

INCIDENT CHECKLIST

DETAILS OF EVENT

Type of event: Transportation Disaster Shooting Bombing
 Other: _____

Geographic Location: City: _____ State: _____

Type of location: School Federal Building Military Installation Reservation
 Mall Community Center Religious Building Large Building
 Other: _____

Estimated numbers of fatalities: _____ Injuries: _____

Population: Students Children Elderly Non-English Speaking
 Persons with Disabilities Military
 Other: _____

Potential special needs of population: _____

INVESTIGATIVE POINTS OF CONTACT

Who is the lead agency/department in the investigation? _____

Location and phone number of Command Post: _____

Name of Lead Investigator: _____

Phone: _____ Mobile: _____

Email: _____

Evidence Response Coordinator: _____

Phone: _____ Mobile: _____

Email: _____

ME/Coroner: _____

Phone: _____ Mobile: _____

Email: _____

VICTIM ASSISTANCE CONTACTS

Victim Assistance Lead: _____

Phone: _____ Mobile: _____

Email: _____

Victim Assistance Team member: _____

Phone: _____ Mobile: _____

Email: _____

Victim Assistance Team member: _____

Phone: _____ Mobile: _____

Email: _____

Victim Assistance Team member _____

Phone: _____ Mobile: _____

Email: _____

Victim Assistance Team member: _____

Phone: _____ Mobile: _____

Email: _____

VOLUNTEER/DONATION MANAGEMENT COORDINATOR:

Name: _____

Phone: _____ Mobile: _____

Email: _____

PUBLIC INFORMATION OFFICER:

Name: _____

Phone: _____ Mobile: _____

Email: _____

VICTIM/WITNESS STAGING AREA LOCATION: _____

HOSPITALS WHERE VICTIMS ARE TRANSPORTED:

Hospital: _____

Point of Contact: _____

Phone: _____ Mobile: _____

Hospital: _____

Point of Contact: _____

Phone: _____ Mobile: _____

Hospital: _____

Point of Contact: _____

Phone: _____ Mobile: _____

Hospital: _____

Point of Contact: _____

Phone: _____ Mobile: _____

RECEPTION SITE FOR FRIENDS AND FAMILY

Location: _____

Name of individual in charge: _____

Phone: _____ Mobile: _____

Email: _____

FAMILY ASSISTANCE CENTER DETAILS

Is a Family Assistance Center being set up?

Yes No If yes, where? _____

Name of individual in charge: _____

Phone: _____ Mobile: _____

Email: _____

IMPORTANT POINTS OF CONTACT/RESOURCES FOR INCIDENT

Agency: _____
Name: _____
Position: _____
Phone: _____ Mobile: _____
Email: _____
Address: _____
Capabilities/responsibilities: _____

Agency: _____
Name: _____
Position: _____
Phone: _____ Mobile: _____
Email: _____
Address: _____
Capabilities/responsibilities: _____

Agency: _____
Name: _____
Position: _____
Phone: _____ Mobile: _____
Email: _____
Address: _____
Capabilities/responsibilities: _____

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Email: _____
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Position: _____
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