

Attachment B: TERT Request Information*

1. Name of Agency: _____

2. Contact Person: _____

3. Telephone #: _____

4. EMA/TERT Coordinator Notified (time/date):

5. Nature of emergency and impact on PSAP:

- Work overload
- PSAP evacuation
- Adverse environment conditions
- Localized pandemic
- Other _____

6. Is the emergency isolated to a single PSAP or affecting other area PSAPs:

7. What will be the anticipated deployment environment (PSAP, Field response)?

8. Number and type of personnel needed:
 Calltaker: _____
 Radio Dispatcher: _____
 Telecommunicator: _____
 Special requests:

9. Anticipated length of time needed: _____

10. Does TERT State Coordinator or appropriate official have PSAP Survey for each affected PSAP? _____. If no, complete Survey for each PSAP.

11. Are there any roadblocks, flooded roadways, etc., that would prevent a team from reaching the PSAP? If so, what arrangements have been made to get responding personnel through?

12. Are there any checkpoints that TERT personnel will have to go through? If so, what arrangements have been made to get responding personnel through the checkpoint?

13. Staging area and contact information:

14. Any special instructions? (Lodging, food, etc.)
