentation Team Leader:		
	Procurement Team Leader:		
	Volunteer Coordinator Team Leader:		
	On-Duty EMTs:		
	On-Duty Police Contact:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Shelter Manager to determine administration requirements to meet mass care or shelter needs.	Shelter Manager	
<input type="checkbox"/>	Contact Team Leaders to activate appropriate units for each facility		
<input type="checkbox"/>	Registration Team		
<input type="checkbox"/>	Documentation Team		
<input type="checkbox"/>	Procurement Team		
<input type="checkbox"/>	Meet with all Unit Leaders to schedule staff, conduct an incident briefing and determine needs	Unit Leaders	

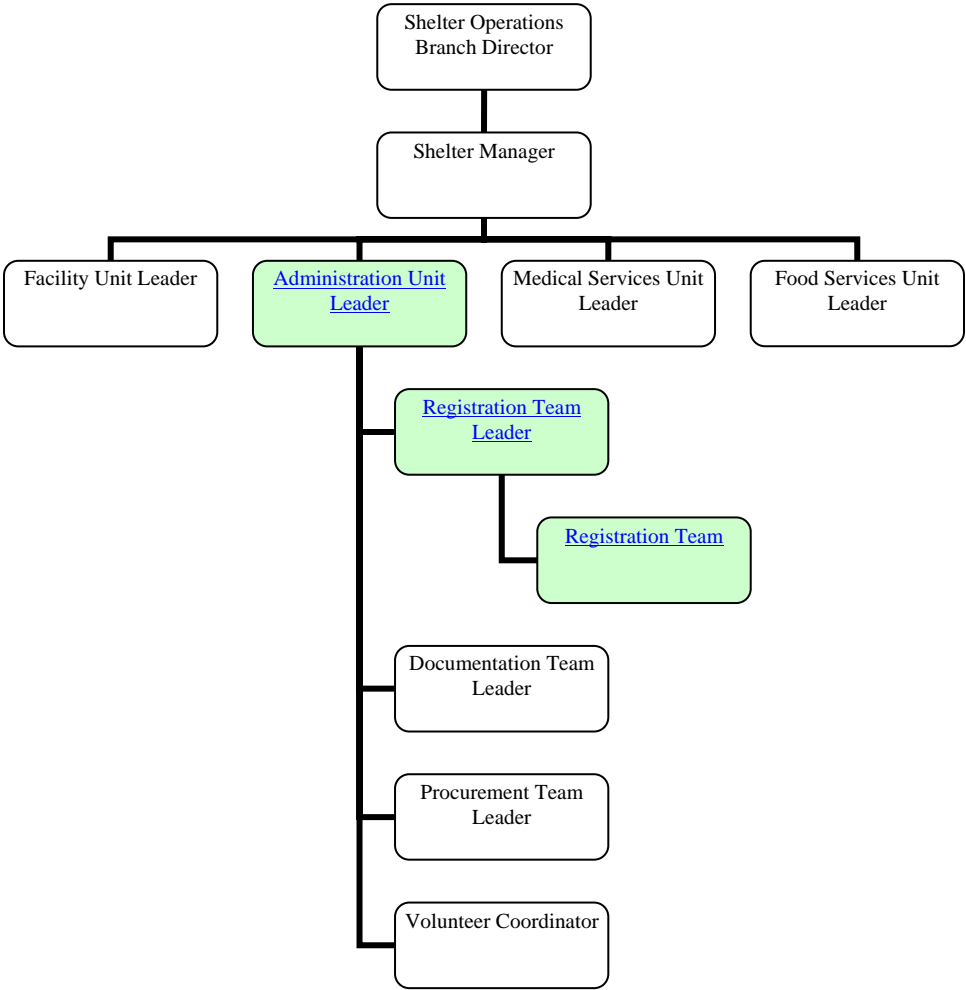
<input type="checkbox"/>	Brief Shelter Manager on administrative capacity and shortfalls	Shelter Manager	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in to shelter at registration desk. Attend shift briefing conducted by Shelter Manager.	Shelter Manager	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Leaders	Team Leader	
<input type="checkbox"/>	Work with Shelter Manager to meet administrative shortfalls and needs		
<input type="checkbox"/>	Execute the Registration Team Leader Checklist or assign a Registration Team Leader	Registration Team	
<input type="checkbox"/>	Execute the Documentation Team Leader Checklist or assign a Documentation Team Leader	Documentation Team	
<input type="checkbox"/>	Execute the Procurement Team Leader Checklist or assign a Procurement Team Leader	Procurement Team	
<input type="checkbox"/>	Ensure that shower, meal, curfew and other schedules and notices are posted in the shelter facility	Registration Team	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Leaders	Team Leaders	
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter administration operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out of shelter at the registration desk.	Shelter Manager	

REGISTRATION TEAM LEADER

The Registration Team Leader will be designated by the Administration Unit Leader. The Registration Team Leader will usually be a member of school or municipal administration staff. Each shelter should have a Registration Team Leader assigned. The Registration Team Leader will report to the Administration Unit Leader. The Administration Unit Leaders may appoint additional Registration Team leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Registration Team Leader does not have to be in the shelter at all times, but needs to oversee registration needs and staffing in the shelter and remain on-call in the vicinity for the entirety of the shelter operations.

When the Shelter Manager notifies the Administrative Unit Leader to initiate shelter operations, the Administrative Unit Leader will initiate the Registration Team Leader Checklist or will assign a team leader to execute the checklist.

All registration forms, posters, and safety handouts can be found at Attachment A.



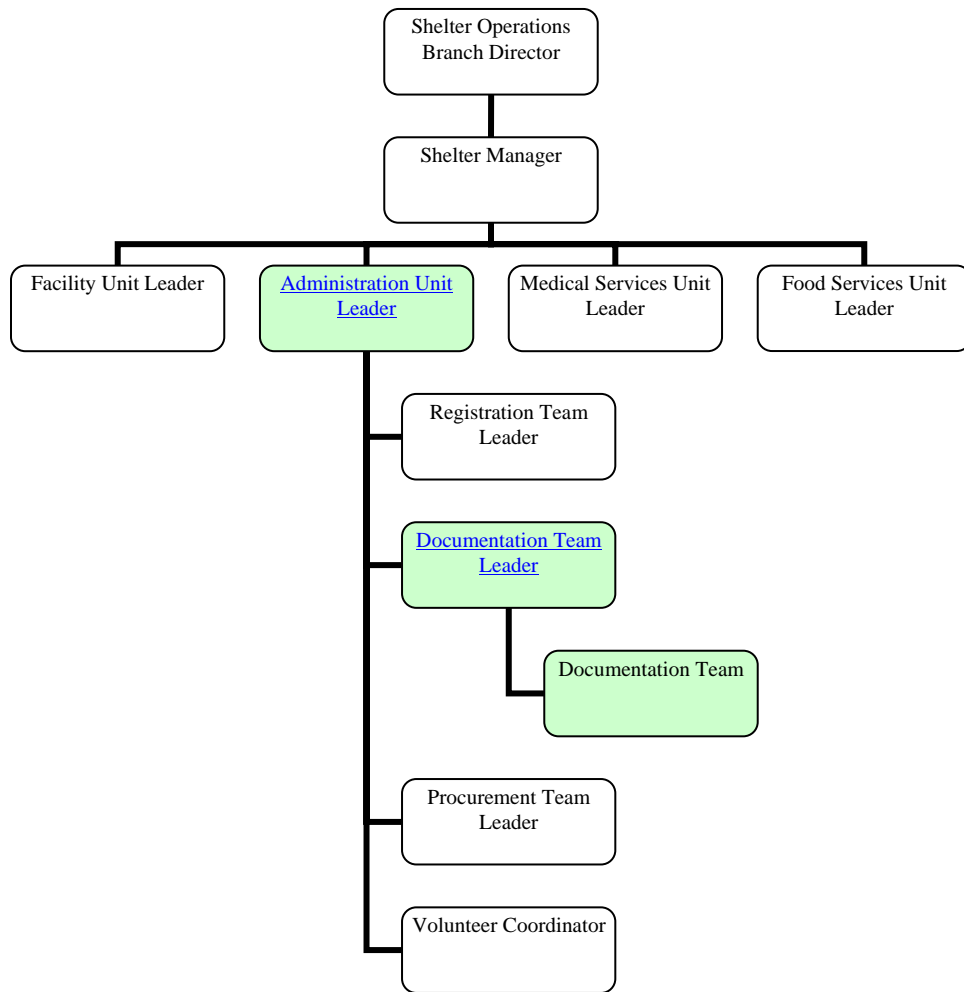
Registration Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Registration Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Administrative Unit Leader/Contact Number:		
	Documentation Team Leader:		
	Procurement Team Leader:		
	Volunteer Coordinator Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Administrative Unit Leader to determine registration requirements to meet mass care or shelter needs.		
<input type="checkbox"/>	Assign and schedule staff to perform shelter registration.		
<input type="checkbox"/>	Designate a registration area and set up table.		
<input type="checkbox"/>	Coordinate Medical Services Unit review of registration forms to determine special medical or dietary needs.	Medical Services Unit	
<input type="checkbox"/>	Make or get copies of registration forms, sign-in/sign-out logs, and shelter handouts. Ensure that there is enough scratch paper, pens, and other supplies available. Forms can be found in Section 8 of this plan		
<input type="checkbox"/>	Brief Shelter Manager on administrative capacity and shortfalls	Shelter Manager	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in to shelter at the registration desk. Attend shift briefing conducted by Administrative Unit Leader.	Administrative Unit Leader	

