

Advance Party Meeting Checklist

Event Status and Action Worksheet

[Event Name]

[Location]

[Date]

Concurrence with APM Checklist Decisions

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

[Pick the date]



Contact Information

Incident Commander/Unified Command		
Position	Name	Location During Operations Phone Number
Incident Commander		
Lead State Official		
DHS Representative		
FEMA Representative		
Coordination Agency Representative		

[Pick the date]



Contact Information

Command Staff		
Position	Name	Location During Operations Phone Number
Incident Commander		
Planning Chief		
Operations Chief		
Finance Administrator		
Public Information Officer		
Safety Officer		
Liaison Officer		
Technical Specialist		

[Pick the date]



Contact Information

FRMAC Staff		
Position	Name	Location During Operations Phone Number
FRMAC Director		
FRMAC Manager		
FRMAC Monitoring Manager		
FRMAC Assessment Manager		
FRMAC Health and Safety Manager		
FRMAC Lab Manager/Sample Control		

Other Federal Agencies		
Position	Name	Location During Operations Phone Number
EPA Regional Representative		
Advisory Team Leader		
NRC Representative		
DOE Senior Energy Official		
Department of Defense Representative		

[Pick the date]

Contact Information

State/Local Liaisons		
Organization	Contact Name	Location During Operations Phone Number

FRMAC Liaisons		
Location	Contact Name	Phone Number

[Pick the date]



Contact Information

Unit Leaders			
Unit	Check if Unit Req'd	Unit Leader Name	Phone Number
Environmental (FRMAC Monitoring and Sampling)	<input type="checkbox"/>		
Planning (FRMAC Assessment)	<input type="checkbox"/>		
Health and Safety	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

[Pick the date]



Logistics

Event Locations		
Location of Interest	Contact Name	Address and Phone Number
FRMAC		
EOC 1		
EOC 2		
EOC 3		

Support Items		
Item	Contact Name	Address and Phone Number
Air Freight Delivery		
Radio Frequencies		
Liquid Nitrogen		
Plotter		

[Pick the date]



Situational Briefing Information

Describe the Event			
Has a release or loss occurred?	Yes	No	Unknown
Start Time (approximate)	Date:	Time:	
Stop Time (approximate)	Date:	Time:	Has not stopped
Multiple Releases?	Yes	No	If so, how many?
Further Details and Current Actions Taken			
Source Term			
List involved isotopes and abundances if known:			
What is the chemical form (powder, liquid, explosive dispersal, etc.)?			

[Pick the date]

Situational Briefing Information

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

[Pick the date]

Incident Action Plan Objectives

Objective	Resource Requirements	Products Needed	Date/Time Needed
Evacuation/Shelter in Place			
Worker Dose Projection			
Road Closure/Re-Open			
Hotline Support			

Incident Action Plan Objectives

Objective	Resource Requirements	Products Needed	Date/Time Needed
Population Monitoring Support			
Monitoring Support			
Health Physics Support			
AMS Flyover Support			

Incident Action Plan Objectives

Objective	Resource Requirements	Products Needed	Date/Time Needed

