

EMERGENCY  
PREPAREDNESS  
ASSESSMENT  
RESOURCE  
SUPPLEMENTS

**EMERGENCY PLAN  
INTERIM COMMANDER CHECKLIST  
-Resource Supplement A-**

Date: \_\_\_\_\_

Interim Commander name: \_\_\_\_\_

Person preparing checklist name: \_\_\_\_\_

*This checklist should be used as a guide to manage response to a disturbance/emergency that requires the activation of the Emergency Plan. These may not be in order of priority and all areas noted may not require implementation. The need for these actions should be assessed to meet the requirements of response to the situation.*

**A. INITIAL NOTIFICATION OF DISTURBANCE/EMERGENCY.**

Time received: \_\_\_\_\_

Received from: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**B. INITIAL INCIDENT INFORMATION.**

Area(s) involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damage assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of inmates involved: \_\_\_\_\_

-Identity of involved inmate(s)-

Name:

Inmate #

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

-Staff/Inmate injuries?

Yes

No-

Injury sustained:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

-Staff missing?

Yes

No-

Classification:

1.	_____	_____
2.	_____	_____

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3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

C. INITIAL RESPONSE TO THE DISTURBANCE/EMERGENCY.

Time started: \_\_\_\_\_

- Notify primary responders.  
 Activate Alarm Response elements.

Circle response activated Primary Secondary Tertiary  
(Refer to Section R in this checklist for further Alarm Response information)

- Attempt to establish communications with participants.  
 Notify medical department.  
 Account for all prison vehicles.

Is a secondary response required?

- Yes  No

Are emergency transport teams required?

- Yes  No

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

D. INITIATE ACTIVITY LOG. (REFER TO RESOURCE SUPPLEMENT D).

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

E. LOCK DOWN THE INCIDENT AREA. Area: \_\_\_\_\_

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

F. LOCK DOWN THE PRISON.

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

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**G. ASSUME THE ROLE OF THE INTERIM COMMANDER.**

Assign another person to manage unaffected prison areas.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Time notified: \_\_\_\_\_

Time reported: \_\_\_\_\_

Ensure all unaffected areas are regularly advised of the disturbance/emergency status.

Determine the status of disturbance/emergency Status: \_\_\_\_\_

Ensure all required administrative staff receive preliminary notification of the situation.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**H. CONTAIN THE INCIDENT BY ESTABLISHING AN INNER PERIMETER.**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Location(s) of Inner Perimeter elements: \_\_\_\_\_

Supervisor assigned to the Inner Perimeter:

Name: \_\_\_\_\_

Radio Call-Sign: \_\_\_\_\_

Staff assigned to the Inner Perimeter:

Name: \_\_\_\_\_

Radio Call-Sign: \_\_\_\_\_

1.

2.

3.

4.

5.

Post firearms/weapons as necessary.

Time started: \_\_\_\_\_

Time completed: \_\_\_\_\_

Staff name: \_\_\_\_\_

Area located: \_\_\_\_\_

Weapon(s) issued: \_\_\_\_\_

1.

2.

3.

4.

5.

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Use of force/containment instructions given.  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

I. INITIATE STAFF ACCOUNTABILITY PROCEDURES. **ENSURE  
EVERY STEP POSSIBLE HAS BEEN TAKEN TO LOCATE MISSING  
PERSONS.**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Person(s) missing?  Yes

No

Name: \_\_\_\_\_

Classification: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

\* As appropriate, send a representative to contact the family of a staff member(s) who is confirmed missing or is identified as being held hostage.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

J. INITIATE INMATE COUNT PROCEDURES.

**-EMERGENCY COUNT-**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

- Does the Emergency Count clear?

Yes - Time: \_\_\_\_\_  No

**-PICTURE/ID COUNT-**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

- Does the Picture/ID Count clear?

Yes - Time: \_\_\_\_\_  No

Number of unsecured inmates (Use Inner Perimeter staff to count): \_\_\_\_\_  
Location: \_\_\_\_\_

Are inmate(s) missing?  Yes  No

Name: \_\_\_\_\_

Inmate #: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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4. \_\_\_\_\_  
5. \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**K. ISOLATE THE INCIDENT/PRISON BY ESTABLISHING AN OUTER PERIMETER.**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Location(s) of Outer Perimeter elements: \_\_\_\_\_  
\_\_\_\_\_

Supervisor assigned to the Outer Perimeter:

Name: \_\_\_\_\_ Radio Call-Sign: \_\_\_\_\_

Staff assigned to Outer Perimeter:

Name: \_\_\_\_\_ Radio Call-Sign: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**L. COORDINATE THE RECALL OF OFF-DUTY CUSTODY STAFF.**

Staging Area location: \_\_\_\_\_

Staging Area supervisor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Custody staff required:

Officers: \_\_\_\_\_

Sergeants: \_\_\_\_\_

Lieutenants: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**M. COORDINATE THE RECALL OF OFF-DUTY NON-CUSTODY STAFF.**

Staging Area location: \_\_\_\_\_

Staging Area supervisor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

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Staff functions required?