<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		
<input type="checkbox"/>	Ensure that all occupants complete registration upon entry and exit from the shelter. Registration forms can be found in Section 8 of this plan.	Registration Team	
<input type="checkbox"/>	Ensure that all occupants, staff, visitors and others sign in and out of the shelter facility. Sign in and out logs can be found in Section 8 of this plan.	Registration Team	
<input type="checkbox"/>	Ensure that all supplies and equipment issued to occupants are tracked on the registration form when they are assigned and when they are returned	Registration Team	
<input type="checkbox"/>	Ensure that the "Safety Rules and Shelter Guidelines", "No Pets Allowed" and "Curfew and Quiet Hours" signs are completed and posted in prominent places at the registration desk and throughout the shelter. The signs can be found in Section 8 of this plan.	Registration Team	
<input type="checkbox"/>	Ensure that all occupants are issued a safety handout. The safety handout can be found in Section 8 of this plan.	Registration Team	
<input type="checkbox"/>	Ensure that all registration forms are reviewed by the Medical Services Unit representative at the registration station	Medical Services Unit	
<input type="checkbox"/>	Ensure that all registration forms are forwarded to the Emergency Operations Center on a regular basis	Emergency Operations Center	826-3330
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members	Team Members	
<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, registration forms, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter administration operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out of shelter at the registration desk.	Shelter Manager	

DOCUMENTATION TEAM LEADER

The Documentation Team Leader will be designated by the Administration Unit Leader. The Documentation Team Leader will usually be a member of school or municipal administration or finance staff. Each shelter should have a Documentation Team Leader assigned. The Documentation Team Leader will report to the Administration Unit Leader. The Administration Unit Leaders may appoint additional Documentation Team leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Documentation Team Leader should be in the shelter at all times in order to oversee the collection of documents from all units within the shelter.

When the Shelter Manager notifies the Administrative Unit Leader to initiate shelter operations, the Administrative Unit Leader will initiate the Documentation Team Leader Checklist or will assign a team leader to execute the checklist.



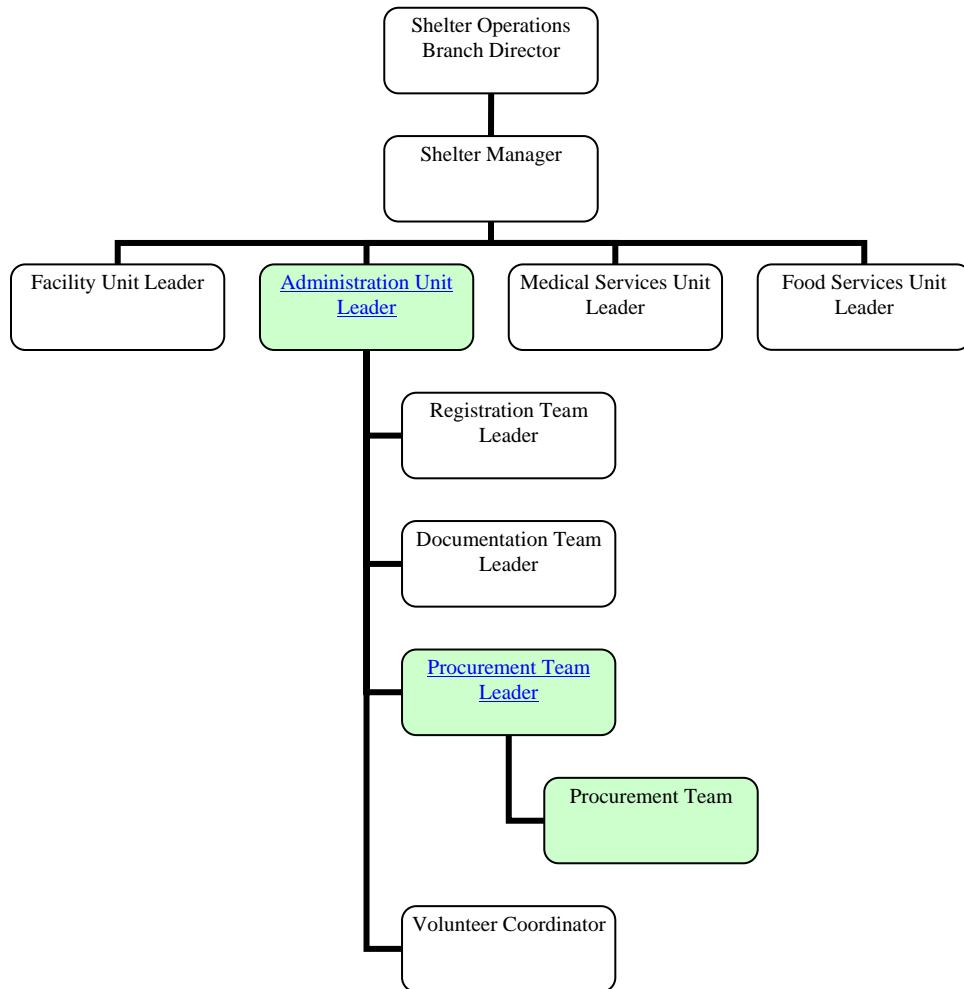
Documentation Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Documentation Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Administrative Unit Leader/Contact Number:		
	Registration Team Leader:		
	Procurement Team Leader:		
	Volunteer Coordinator Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Administrative Unit Leader and Shelter Manager to determine documentation unit personnel and a document collection area.		
<input type="checkbox"/>	Assign and schedule staff to perform document collection.		
<input type="checkbox"/>	Designate a document collection area.		
<input type="checkbox"/>	Coordinate document collection with all shelter leadership and staff.		
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Attend shift briefing conducted by Administrative Unit Leader.	Administrative Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		
<input type="checkbox"/>	Coordinate the collection of all documentation with Team and Unit Leaders and the Shelter Manager		
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members	Team Members	

<input type="checkbox"/>	Ensure that all documentation including resource requests, inventory sheets, situation reports, personnel use, registration forms, etc. is collected and secured on a daily basis.	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter documentation operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out of the shelter at the registration desk.	Shelter Manager	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation is forwarded to Emergency Operations Center finance and administration staff for disaster reimbursement and recordkeeping.	Shelter Manager	

PROCUREMENT TEAM LEADER

The Procurement Team Leader will be designated by the Administration Unit Leader. The Procurement Team Leader will usually be a member of school or municipal finance staff. Most procurement for the incident will probably take place at the Emergency Operations Center level. A procurement team leader can be designated for each shelter site, a procurement team leader can be designated to represent multiple shelter sites, or the Administration Unit Leader can act as the procurement team leader. The Procurement Team Leader will report to the Administration Unit Leader. The Administration Unit Leaders may appoint additional Procurement Team leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Procurement Team Leader is not required to be in the shelter at all times. The procurement team leader's primary responsibility is to coordinate shelter resource procurement with the Finance/Administration Section of the Emergency Operations Center

When the Shelter Manager notifies the Administrative Unit Leader to initiate shelter operations, the Administrative Unit Leader will initiate the Procurement Team Leader Checklist or will assign a team leader to execute the checklist.



