

Steele County CERT Standard Operating Guide Appendix

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Suggested additional CERT bag items

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Emergency shelter: Clothing and shelter are important for preventing hypothermia and determining how comfortable you spend the night if needed. A large trash bag is better than nothing and a large 20 mil trash bag of the type used by DOT road clean up crews are large enough for one person, difficult to tear, and come in “safety orange.” A second choice would be a commercial grade 55-gallon drum liner and bags take up little space.

Rain and Wind Gear: Outer gear to consist of poncho or parka with hood, pants, bibs, or one piece overalls made of ripstop, rain proof material. Pants or bibs with zipper on leggings to fit over boots. A ripstop nylon poncho is compact and can be used as improvised shelter, protection against the elements, used as ground cover or a means to transport victims.

Boots: Rubber or vinyl ankle or knee high boots with pull cord closing. Boots should have traction bottoms. Wear gaiters over boots to keep water out of boots and protect against ripping outer clothing. Plastic bags may be worn next to the skin under wool socks to prevent wet feet.

Gloves: Leather gloves and latex free.

Maps: City, County, etc.

Utensils: A GI canteen cup with folding handle and nesting warming stand enables a quick hot beverage when warmed with a Trioxane fuel bar. A military stainless steel mess kit spoon fits easily on a lanyard worn around the neck or tucked into a shirt pocket. If needed, sharpen one edge of the spoon and use as a knife.

Head Gear: Your CERT issued hard hat offers impact and rain protection and should be worn at all times.

Rope: 20 feet of 1” nylon, tubular flat line is useful for tying harnesses, securing equipment, removing debris, or pulling victims to safety.

Protective Eye Gear: Your CERT issued goggles should be worn at all times to protect against the elements or flying debris. Rescuers who wear prescription eyeglasses should use a lanyard to prevent “loosing” glasses and carry an extra pair. CERT issued goggles should be worn over prescription glasses.

Saw: A folding camp saw for shelter or fire building can also be helpful for removing debris.

Spade: A folding military-style spade is useful for field sanitation (burying waste) or any field rescue requirements.

Sleep Pad: A lightweight, closed cell foam pad for sitting or kneeling insulates you from rugged terrain and cold temperatures.

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Miscellaneous items: Toilet paper, maps, compass, weather station radio, bottled water, sanitizing-waterless hand cleaner, Ziploc ® plastic bags for keeping paper to matches dry, insect repellent, sunscreen, Vaseline, chap stick, matches, grease pencils, extra socks or gloves/mittens, and stock of AA size batteries.

Sweat-soaked clothes are a potent cause of heat loss. You should seek warmth at the first signs of body “shuddering.”

Cold Weather items:

Warmers: 12 or 24 hour warming packs or 8-12 hour standard or 36 hour giant reusable metal hand warmer and fluid. Extremities such as hands, feet, head and any exposed skin areas are susceptible to frost bite so it is imperative you give them extra protection if out for long periods of time.

Boots: Your feet are your basic means of transportation and deserve to be protected from injury as a result of cold, wet weather, snow, ice, or rugged terrain.

Gloves: Leather gloves are best suited for all around rescue/recovery tasks and protects from splinters, rope work, rocks and briars, and when working with hand tools or fire. However under severe winter conditions, it is best to use hand liners and top with outer layer of Gortex ® type gloves. Also, vinyl or Latex ® gloves maybe used as an outer liner.

Hats: At 40 degrees F, an uncovered head radiates one half of the body’s heat production. A wool cap with earflaps topped by a parka hood that snaps or tightens with pull string is your best protection. Also, when exposed to low winter temperatures wear a full or partial facemask.

Glasses: UV protection is important in snow conditions. Special UV protective goggles such as those used by Snow Patrols or Snow Skiers, are recommended.

Clothing: Wear light non-cotton sock liners next to your skin to wick away moisture and control abrasion. Layer with extra wool socks, thermal underwear, wool sweaters, and finish off with cold weather clothing-pants, parka, gloves, scarves, mittens, and facemask. Avoid cotton socks as first layer protection that bunches up when sweat-soaked, causing chafing and blisters, and is cold and clammy when wet. Instead use polypropylene or similar material next to skin to wick away perspiration.

Choose a breathable fabric for outer garments such as Gortex ®, which is also less susceptible to rips and tears. Wool is a good choice because it is warm when wet. Beware: down garments collapse and lose their loft in cold/wet environments.

Wear gaiters over boots to keep snow out of boots.

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Damage Assessment Form
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Damage Assessment															
Date:		Person Reporting:										Page #:			
Time Received:		Person Receiving:													
		Burning	Out	Gas Lead	H2O Lead	Electric	Chemical	Damage*	Collapsed	Injured	Trapped	Dead	Access	No Access	Assignment Completed
Time	Location/Address	Fires		Hazards		Structures		People		Roads		/X			

FOR USE BY EVERYONE

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Summary of all hazards in area - fill out this form on your way to Command Post and give it to Incident Command.

