Format 10.1: Procedure for the Definition of the Team’s Autonomy[[1]](#footnote-1)

**Definition of the Team’s Self-Sufficiency**

**Team’s Name:**

|  |
| --- |
|  |

**Officers in charge:**

|  |
| --- |
| **Leader:** |
| **Head of Planning:** |
| **Head of Logistics:** |

1. **The detail and total number of members must include a complete registry with all data on each member, which will be audited during the “Field Audit” and in the third phase of the “Skills Exercise”, which must be submitted at the moment of activation to (responsible officer): (responsible officer’s email) via form AC-3 Attending Personnel and later to the RDC. Attached in Annex 1.**
2. The team’s level is: (mark with an X to which group you are applying, and days with a number).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Light |  | Autonomy of |  | Days |
| Medium |  | Autonomy of |  | Days |

1. **The following Operating Times are established**

**Indicate the amount of time, in hours or days, the team takes to do the following actions:**

|  |  |
| --- | --- |
| Team activation (Hrs.) |  |
| Maximum operational period to which it can respond | 2 days of transport plus \_\_\_\_\_\_ days of work |
| Demobilization time |  |

1. **The following Materials, Vehicles and Equipment are available**

**Provide detailed information on each of the logistics materials available for the team to operate according to the times reported in the table above, in the following areas:**

* 1. **Means of Transport; (Yes or No)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Personnel | YES | NO | Capacity | Load | YES | NO | Capacity (m3 and Tons) |
| **Up to 100 Km** |  |  |  |  |  |  |  |  |
| **Up to 500 Km** |  |  |  |  |  |  |  |  |
| **Up to 1,000 Km.** |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Available Vehicles | Type | Amount of Vehicles |
|  |  |  |
|  |  |  |

* 1. **Lodging**

|  |  |
| --- | --- |
| **Available Materials** | **Amount of Materials** |
| Sleeping Tent |  |
| Command Post tent |  |
| Community Tent |  |
| Logistics Tent |  |
| Medical Care Tent |  |
| Telecommunications Tent |  |
|  |  |
|  |  |

* 1. **Food**

|  |  |
| --- | --- |
| **Available Materials** | **Amount of Materials** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. **Sanitary Facilities**

|  |  |
| --- | --- |
| **Available Materials** | **Amount of Materials** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Lightning/Other Resources**

|  |  |
| --- | --- |
| **Available Materials** | **Amount of Materials** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Name and signature of responsible officers:

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Full Name | Signature | Identification No. |
| Head of Logistics |  |  |  |
| Team Leader |  |  |  |

**ANNEX 1 AC-3**

1. Source: Chile’s National Fire Department, Accreditation Process [↑](#footnote-ref-1)