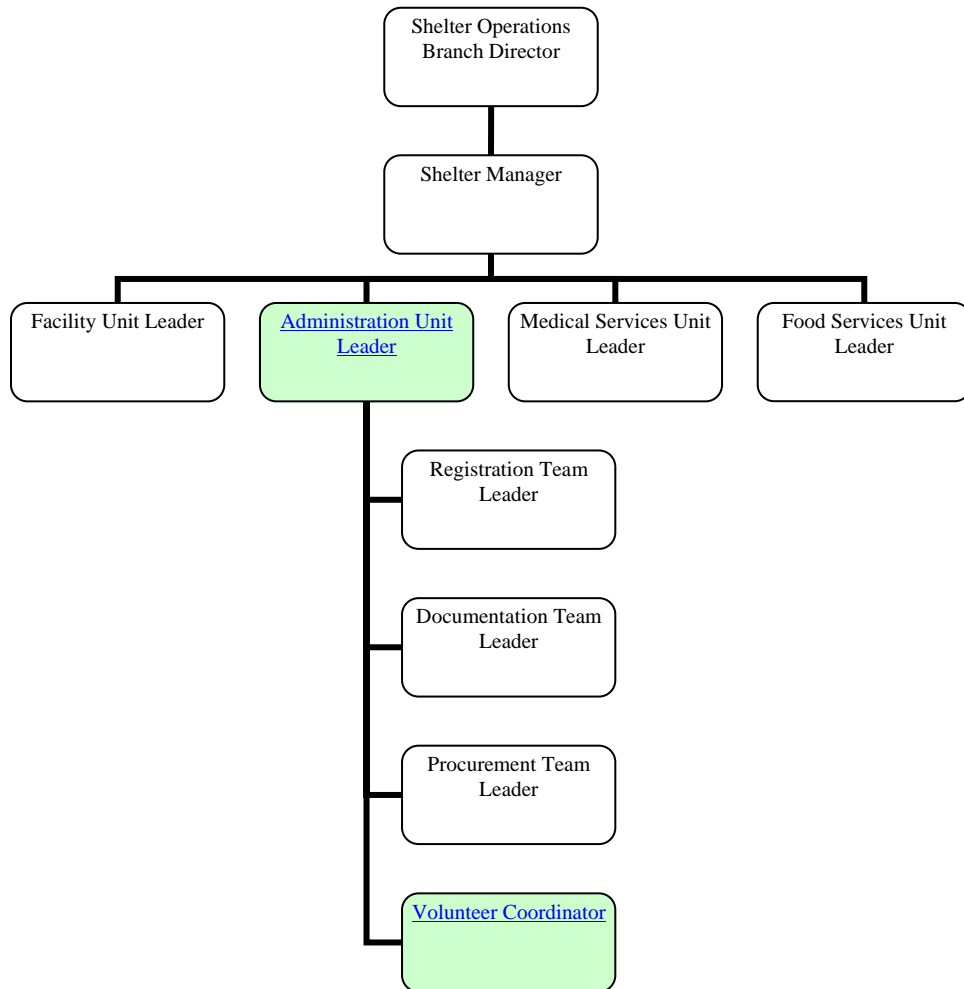
Procurement Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Procurement Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Administrative Unit Leader/Contact Number:		
	Registration Team Leader:		
	Documentation Team Leader:		
	Volunteer Coordinator Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Administrative Unit Leader and Shelter Manager to determine procurement unit personnel and a document collection area.		
<input type="checkbox"/>	Assign and schedule staff to coordinate procurement with the Finance/Administration Section		
<input type="checkbox"/>	Designate a procurement staff location.		
<input type="checkbox"/>	Coordinate procedures and limits with all shelter leadership and staff.		
<input type="checkbox"/>	Provide shelter leadership and staff forms and documents to request resources, request checks or to produce purchase orders.		
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in to the shelter at the registration desk. Attend shift briefing conducted by Administrative Unit Leader	Administrative Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		

<input type="checkbox"/>	Coordinate the procurement of goods and services between Team and Unit Leaders, Shelter Managers, and the Finance/Administration Section (EOC)		
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members	Team Members	
<input type="checkbox"/>	Ensure that all documentation including resource requests, purchase orders, contracts, etc. is collected and forwarded to the Documentation Team on a daily basis.	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter procurement operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out of the shelter at the registration desk.	Shelter Manager	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation has been forwarded to Emergency Operations Center finance and administration staff .	Shelter Manager	

VOLUNTEER COORDINATOR

The Volunteer Coordinator will be designated by the Administration Unit Leader. The Volunteer Coordinator will usually be a volunteer coordinator from a local volunteer group, non-profit organization, school or faith community. A volunteer coordinator can be designated for each shelter site, a single volunteer coordinator can operate for multiple shelters, or the Administration Unit Leader can act as the volunteer coordinator. The Volunteer Coordinator will report to the Administration Unit Leader. The Administration Unit Leaders may appoint additional Volunteer Coordinators or assistants as necessary to cover shifts as directed by the Shelter Manager. The Volunteer Coordinator is not required to be in the shelter at all times. The volunteer coordinator's primary responsibility is to determine volunteer resources that are available, assign them to shelter operations as necessary and track volunteer resources that are being used.

When the Shelter Manager notifies the Administrative Unit Leader to initiate shelter operations, the Administrative Unit Leader will initiate the Volunteer Coordinator Checklist or will assign a Volunteer Coordinator to execute the checklist.



Volunteer Coordinator Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Volunteer Coordinator:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Administrative Unit Leader/Contact Number:		
	Registration Team Leader:		
	Documentation Team Leader:		
	Procurement Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Administrative Unit Leader and Shelter Manager to determine volunteer coordinator personnel and resource needs.		
<input type="checkbox"/>	Assign and schedule staff to coordinate volunteers with other Team, Unit and Shelter leadership		
<input type="checkbox"/>	Designate a volunteer coordinator staff location at the registration desk in each shelter site.		
<input type="checkbox"/>	Coordinate requests for volunteer resources with all shelter leadership and staff.		
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in at registration desk. Attend shift briefing conducted by Administrative Unit Leader.	Administrative Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		
<input type="checkbox"/>	Coordinate the collection of volunteers and their individual skills from the registration forms		
<input type="checkbox"/>	Track resource requests from shelter leadership and match requests with available volunteers as needed and available		

<input type="checkbox"/>	Ensure that all documentation including resource requests, timesheets, etc. is collected and forwarded to the Documentation Team on a daily basis.	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter volunteer operations, staff and needs is made to the Shelter Manager at the end of the current operational period.	Shelter Manager	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members. Sign out at registration desk.	Team Members	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation has been forwarded to documentation unit staff.	Documentation Unit	

SECTION 5: MEDICAL SERVICES UNIT

The medical services unit is responsible for maintaining the infirmary, providing emergency medical services in the shelter facility, coordinating with mental and public health, and notifying area clinics of special needs or at-risk populations in the shelter.

Additional information on the medical services unit can be found as shown below:

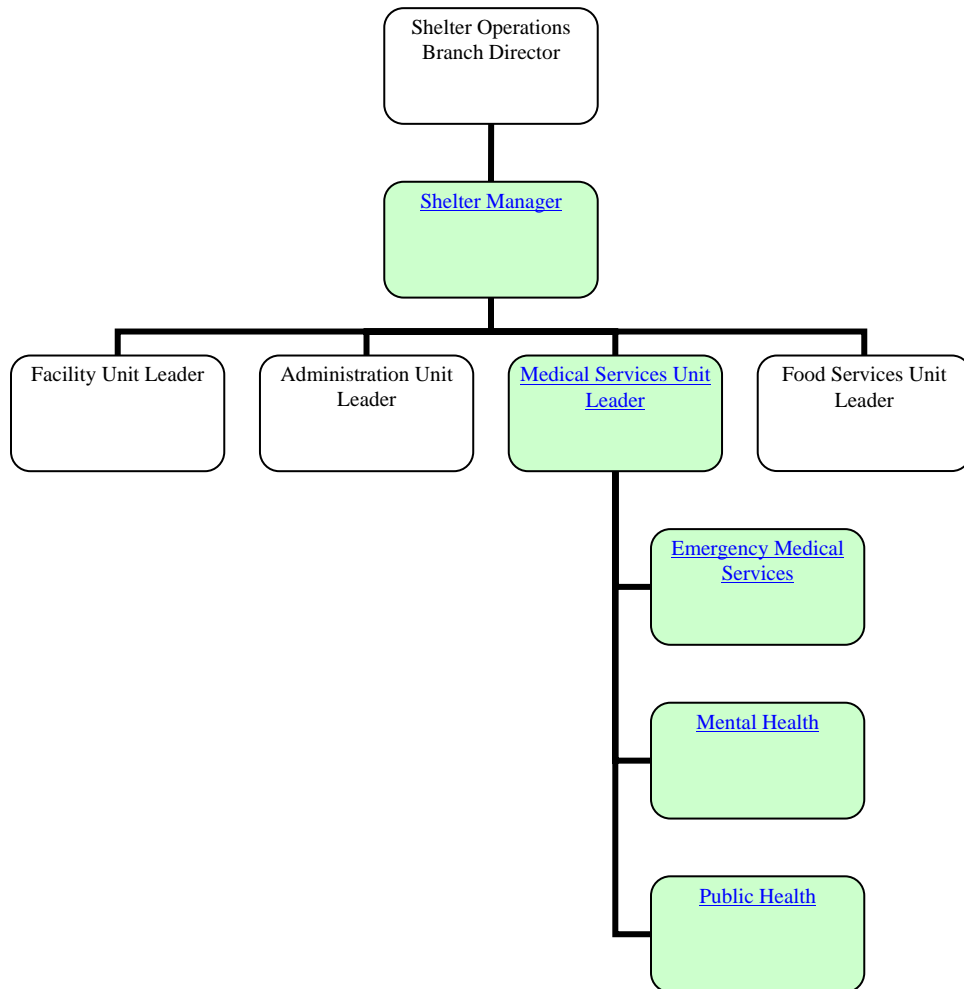
<u>MEDICAL SERVICES UNIT LEADER</u>	Page 51
<u>EMERGENCY MEDICAL SERVICES TEAM LEADER</u>	Page 52
<u>MENTAL HEALTH TEAM LEADER</u>	Page 55
<u>PUBLIC HEALTH TEAM LEADER</u>	Page 60

MEDICAL SERVICES UNIT LEADER

The Medical Services Unit Leader will be designated by the Shelter Manager. The Medical Services Unit Leader will usually be from local clinic or emergency medical services staff. Each shelter may have an Medical Services Unit Leader assigned, or a single Unit Leader may manage multiple facility sites and report to multiple Shelter Managers. The Medical Services Unit Leader will report directly to the Shelter Manager. The Medical Services Unit Leaders may appoint additional unit leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Medical Services Unit Leader does not have to be in the shelter at all times, but needs to oversee medical services needs and staffing in each shelter and remain on-call in the vicinity for the entirety of the shelter operations.