(* for structure damage: h=heavy, m=moderate, l=light)

Incident Command: Choose an incident, put a slash in the assignment completed column, copy the address/location to the incident name section on Incident Briefing, and give Incident Briefing and Assignment Status to incident team leader. Copy address/location to Post-Incident Status and enter start time. When incident is complete, put a backslash in the assignment completed column and the incident end time on the Post-Incident Status form.

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Personnel Resources								
Date:	Person Reporting:					Page #:		
PRINT NAME AND TIME IN			Skill Specialty RANK FROM 1-5 OR PRINT "NO"					
Name	TIME IN	TIME ASSIGNED	FIRE	MEDICAL	S&R	TRANSPORT	DOCUMENT	Other

Have people sign in and mark their special skills. When you assign someone to a team, circle that team's box next to their name and enter the time assigned. When someone returns from an assignment, draw a line through their name and all boxes and have the person sign in again. Remember to check how long people have been assigned and who hasn't been assigned yet.

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Equipment Resources											
Date:		Person Reporting:								Page #:	
		Fire Extinguisher	Wrench	Flashlight	First Aid Kit	Blankets					
Time:	Loaned To:										

FOR USE BY LOGISTICS AND STAGIN

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Enter equipment and supplies as they come in and out. Total periodically.
If an item is returned empty (for instance, a fire extinguisher), add it back in and circle the number, so you don't include it in your next total.

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Incident Briefing		
Prepared By:	Date:	Time:
Incident Name:		
Map Sketch:		
Current Organization:	Incident Commander:	Battalion:
<p>Summary of Current Actions</p> <p><i>Be aware of hazards! Work as a team!</i></p>		

FOR INCIDENT COMMANDER

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Incident Command: Transfer an incident from Damage Assessment sheet. Sketch a map of the incident area, if known, with any hazards. Enter Incident Commander's name and Battalion number under current organization. Give to incident team leader with Assignment Status sheet.

Incident team leader: Sketch a map of the incident area with any hazards, if not done by Incident Command. Summarize the actions of your teams. When incident is complete, return this form, along with Assignment Status, to Incident Command.

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Victim Treatment Area Record

Date:	Person Reporting:			Page #:		
	Time In:	Name or Description	Triage Tag	Condition	Moved To:	Time Out

FOR MEDICAL TREATMENT AREA www.cert-la.com 10/08/01

Document each person brought to the treatment area. If victim cannot give name, write a brief description, e.g., sex, approximate age, hair color, race, etc.
Tag color: red=Immediate, yellow=Delayed, green=Minor, black=DEAD.

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Message Form	
To:	Message Center Use Only Incident : _____ Time: _____ Date: _____ <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
From:	
Time:	
Message Text:	
Action Taken:	

USE CLEAR CONCISE TEXT

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Examples: assignment completed, additional resources needed, unable to complete, special information/status update.

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Incident Status			
Date:	Person Reporting:		Page:
Address/Location	Assignment	Start Time	End Time

FOR INCIDENT COMMAND

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Record incident assignments from Damage Assessment sheets. When incident is complete, enter end time and make a backlash for that incident on the Damage Assessment.

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APPENDIX C

Injury & Accident Report

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ACCIDENT REPORT

Please print clearly. Complete Within 24 Hours

1. GENERAL INFORMATION

Employee Name: _____
Employee Phone #: _____
Employer: _____
Date/Time of Accident: _____

Social Security _____
Employee Address: _____
Job Title: _____
Exact Location of Accident: _____
Date/Time Injury Reported – To Whom _____

2. DESCRIPTION OF INJURY/ILLNESS

Be as specific as possible.
Type of Accident (i.e. fall) _____
Type of Injury (i.e. sprain) _____
Part of Body _____

TYPE OF TREATMENT (CIRCLE)

First Aid
Hospital _____
Clinic _____
Phone Number _____
Doctor _____

Loss of time YES/NO _____ First Day of Lost Time _____
Has Employee returned to work? YES/NO Date: _____

3. DESCRIPTION OF INCIDENT

To be completed by SUPERVISOR AND EMPLOYEE.

What happened? How did it happen? Was injury caused by equipment malfunction? Specify what job was being performed.

Name(s) of witness(es) to the accident. Use reverse side for statements. _____

4. ANALYSIS

What caused the incident? Why did it happen? _____

Contributing factors? (i.e. Physical Surroundings, etc) _____

State what will be done to prevent recurrence, by whom? and when?

Was employee violating safety regulations or specific instructions? If yes, explain _____

What other concerns do you have about this injury, if any? _____

Did employee have other employment? NO YES If yes, where? _____

Contact Person: _____

Phone #: _____

Hours/Week: _____

Weekly Wage: _____

Hourly Wage: _____

Supervisor's Signature: _____

Date: _____

Employee's Signature: _____

Date: _____