

Event/Location:

Date:

## Event Status and Action Worksheet

**Name of Event:**

**Location:**

**Date:**

**FRMAC Location:** *Identify the location at which the FRMAC will be located. Provide the name of a contact person at the location and any phone numbers which may be pre-existing.*

	Contact Name (if any)	Address/ Phone Number
FRMAC		

**Concurrence with Checklist Decisions:** *Signatures in this block indicate Decision Makers' agreement with the information and concerns listed in the attached document.*

Title	Signature	Date
DHS Representative		
Coordinating Agency Rep		
FRMAC Director		
State Representative		
Local Representative		



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**I. List Key Officials, EOC(s) and Liaison(s) Information**

**Key Officials:** Identify DHS Principal Federal Official, Coordinating Agency Representative, State, Tribal, County, and Local Response leaders, and introduce FRMAC leaders. Enter all available contact information.

Positions	Name	Location of Operation/ Phone Number
DHS Representative		
FEMA Representative		
Coordinating Agency Representative		
Lead State Official		
State Logistics Chief		
Incident Commander		
EPA Senior Representative		
NRC Representative, if applicable		
Advisory Team Leader		
Senior Energy Official		
Deputy Senior Energy Official		
FRMAC Director		
FRMAC Manager		
FRMAC Monitoring Manager		
FRMAC Assessment Manager		
FRMAC Health & Safety Manager		



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**Other Federal Agencies Involved in Response:** *Identify and provide contact information for other Federal agencies involved in the response.*

Positions	Name	Location of Operation/ Phone Number
EPA Regional Rep.		
EPA/Advisory Team		
FDA/Advisory Team		
USDA/Advisory Team		
CDC/Advisory Team		

**Operational EOCs:** *List the status of and contact information for activated Emergency Operations Centers (state, local government).*

EOC	Contact Name	Location of Operation/ Phone Number

**State/Local Liaison(s):** *Identify state and local contacts who will integrate with the FRMAC with support and information for logistics functions (e.g., Health & Safety, Monitoring & Sampling, Lab. Analysis).*

Organization	Contact Name	Location of Operation/ Phone Number



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**FRMAC Liaisons:** *Identify FRMAC representatives who may be located in off-site locations. (For example: EOCs, JOC, JFO, etc.)*

Location	Contact Name	Location of Operation/ Phone Number

**Incident Response Locations:** *Identify any known information for locations of Incident Command Post, JFO, or Forward Staging Areas that may already have been activated.*

Location	Contact Name	Contact Phone/Pager/Cell Information

**Logistics Support:** *Identify local organizations which can provide support in the following areas.*

Item	Contact Name	Location of Operation/ Phone Number
Air Freight Delivery		
Radio Frequencies		
Liquid Nitrogen		



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## II. Status/Description of Incident (On-Site and Off-Site)

Describe the Event	
Has a release or loss occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Start Time (approximate)	Date:      Time:
Stop Time (approximate)	Date:      Time: <input type="checkbox"/> Has not stopped
Multiple Releases?	If so, how many?
<b>Further details (Any actions taken to mitigate situation or necessary information)</b>          	
Source Term	
<b>List involved isotopes and abundances if known:</b>          	
<b>What is the chemical form (powder, liquid, explosive dispersal, etc.)?</b>          	



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**Data Products**

**Models** - *Have any models been created and if so, where are they being stored and how can they be accessed?*

**Sample Data** – *Has there been any field sampling/monitoring data collected? How can the FRMAC obtain this data?*

**What derived intervention levels and assumptions will be used to implement Protective Action Guides (PAGs)? What is the status of the protective actions taken for the public?**



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**III. Identify the Unit Leaders for Technical/Operational Meetings**

<b>List any additional units (and unit leaders) that will be formed to continue working issues. (For example, the Monitoring and Sampling Plan.)</b>		
<b>Unit</b>	<b>Check if Unit Req'd</b>	<b>Unit Leader</b>
Monitoring and Sampling	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	
Health and Safety	<input type="checkbox"/>	
Laboratory Analysis	<input type="checkbox"/>	
Other	<input type="checkbox"/>	



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**IV. List of Concerns and Priorities.**

<i>List operational problems, greatest needs/resource shortfalls..</i>		
<b>Agency</b>	<b>Concern</b>	<b>Priority</b> <i>(Leave blank. Complete at Advance Party Meeting.)</i>
<b>State</b>		
<b>Local</b>		
<b>Other Federal Agency</b>		



<b>Nuclear Facility</b>		