When the Shelter Manager notifies the Medical Services Unit Leader to initiate shelter operations, the Medical Services Unit Leader will initiate the Medical Services Unit Leader Checklist.

The Medical Services Unit Leader will assume all responsibilities of the Medical Services Unit staff until staff members are assigned.



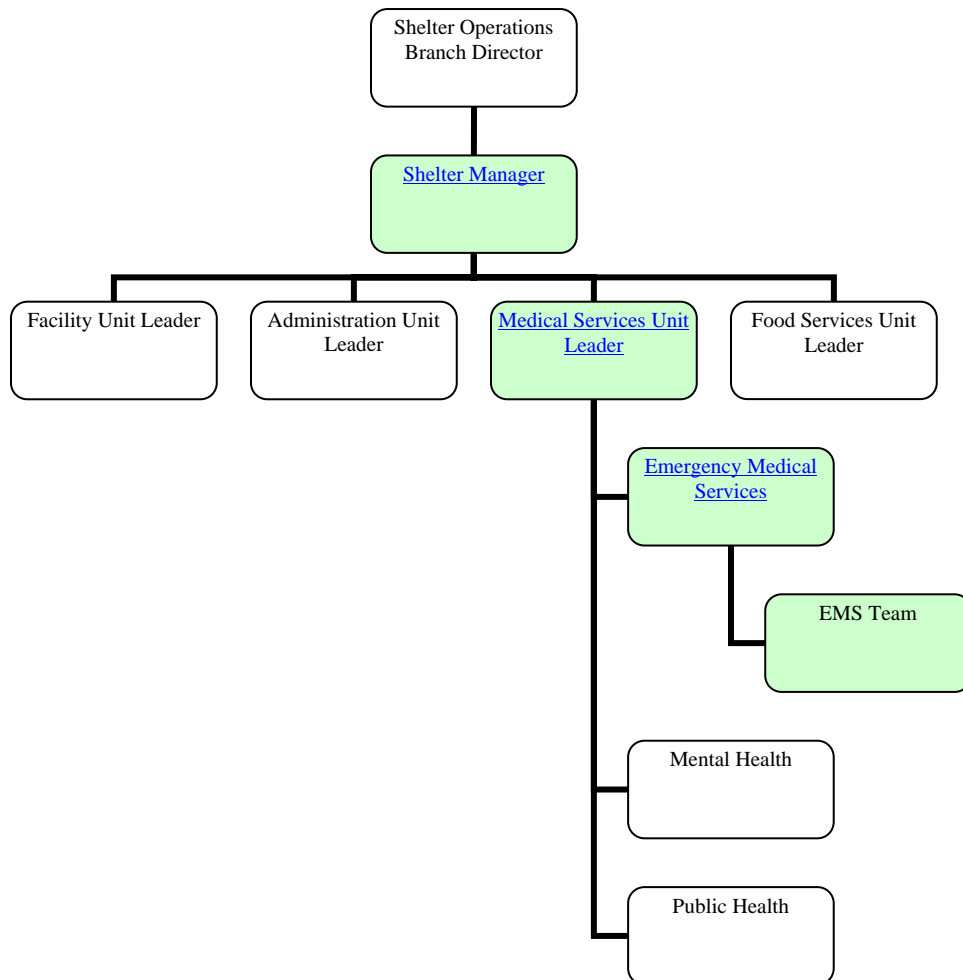
Medical Services Unit Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Medical Services Unit Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Shelter Manager/Contact Number:		
	Facility Unit Leader:		
	Administration Unit Leader:		
	Food Services Unit Leader:		
	Fire Marshal:		
	Emergency Medical Services Team Leader:		
	Mental Health Team Leader:		
	Public Health Team Leader:		
	On-Duty EMTs:		
	On-Duty Police Contact:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Shelter Manager to determine medical service requirements to meet mass care or shelter needs.	Shelter Manager	
<input type="checkbox"/>	Contact Team Leaders to activate appropriate units for each facility		
☞	Emergency Medical Services (EMS)	Craig Dispatch 826-3330	
☞	Communities Organized for Health Options (COHO)	826-3662	
☞	Alicia Roberts Medical Clinic (ARMC) Mental Health	755-4800	
☞	Alicia Roberts Medical Clinic (ARMC) Medical Staff	755-4800	

<input type="checkbox"/>	Community Connections	826-3891	
<input type="checkbox"/>	Office of Children's Services	826-3266	
<input type="checkbox"/>	Public Health	826-3433	
<input type="checkbox"/>	Craig Health Clinic	826-3257	
<input type="checkbox"/>	Assign and meet with all Unit Leaders to schedule staff, conduct an incident briefing and determine needs	Unit Leaders	
<input type="checkbox"/>	Brief Shelter Manager on medical services capacity and shortfalls	Shelter Manager	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Sign in at registration desk. Attend shift briefing conducted by Shelter Manager.	Shelter Manager	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Leaders	Team Leader	
<input type="checkbox"/>	Work with Shelter Manager to meet medical shortfalls and needs		
<input type="checkbox"/>	Execute the Emergency Medical Services Team Leader Checklist or assign an Emergency Medical Services Team Leader	Emergency Medical Services Team	
<input type="checkbox"/>	Execute the Mental Health Team Leader Checklist or assign a Mental Health Team Leader	Mental Health Team	
<input type="checkbox"/>	Execute the Public Health Team Leader Checklist or assign a Public Health Team Leader	Public Health Team	
<input type="checkbox"/>	Ensure that all medical services patient information is properly safeguarded by each team	Team Leaders	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Leaders	Team Leaders	
<input type="checkbox"/>	Ensure that all appropriate documentation including resource requests, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team and that all patient records are being maintained and secured by the healthcare providers	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter medical service operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out at registration desk.	Shelter Manager	

EMERGENCY MEDICAL SERVICES TEAM LEADER

The Emergency Medical Services Team will be designated by the Medical Services Unit Leader. The Emergency Medical Services Team Leader will usually be from a local clinic or EMS squad. An Emergency Medical Services Team Leader should be designated for each shelter site. The Emergency Medical Services Team Leader will report to the Medical Services Unit Leader. The Medical Services Unit Leaders may appoint additional Emergency Medical Services Team Leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Emergency Medical Services Team Leader or assigned EMS staff is required to be in the shelter at all times. The Emergency Medical Services Team Leader's primary responsibility is to ensure that appropriate staff and resources have been identified and assigned to meet emergency medical needs in the shelter site.

When the Shelter Manager notifies the Medical Services Unit Leader to initiate shelter operations, the Administrative Unit Leader will initiate the Emergency Medical Services Team Leader Checklist or will assign an Emergency Medical Services Team Leader to execute the checklist.



