

NET Form 1: DAMAGE ASSESSMENT

Neighborhood Emergency Team	Date (yyyy/mm/dd)	Date/time received by TL
Person Reporting (please print)		Person Receiving (please print)

	Burning	Out	Gas Leak	H2O Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?
Location	Fires		Hazards				Structures		People #		Y/N	Y/N	

* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people
 ** COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partial Side (PS)

NET Form 2A: PERSONNEL CHECK IN (reverse side)

NAME	ID or badge #	Contact (cell or radio)	Check-in Time	Assignment Tracking Number	Check-out Time

SCRIBE _____

PAGE _____ OF _____

Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.

Signature

Date

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE

PRINT Last, first name: _____

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: _____

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

Do you take medication and if so, do you have access to it? N/A Not sure Yes No

Have you contacted your family? Yes No

Would you like to be contacted in the future for volunteer training and work? Yes No

Would you like to be contacted again to help with **this** emergency? Yes No

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

Skills or Experience (mark all that apply)

- Medical training
- First aid/CPR
- Fire fighting skills
- Safety and security
- Search and rescue skills
- Crisis counseling skills
- Office/organizational skills
- Teaching skills
- Crowd control
- Carpenter skills
- Chainsaw skills
- Electrician skills
- Amateur radio skills
- Food prep skills
- Commercial license
- non-English languages:

Equipment/Supplies You Can Provide

- First aid supplies
- Spare wheelchair or crutches
- Spare bed(s)
- Tarps or tents
- Chainsaw
- Bottled water
- Generator
- Fire extinguisher
- Camp stove and fuel
- Walkie-talkie or other radio
- Prybar
- Blanket(s)
- Flashlight(s)
- Batteries
- Rope

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE (reverse)

Last, first name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Best phone: (____) _____ - _____ E-mail: _____

Age: _____ Gender: _____ Driver's license (state/#): _____

Fit for physical work? Yes Light No

Emergency contact name: _____ Relation: _____

Emergency contact phone: (____) _____ - _____

FOR OFFICIAL USE ONLY

ID verified (initials) _____	Accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Issued ID? Yes <input type="checkbox"/> No <input type="checkbox"/>	Badge # _____
Waiver signed	Yes <input type="checkbox"/> No <input type="checkbox"/>
NET organization/objectives	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety awareness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Search and rescue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical triage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assignment 1: _____	
Assignment 2: _____	

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment			
Tracking #			
Location			
Team			
Team Leader			
Start Time		End Time	
VOLUNTEERS ASSIGNED			
1.)			
2.)			
3.)			
4.)			
5.)			
Objectives			
Results			
NET LEADER:	SCRIBE:		PAGE _____ OF _____

NET Form 3: TEAM LEADER'S ASSIGNMENT TRACKING LOG (reverse side)

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment		Assignment	
Tracking #		Tracking #	
Location		Location	
Team		Team	
Team Leader		Team Leader	
Start Time	End Time	Start Time	End Time
VOLUNTEERS ASSIGNED		VOLUNTEERS ASSIGNED	
1.)		1.)	
2.)		2.)	
3.)		3.)	
4.)		4.)	
5.)		5.)	
Objectives		Objectives	
Results		Results	
NET LEADER:		SCRIBE:	
		PAGE <u> </u> OF <u> </u>	

NET Form 4: ASSIGNMENT BRIEFING

Neighborhood Emergency Team		Date (yyyy/mm/dd)	
Assignment Tracking Number	Time Out	Time Back	
Cmnd. Post Contact ph. # or Radio Channel	Cmnd. Post Contact Name		

INSTRUCTIONS TO TEAM

Team Tactical Call Sign	Mission Location
SCRIBE	

Mission Objectives

Equipment Allocated

FILL OUT MISSION RESULTS ON REVERSE SIDE

NET Form 5a: VICTIM TREATMENT AREA RECORD

Neighborhood Emergency Team

Date (yyyy/mm/dd)

Treatment Area Location

Tracking Number

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 3px;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border-radius: 3px; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border-radius: 3px; margin-left: 10px;">MINOR</div>			
		<div style="background-color: red; color: white; padding: 2px; display: inline-block; border-radius: 3px;">IMMED</div> <div style="background-color: orange; color: white; padding: 2px; display: inline-block; border-radius: 3px; margin-left: 10px;">DELAY</div> <div style="background-color: green; color: white; padding: 2px; display: inline-block; border-radius: 3px; margin-left: 10px;">MINOR</div>			
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SCRIBE _____

PAGE _____ OF _____

NET Form 5a: VICTIM TREATMENT AREA RECORD (reverse side)

Check-in Time	Name or Description	Triage Tag (circle one)	Condition/Treatment (update as needed)	Moved To	Check-Out Time
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MINOR</div> </div>			
		<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">IMMED</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">DELAY</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">MINOR</div> </div>			
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SCRIBE _____

PAGE _____ OF _____

NET Form 5b: INDIVIDUAL TREATMENT RECORD

Name:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Address:	Age:			
Clothing:	Hair:		Eyes:	
	Identifying Marks:			
Symptoms/Chief Complaints:				
Allergies (food, medicine, latex):				
Medications (what?/last taken):	Have Meds?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Diabetic?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Have Insulin?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Relevant Past Medical History:				
Last Intake of Food and Fluids:				
Narrative (what happened?):				

Time	Objective Findings (physical exam and observation)
Time	Treatment and Observations

Treatment Tracking: *triage, initial treatment, treatment area, transport hospital, morgue*

Location	Date In	Time In	Int.	Date Out	Time Out	Int.	Category (I, D, M, X)

ICS 213 General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none"> • Name • Signature • Position/Title 	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).