<input type="checkbox"/>	Medical	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Fire Department	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Plant Operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Culinary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Hazardous Materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Case Records	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Personnel	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Procurement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Other: _____				

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**O. NOTIFY THE INCIDENT COMMANDER.**

Time: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Person making contact: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**P. ACTIVATE THE TACTICAL TEAM (TAC-TEAM).**

Time: \_\_\_\_\_

Provide an initial briefing to the Tac-Team Commander/representative and order the activation of required team elements.

Person contacted: \_\_\_\_\_

Telephone/pager #: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Staging Area location: \_\_\_\_\_

**DEPLOYMENT CONSIDERATIONS:**

Request Tac-Team mutual aid from the nearest prison.

Define the Tac-Team mission.

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- Assign the Tac-Team mission to the Tac-Team First Responder.
- Provide required mission parameters (firearms, less-lethal tools, instructions, etc.).
- Review existing Tac-Team Standard Operational Procedures.
- Review the Tac-Team Operational Order.
- Approve the Tac-Team Operational Order, if acceptable.
- Deploy the Tac-Team.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

Q. **ACTIVATE THE NEGOTIATION TEAM.**

Time: \_\_\_\_\_

- Provide an initial briefing to the Negotiation Team Leader/representative and order the activation of required team elements.
- Person contacted: \_\_\_\_\_  
Telephone/pager #: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Staging Area location: \_\_\_\_\_

**DEPLOYMENT CONSIDERATIONS:**

- Request Negotiation Team mutual aid from the nearest prison.
- Define the Negotiation Team mission.
- Assign the Negotiation Team mission to the First Responder.
- Provide required mission parameters.
- Review the Negotiation Plan.
- Approve the Negotiation Plan, if acceptable.
- Deploy the Negotiation Team.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

R. **ACTIVATE ALARM RESPONSE ELEMENTS.**

Time activated: \_\_\_\_\_

Primary Response Supervisor name: \_\_\_\_\_

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Radio call sign: \_\_\_\_\_

Secondary Response Team Leader name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Secondary Response Staging Area location \_\_\_\_\_

Tertiary Response Staging Area location \_\_\_\_\_

**DEPLOYMENT CONSIDERATIONS:**

- Activate Secondary Responders, if requested.
- Lock down the prison.
- Activate Tertiary responders, if requested.
- Provide required mission parameters (weapons, instructions, etc.).

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

S. **FACILITATE THE REQUEST FOR LOCAL LAW ENFORCEMENT MUTUAL AID. (REFER TO RESOURCE SUPPLEMENT D). *ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.***

Time: \_\_\_\_\_

Agency contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

***Staff resources requested:*** \_\_\_\_\_

***Equipment resources requested:*** \_\_\_\_\_

***Time resources needed:*** \_\_\_\_\_

***Staging Area location:*** \_\_\_\_\_

***Staging Area supervisor:*** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

T. **FACILITATE THE REQUEST FOR LOCAL MEDICAL MUTUAL AID. (REFER TO RESOURCE SUPPLEMENT D). *ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.***

Time: \_\_\_\_\_

Agency contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

***Staff resources requested:*** \_\_\_\_\_

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**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

- U. **FACILITATE THE REQUEST FOR LOCAL FIRE SUPPRESSION MUTUAL AID. (REFER TO RESOURCE SUPPLEMENT D). ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.**

**Time:** \_\_\_\_\_

**Agency contacted:** \_\_\_\_\_

**Person contacted:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Staff resources requested:** \_\_\_\_\_

**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

- V. **FACILITATE THE REQUEST FOR OTHER REQUIRED LOCAL MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT D). ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.**

**Time:** \_\_\_\_\_

**Agency contacted:** \_\_\_\_\_

**Person contacted:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Staff resources requested:** \_\_\_\_\_

**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

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Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- W. FACILITATE THE REQUEST FOR AGENCY MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT D).

*Requests for YACA Mutual Aid are to be made to the Director, or the departmental AOD (During non-business hours).*

Time: \_\_\_\_\_  
Director contacted?

Yes       No

Telephone number: \_\_\_\_\_

Departmental AOD (non-business hours) contacted?

Yes       No

Telephone number: \_\_\_\_\_

*Staff resources requested:* \_\_\_\_\_

*Equipment resources requested:* \_\_\_\_\_

*Time resources needed:* \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- X. FACILITATE THE REQUEST FOR STATEWIDE MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT D).

*Requests for YACA Mutual Aid are to be made to the Director, or the departmental AOD (During non-business hours).*

Time: \_\_\_\_\_  
Director contacted?

Yes       No

Telephone number: \_\_\_\_\_

Departmental AOD (non-business hours) contacted?