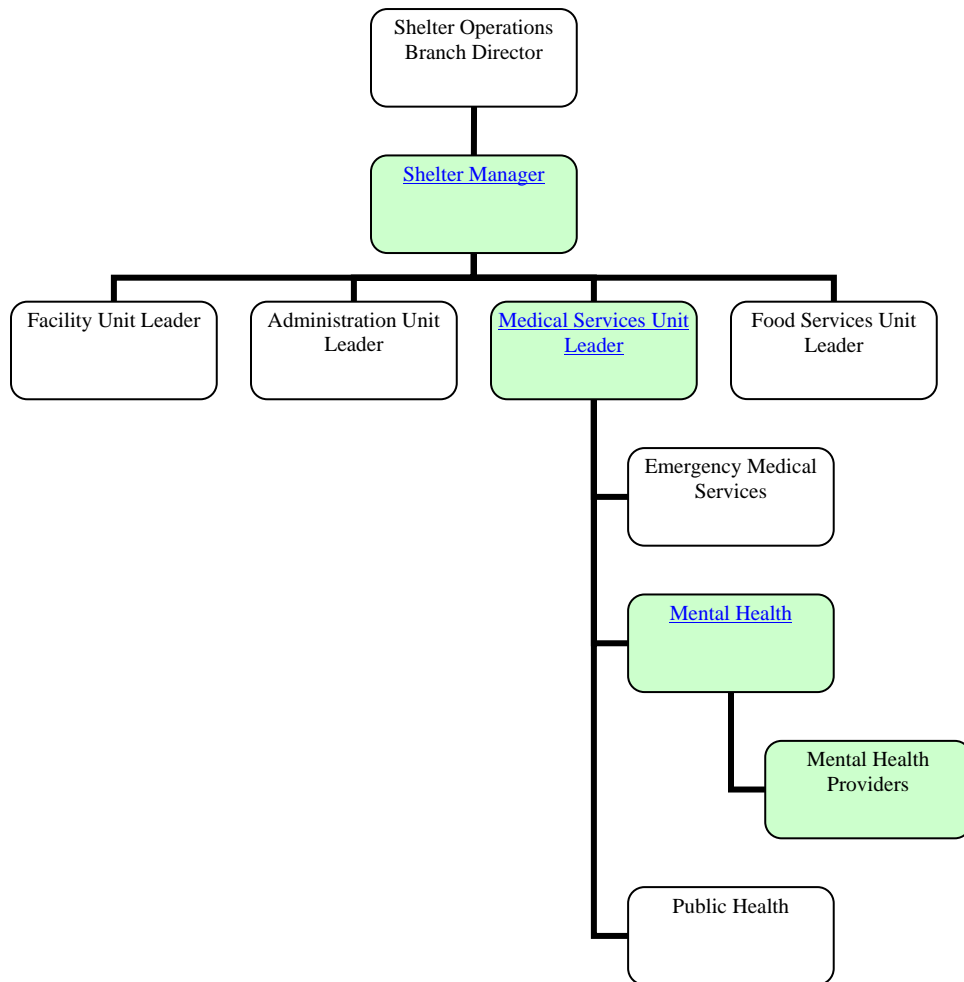
Emergency Medical Services Team Leader Checklist (Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Emergency Medical Services Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Medical Services Unit Leader/Contact Number:		
	Mental Health Team Leader:		
	Public Health Team Leader:		
Remarks/Comments/Additional Information (Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Medical Services Unit Leader and Shelter Manager to determine medical personnel and resource needs.		
<input type="checkbox"/>	Assign and schedule staff to operate a 24-hour infirmary in the shelter site		
<input type="checkbox"/>	Designate a staff location at the registration desk in each shelter site.		
<input type="checkbox"/>	Identify potential special needs populations and coordinate with Medical Services Unit Leader and primary caregivers for special needs populations		
<input type="checkbox"/>	Track all special dietary needs and medical needs as registration forms are submitted		
<input type="checkbox"/>	Assign medical supplies and equipment from the disaster supplies container to shelter sites as needed	Disaster Supplies Container Team	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Administrative Unit Leader and check in at registration desk	Medical Services Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		

<input type="checkbox"/>	Operate the shelter site infirmary and respond to emergency medical needs within the shelter		
<input type="checkbox"/>	Track medical and dietary needs as shown on registration forms		
<input type="checkbox"/>	Ensure that all documentation including resource requests, timesheets, etc. is collected and forwarded to the Documentation Team on a daily basis.	Documentation Team	
<input type="checkbox"/>	Identify current location of important resources including stored drugs, medical supplies, ambulance, etc.		
<input type="checkbox"/>	Maintain communications with local pharmacies to ensure availability of required medications	Documentation Team	
☞	Whale Tail Pharmacy	826-5750	
☞	Craig Health Clinic	826-3257	
☞	Alicia Roberts Medical Clinic (ARMC)	755-4800	
<input type="checkbox"/>	Ensure that a full report of all shelter emergency medical services operations, staff and needs is made to the Shelter Manager at the end of the current operational period.	Shelter Manager	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members and check out at registration desk	Team Members	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation has been forwarded to documentation unit staff or is being maintained by the primary caregivers.	Documentation Unit	

MENTAL HEALTH TEAM LEADER

The Mental Health Team Leader will be designated by the Medical Services Unit Leader. The Mental Health Team Leader will usually be from a local mental health clinic. A Mental Health Team Leader may be designated for each shelter site or a team leader may be assigned for multiple sites. The Mental Health Leader will report to the Medical Services Unit Leader. The Medical Services Unit Leaders may appoint additional Mental Health Team Leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Mental Health Team Leader or assigned staff is not required to be in the shelter at all times. The Mental Health Team Leader's primary responsibility is to ensure that appropriate staff and resources have been identified and assigned to meet critical incident stress management and mental health counseling for special needs populations.

When the Shelter Manager notifies the Medical Services Unit Leader to initiate shelter operations, the Medical Services Unit Leader will initiate the Mental Health Team Leader Checklist or will assign a Mental Health Team Leader to execute the checklist.



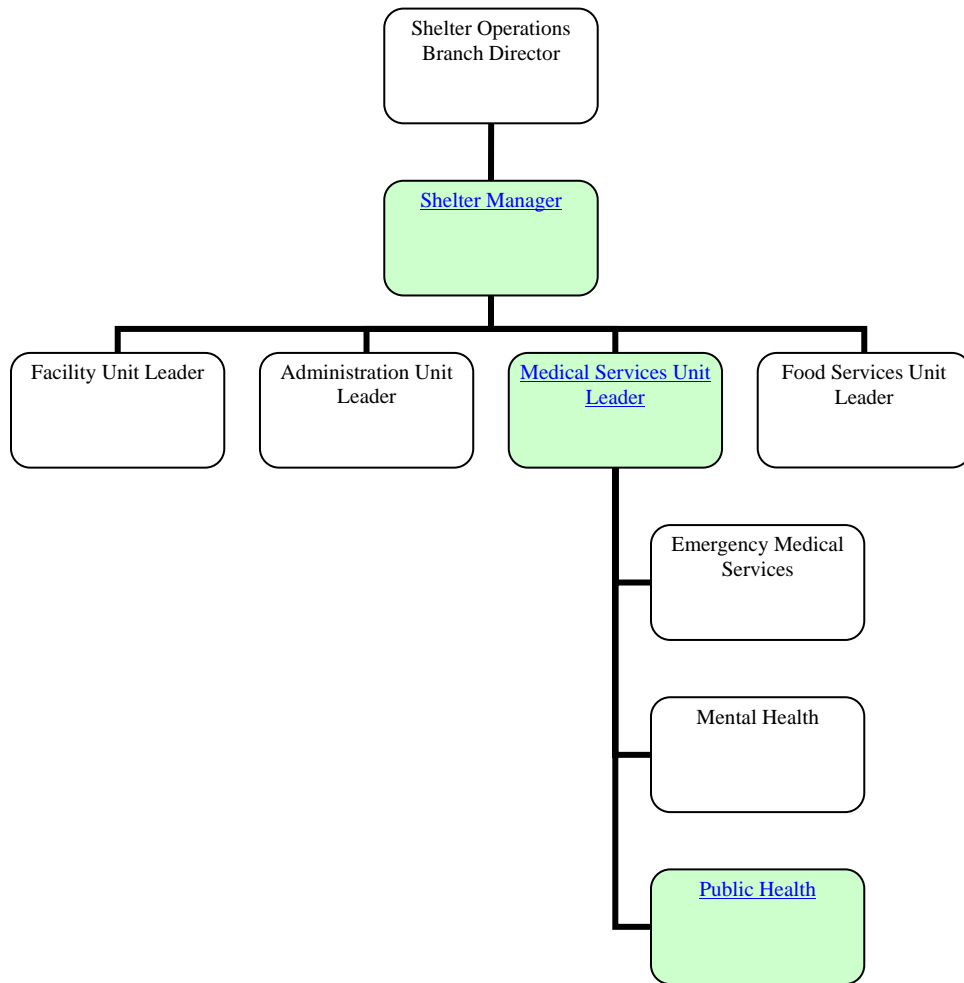
Mental Health Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Mental Health Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Medical Services Unit Leader/Contact Number:		
	Emergency Medical Services Team Leader:		
	Public Health Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Medical Services Unit Leader and Shelter Manager to determine mental health personnel and resource needs.		
<input type="checkbox"/>	Assign and schedule staff necessary for immediate critical incident stress management in the shelter site		
<input type="checkbox"/>	Designate a staff location in each shelter site that will allow for on-site counseling.		
<input type="checkbox"/>	Identify potential special needs populations and coordinate with Medical Services Unit Leader and primary caregivers for special needs populations		
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Administrative Unit Leader and check in at registration desk	Medical Services Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		
<input type="checkbox"/>	Ensure that all mental health providers sign in and out at the registration desk		

<input type="checkbox"/>	Ensure that all documentation including resource requests, timesheets, etc. is collected and forwarded to the Documentation Team on a daily basis.	Documentation Team	
<input type="checkbox"/>	Ensure that all patient information is maintained and secured by primary caregivers		
<input type="checkbox"/>	Ensure that a full report of all shelter mental health operations, staff and needs is made to the Shelter Manager at the end of the current operational period.	Shelter Manager	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members and check out at registration desk	Team Members	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation has been forwarded to documentation unit staff or is being maintained by the primary caregivers.	Documentation Unit	

PUBLIC HEALTH TEAM LEADER

The Public Health Nurses will be notified when a shelter is activated. The Public Health Team will report to the shelter facility and check in with the registration unit and then report to the Medical support unit leader before assuming duties at the shelter facility. Public Health duties include: Health and sanitary inspections of the facility, provide health nursing services to shelter residents and if a communicable disease develops, such as severe influenza or intestinal infections, the public health team will work with the EMS infirmary to establish temporary quarantine areas to prevent occupants to further exposure. The Public Health Department will act as a liaison between medical services teams to ensure continuity of health care services. Public health team will establish infectious disease control and surveillance; monitor environmental infrastructure, water, sanitation, and vector control; ensure continuity of health care services, assess needs of the elderly and other special populations; and help the Medical Services Unit Leader initiate an injury prevention program and surveillance. The Public Health team will fill out the following checklist at the beginning of every operational shift and turn them over to the administration unit leader for inclusion in shelter documentation. The public health team leader may perform public health function in multiple shelters and does not have to be present 24-hours.

When the Shelter Manager notifies the Medical Services Unit Leader to initiate shelter operations, the Medical Services Unit Leader will contact public health to execute the Public Health Team Leader Checklist.



Public Health Team Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Public Health Team Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Medical Services Unit Leader/Contact Number:		
	Emergency Medical Services Team Leader:		
	Mental Health Team Leader:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Medical Services Unit Leader and Shelter Manager to determine public health personnel and resource needs.		
<input type="checkbox"/>	Assign and schedule staff necessary for immediate public health inspection the shelter site		
<input type="checkbox"/>	Advise Medical Services Unit Leader and Shelter Managers of quarantine or isolation needs within the shelter locations.		
<input type="checkbox"/>	Identify potential special at-risk populations and coordinate with Medical Services Unit Leader and primary caregivers for special needs populations		
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Administrative Unit Leader and check in at registration desk	Medical Services Unit Leader	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members		
<input type="checkbox"/>	Ensure that all public health providers sign in and out at the registration desk		

<input type="checkbox"/>	Ensure that all documentation including resource requests, timesheets, etc. is collected and forwarded to the Documentation Team on a daily basis.	Documentation Team	
<input type="checkbox"/>	Ensure that all patient information is maintained and secured by primary caregivers		
<input type="checkbox"/>	Inspect food services, infirmary, sleeping areas and report concerns with shelter manager.	Shelter Manager	
<input type="checkbox"/>	Spot check food services and overall operations within the shelter and report concerns to shelter manager	Shelter Manager	
<input type="checkbox"/>	Ensure that a full report of all shelter public health operations, staff and needs is made to the Shelter Manager at the end of the current operational period.	Shelter Manager	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members and check out at registration desk	Team Members	
<input type="checkbox"/>	At the conclusion of the shelter operations ensure that all documentation has been forwarded to documentation unit staff or is being maintained by the primary caregivers.	Documentation Unit	

SECTION 6: FOOD SERVICES UNIT

The food services unit is responsible for inventorying food supplies, preparing a menu, determining special dietary needs or special need populations, preparing food, serving and cleanup.

Additional information on the food services unit can be found as shown below:

[FOOD SERVICES UNIT LEADER](#)

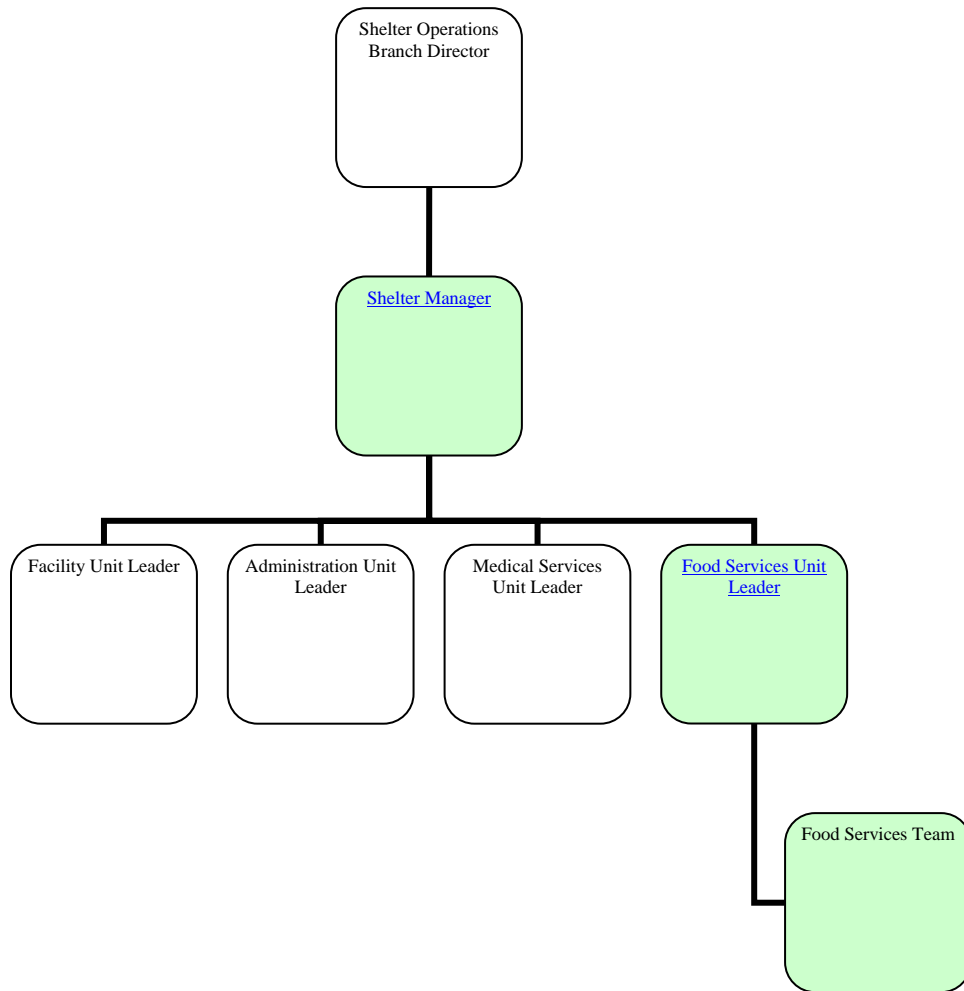
Page 66

FOOD SERVICES UNIT LEADER

The Food Services Unit Leader will be designated by the Shelter Manager. The Food Services Unit Leader will usually be from the school food services staff. Each shelter may have a Food Services Unit Leader assigned, or a single Unit Leader may manage multiple facility sites and report to multiple Shelter Managers. The Food Services Unit Leader will report directly to the Shelter Managers. The Food Services Unit Leaders may appoint additional unit leaders or assistants as necessary to cover shifts as directed by the Shelter Manager. The Food Services Unit Leader does not have to be in the shelter at all times, but needs to oversee Food services needs and staffing in each shelter and remain on-call in the vicinity for the entirety of the shelter operations.

When the Shelter Manager notifies the Food Services Unit Leader to initiate shelter operations, the Food Services Unit Leader will initiate the Food Services Unit Leader Checklist.

The Food Services Unit Leader will assume all responsibilities of the Food Services Unit staff until staff members are assigned.



Food Services Unit Leader Checklist			
(Use checklist upon initial activation and at the beginning of each operational period)			
Incident Information			
	Name of Incident:		
	Date:		
	Shift (Or INITIAL Activation):		
	Shelter Site:		
	Food Services Unit Leader:		
Shelter/Incident Command Information and Contacts			
		Name	Contact Number
	Shelter Manager/Contact Number:		
	Facility Unit Leader:		
	Administration Unit Leader:		
	Medical Services Unit Leader:		
	Fire Marshal:		
	Public Health Team Leader:		
	On-Duty EMTs:		
	On-Duty Police Contact:		
Remarks/Comments/Additional Information			
(Comments, remarks or additional information to note or pass on)			
	Initial Activation Tasks	Contact	Remarks
<input type="checkbox"/>	Meet with Shelter Manager to determine food service requirements to meet mass care or shelter needs.	Shelter Manager	
<input type="checkbox"/>	Determine food supplies on hand in shelter sites, the school district, the disaster supplies container restaurants and local grocery stores		
☞	Thompson House	826-3394	
☞	JT Brown's	826-3290	
☞	Annie Betty's	826-2299	
☞	Ruth Ann's	826-3377	
☞	Dockside Café	826-5544	
☞	Papa's Pizza	826-2244	

<input type="checkbox"/>	Zat's Pizza	826-2345	
<input type="checkbox"/>	Craig Moose Lodge	826-3216	
<input type="checkbox"/>	Shelter Cove Lodge	826-2939	
<input type="checkbox"/>	Develop a menu and meal/snack schedule for each shelter site based on available food resources. Post a meal schedule. The meal schedule poster can be found in Section 8 of this plan.		
<input type="checkbox"/>	Work with procurement team leader, administration unit leader or EOC Finance/Administration staff to procure necessary food supplies		
<input type="checkbox"/>	Inventory available cooking and serving facilities for all shelters	Shelter Manager	
<input type="checkbox"/>	Brief Shelter Manager on food services capacity and shortfalls	Shelter Manager	
	Daily/Shift Tasks	Contact	Remarks
<input type="checkbox"/>	Attend shift briefing conducted by Shelter Manager and sign in at registration desk	Shelter Manager	
<input type="checkbox"/>	Conduct beginning of shift briefing for all Team Members	Team Members	
<input type="checkbox"/>	Sign in at each facility at the registration desk when arriving		
<input type="checkbox"/>	Work with Shelter Manager to meet food services shortfalls and needs		
<input type="checkbox"/>	Review Registration forms to determine special dietary needs and prepare alternate meals for special needs populations		
<input type="checkbox"/>	Prepare and serve meals as scheduled		
<input type="checkbox"/>	Work with public health team to ensure sanitary facilities and service.	Public Health Team	
<input type="checkbox"/>	Conduct end of shift briefing for all Team Members	Team Members	
<input type="checkbox"/>	Ensure that all appropriate documentation including resource requests, menus, inventory sheets, situation reports, personnel use, etc. are forwarded to the Shelter Administration Unit, Documentation Team	Documentation Team	
<input type="checkbox"/>	Ensure that a full report of all shelter food service operations, staff and needs is made to the Shelter Manager at the end of the current operational period. Sign out at the registration desk when leaving any facility.	Shelter Manager	

SECTION 7: CRAIG AS A REGIONAL SHELTER RESOURCE

The City of Craig can host shelter facilities / operations for other communities.

Facilities: The city has four primary shelter facilities including the Craig High School, Craig Middle School, Craig Community Association (CCA building) and the Craig City Gym. The Craig High school could hold up to 250 people with sleeping, shower, and food services facilities. The Craig Middle school will hold up to 250 people with sleeping, showers and food services facilities. The Craig Community building will hold 250 with sleeping, no showers, but a large food services area. The Craig City Gym will hold 250 people with sleeping, a couple of showers, and no food services area.

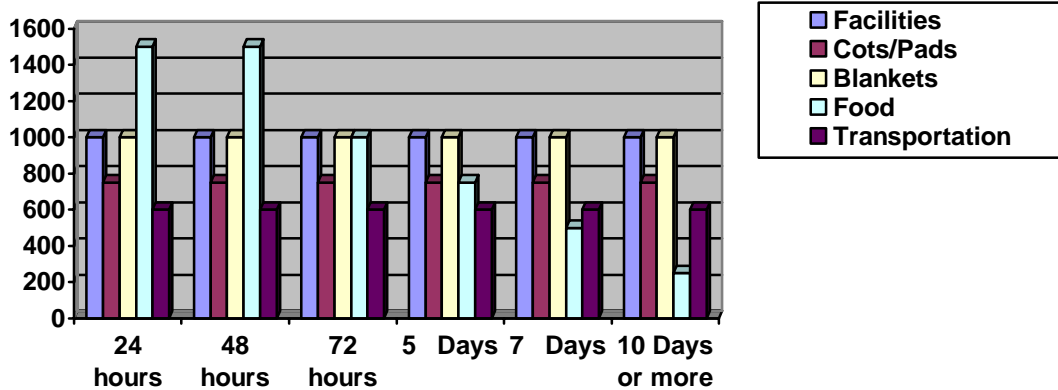
These four facilities could hold up to 1000 –1100 people combined. The facilities would hold displaced residents, by utilizing cots from the disaster supplies container, cots and sleeping pads from local sporting goods stores and mats from the school gyms and daycare center we could sleep about 1,000. In addition to the identified shelter facilities there are 5 local churches that could house another 500 people with sleeping, limited showers and limited food facilities.

Food Services: The city has 2 large grocery stores with 3 smaller grocery outlets. The city would prepare food at the major food services areas and transport food to the other facilities. It is assumed that Craig residents have at least a three day supply of food in their homes, which allows for shelter operations to make major purchases at the local grocery stores, however after the initial 72 hours food availability drops sharply and must be supported by outside resources.

Medical Care: The city has a family practice medical clinic and the state’s public health office. In the town of Klawock (7 miles) there is a Medical center with emergency services.

Transportation: The city maintains 5 school busses for transportation. Craig has a small seaplane base; there is a 5000 foot paved runway airport in Klawock. The Interisland Ferry (IFA) runs daily service between Hollis and Ketchikan year round. The IFA dock in Hollis will also support many AMHS vessels. The IFA also runs daily service between Coffman Cove, Wrangell, and South Mitkof Island (with road access to Petersburg) during the summer and early fall.

Craig has facilities and supplies to support sheltering of approximately 1,000 people for up to 72 hours without outside support. Events that had a major impact on Craig residents, or required more than 72 hours of shelter would significantly reduce the number that could be sheltered.



SECTION 8: SHELTER REGISTRATION FORMS AND POSTERS

Forms, signs and posters proscribed in this plan can be found in the Disaster Supplies Container, in the breakdown copies of the plan and in this section. Shelter staff should make copies of the forms, signs and posters as necessary.

Forms, signs and posters contained in this section are:

REGISTRATION FORM	Page 71
SHELTER REGISTRATION LOG	Page 73
SHELTER SIGN IN/SIGN OUT LOG	Page 74
SHELTER SAFETY HANDOUT	Page 75
SAFETY RULES AND SHELTER GUIDELINES POSTER	Page 77
NO ANIMALS ALLOWED SIGN	Page 78
CURFEW AND QUIET HOURS POSTER	Page 79
MEAL TIMES POSTER	Page 80

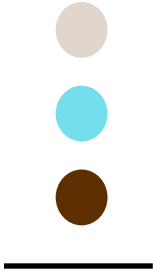
REGISTRATION FORM

Name Last, First (Head of Household)		Sex M F	Date of Birth _____	Time of Arrival _____	Date of Arrival ___/___/___	Staff Initials _____ (Medical Representative confirming appropriate referral)
Pre – Disaster physical address		Home Phone # Cell # (phone with you)		Do you or any family members have special circumstances that we can help with, such as: dietary considerations, cold storage of medications, mobility access, or equipment not with you? Medical Considerations : _____ _____ Dietary Considerations: _____ _____ _____		
Mailing Address		Emergency Contact (outside of shelter) _____ _____		Cold Storage medications: _____ Equipment not with you: _____		
Family Member Last, First		Sex M F	Date of Birth _____	Would you or a family member be willing to help with staffing? Yes <input type="radio"/> NO <input type="radio"/> Security / Fire Watch <input type="radio"/> Food Service <input type="radio"/> Other <input type="radio"/> _____		
Family Member Last, First		Sex M F	Date of Birth _____	Pets with you that need kennels or Placement; list size and breed		Is there someone we can call to watch or care for your pet?
Household members not here with you Last, First		Location and Contact information including phone # if known.		Notes or other concerns you want us to know : _____ _____ _____		
Household members not here with you Last, First		Location and Contact information including phone # if known.				
I, Authorize the release of the above information concerning my, and my family’s whereabouts or general condition				I DO <input type="radio"/>	I Do Not <input type="radio"/>	
Signature _____						
To be filled out by staff						
Left Shelter on: Date _____ Time _____		Issued Equipment Returned Staff Name / Signature			Medical Chart Number	Staff Comments

Issued Equipment	Quantity	Equipment #	Remarks	Occupant's Initials' (receiving supplies)	Staff Initials' (returned supplies)
Folding Bed / Cot					
Bedding					
Pillows					
Personal Hygiene					
Other Items list:					

Extra supplies / Clothing / Personal Items

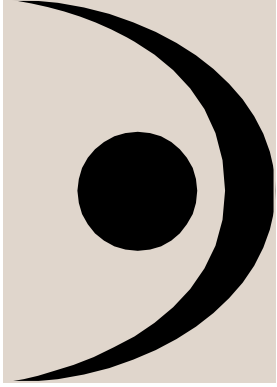
Items:	Contact / Resource	Size / Description	Notes



Key Phone Numbers

Craig Police Department	826-3330
Fire Department	826-2367
SEARHC	755-4848
Craig Clinic	826-3257
Craig Public Health	826-3433
COHO	826-3662
Community Connections	826-3891
Hair of the Dog Pet Store	826-3556
Whale Tail Pharmacy	826-5750
AP&T Phone & Electric	826-3202

Shelter Occupant Information



Craig City School District

Tel: 907-826-2127
907-826-3574

Shelter Information

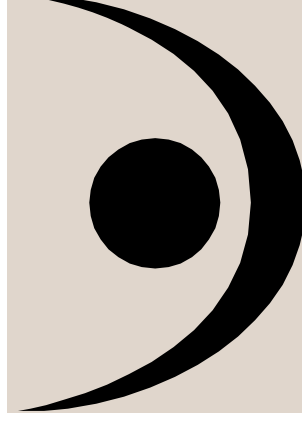
- * Do not bring valuables with you to the shelter; If this is not possible, keep valuables with you at all times.
- * If you have problems with other guests please talk to the Shelter Manager
- * If you need medical attention, notify a Medical services member at the registration desk or an EMS staff member immediately.
- * Meal Schedules will be posted by the Food Services Manager .
- * Quiet hours and a curfew will be established and posted, please be considerate of those that want or need rest.

Safety Guidelines Rules and Regulations

- * Food and drinks are allowed in designated areas only.
- * No alcohol or drugs are allowed in the shelter and no admittance into the shelter is allowed while a person is under the influence of alcohol or drugs
- * No weapons are allowed in the shelter or on school premise.
- * Pets are to remain in designated areas.
- * Occupants must be dressed properly at all times.
- * Smoking in designated outdoor area only, *state law prohibits smoking on school campuses.

Safety Guidelines Rules and Regulations

- * Telephone information will be posted at the registration desk.
- * No abusive or belligerent behavior toward staff or other shelter residents
- * No stealing or destruction of property.



Safety Rules & Shelter Guidelines

- ◆ **No alcohol or drugs are allowed in the shelter, no persons will be admitted while under the influence**
- ◆ **No weapons are allowed in the shelter or on school grounds**
- ◆ **Pets are to remain in designated areas only**
- ◆ **Residents must be dressed properly at all times**
- ◆ **Smoking in outdoor designated areas only**
- ◆ **Children must be accompanied by an adult at all times**
- ◆ **Food and drinks in designated areas only**
- ◆ **Quiet hours and curfews will be established and posted**
- ◆ **Shower locations and schedules will be posted**
- ◆ **Telephone information will be posted at the registration desk**
- ◆ **Abusive or belligerent behavior toward staff or other shelter occupants will not be tolerated**
- ◆ **Do not bring valuables with you, if this is not possible, keep valuables with you at all times (The School nor The City of Craig will be responsible for lost, stolen, or damaged belongings)**

No Animals Allowed



*Except authorized
service animals

Curfew & Quiet Hours

**Please be considerate of those that
want or need Rest**

Curfew is

Quiet Hours are:

Meal Times:

Breakfast

Main Meal

Evening Meal

Snacks

SECTION 9: INCIDENT COMMAND FORMS

Incident Command System forms will be used by the branch director, shelter managers, unit leaders, team leaders and team members throughout the duration of the shelter operations. Copies of forms can be found in the Disaster Supplies Container, in the Emergency Operations Center and in this section of the Shelter Operations Plan.

ICS 202 - INCIDENT OBJECTIVES WORKSHEET	Page 82
ICS 203 – ORGANIZATIONAL LIST	Page 83
ICS 204 – DIVISION ASSIGNMENT LIST	Page 85
ICS 205 – COMMUNICATIONS PLAN	Page 86
ICS 206 – MEDICAL PLAN	Page 87
ICS 213 – GENERAL MESSAGE FORM	Page 88
ICS 214 – UNIT LOG	Page 89
ICS 215 – OPERATIONAL PLANNING WORKSHEET	Page 90
ICS 216 – RADIO REQUIRMENTS WORKSHEET	Page 91
ICS 218 – SUPPORT VEHICLE INVENTORY	Page 92
ICS 221 – DEMOBILIZATION CHECKOUT	Page 93
ICS 226 – INDIVIDUAL PERFORMANCE WORKSHEET	Page 95

ICS 202 - INCIDENT OBJECTIVES WORKSHEET

ICS 203 – ORGANIZATIONAL LIST

ICS 203 – ORGANIZATIONAL LIST (CONTINUED)

ICS 204 – DIVISION ASSIGNMENT LIST

ICS 205 – COMMUNICATIONS PLAN

ICS 206 – MEDICAL PLAN

ICS 213 – GENERAL MESSAGE FORM

ICS 214 – UNIT LOG

ICS 215 – OPERATIONAL PLANNING WORKSHEET

ICS 216 – RADIO REQUIREMENTS WORKSHEET

ICS 218 – SUPPORT VEHICLE INVENTORY

ICS 221 – DEMOBILIZATION CHECKOUT

ICS 221 – DEMOBILIZATION CHECKOUT (CONTINUED)

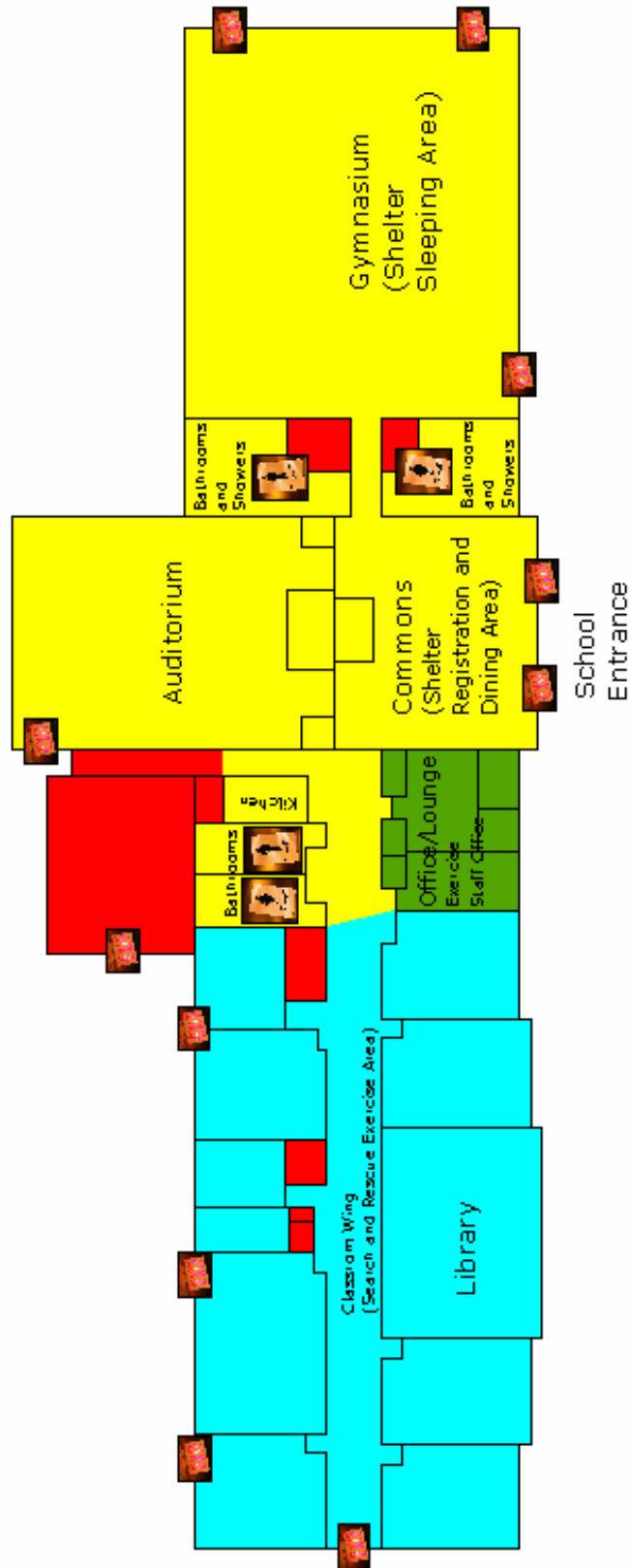
ICS 226 – INDIVIDUAL PERFORMANCE RATING

SECTION 10: MAPS AND DIAGRAMS

Craig has four primary shelter sites. This section contains an area map showing the four shelter locations and diagrams of each shelter site. Map and diagram information is as follows:

AREA MAP	Page 97
SHELTER A – CRAIG HIGH SCHOOL	Page 98
SHELTER B – CRAIG MIDDLE SCHOOL	Page 99
SHELTER C – CRAIG CITY GYM	Page 100
SHELTER D – CRAIG COMMUNITY ASSOCIATION	Page 101

CRAIG SHELTER A – CRAIG HIGH SCHOOL



CRAIG SHELTER B – CRAIG MIDDLE SCHOOL

DIAGRAM NOT AVAILABLE AT THIS TIME

CRAIG SHELTER C – CRAIG CITY GYM

DIAGRAM NOT AVAILABLE AT THIS TIME

CRAIG SHELTER D – CRAIG COMMUNITY ASSOCIATION

DIAGRAM NOT AVAILABLE AT THIS TIME