Yes       No

Telephone number: \_\_\_\_\_

*Staff resources requested:* \_\_\_\_\_

*Equipment resources requested:* \_\_\_\_\_

*Time resources needed:* \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

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- Y. **FACILITATE REQUIRED EMERGENCY NOTIFICATIONS.  
(REFERENCE RESOURCE SUPPLEMENT D).**  
Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_  
 **ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_
- Z. **FACILITATE ACTIVATION OF THE EMERGENCY OPERATIONS CENTER.**  
 Primary       Secondary  
Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_  
Person activating EOC: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
 **ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_
- AA. **BRIEF THE INCIDENT COMMANDER.**  
Time: \_\_\_\_\_  
Emergency Commander name: \_\_\_\_\_  
 **ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_
- AB. **RELINQUISH COMMAND TO THE INCIDENT COMMANDER.**  
Time: \_\_\_\_\_  
 **ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**NOTES**

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*ADDITIONAL SHEETS ATTACHED.*      # OF SHEETS: \_\_\_\_\_

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Date: \_\_\_\_\_  
Incident Commander Name: \_\_\_\_\_

**IF AN INTERIM COMMANDER WAS NOT USED IN THE INITIAL RESPONSE TO THE DISTURBANCE/EMERGENCY, REFER TO RESOURCE SUPPLEMENT A (INTERIM COMMANDER CHECKLIST) AND FACILITATE THESE FUNCTIONS, AS REQUIRED.**

*This Incident Commander checklist should be used as a guide to manage response to a disturbance/emergency that requires the implementation of the Emergency Plan. These may not be in order of priority and all areas noted may not require implementation. The need for these actions should be assessed to meet the requirements of response to the situation.*

**A. RECEIVE A BRIEFING FROM THE INTERIM COMMANDER.**

Ascertain the status of:

Disturbance/Emergency

Status: \_\_\_\_\_

Initial response procedures

Inner Perimeter functions

Use of force/containment orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Location(s): \_\_\_\_\_  
\_\_\_\_\_

- Prison operations (Lockdown, programs, unaffected areas, etc.)
- Staff accountability procedures
- Inmate accountability procedures
- Secondary response procedures
- Responding off-duty staff (Custody and Non-custody)
- Status of the physical plant
- Mutual Aid requests and response
- Administrative notifications:
  - Designated prison staff
  - Director
  - AOD
- Departmental Review Board notifications

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

B. **ENSURE THE REQUIRED SPECIALIZED TEAMS ARE ACTIVATED AND DEPLOYED.**

*TACTICAL TEAM*

- Activated Time: \_\_\_\_\_
- Deployed Time: \_\_\_\_\_
- Staging Area location: \_\_\_\_\_
- Field Command Post established?  
Location: \_\_\_\_\_  
Liaison name: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Telephone number(s): \_\_\_\_\_

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**NEGOTIATIONS TEAM**

<input type="checkbox"/>	Activated	Time: _____
<input type="checkbox"/>	Deployed	Time: _____
	Staging Area location:	_____
<input type="checkbox"/>	Field Command Post established?	_____
	Location:	_____
	Liaison name:	_____
	Radio call sign:	_____
	Telephone number(s):	_____

**CRISIS INTERVENTION TEAM**

<input type="checkbox"/>	Activated	Time: _____
<input type="checkbox"/>	Deployed	Time: _____
	Staging Area location:	_____
	Deployment location:	_____
	Liaison name:	_____
	Radio call sign:	_____
	Telephone number(s):	_____

**ALARM RESPONSE ELEMENTS**

<input type="checkbox"/>	Activated	Time: _____
<input type="checkbox"/>	Deployed	Time: _____

Circle response activated    **Primary**    **Secondary**    **Tertiary**

Staging Area location:	_____
Deployment location:	_____
Team Leader name:	_____
Radio call sign:	_____
Telephone number(s):	_____

   **ADDITIONAL SHEETS ATTACHED.**    # OF SHEETS: \_\_\_\_\_

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**C. FACILITATE ACTIVATION OF THE EOC, IF NOT YET ACCOMPLISHED.**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Primary

Secondary

Person activating EOC: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Assign EOC security and give expectations.

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**D. ENSURE REQUIRED EOC FUNCTIONS ARE STAFFED, IF NOT YET ACCOMPLISHED.**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Prison Operations Administrator

Name/Title: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Chief Deputy Warden(s)/Superintendent(s)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Associate Warden(s)/Superintendent(s)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Public Information Officer

Name/Title: \_\_\_\_\_

Medical Liaison

Name/Title: \_\_\_\_\_

Plant Operations Liaison

Name/Title: \_\_\_\_\_

Food Services Liaison

Name/Title: \_\_\_\_\_

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- Mutual Aid/CDC Headquarters Liaison  
Name/Title: \_\_\_\_\_
- Captain(s)  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_
- Tac-Team Commander/Liaison  
Name/Title: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_
- Negotiations Team Leader/Liaison  
Name/Title: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_
- Other managers  
Name/Title: \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Name/Title: \_\_\_\_\_
- Scribes  
Name/Title: \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Name/Title: \_\_\_\_\_
- ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

E. **ASSUME COMMAND OF THE DISTURBANCE/EMERGENCY.**

Time command assumed: \_\_\_\_\_

- Make necessary notifications of command transfer.  
 Clearly establish the chain-of-command.  
 Retain the Interim Commander as a resource.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

F. **PREPARE OR REVIEW A COMPREHENSIVE EMERGENCY PLAN TO  
RESPOND TO THE DISTURBANCE/EMERGENCY, IF NOT ALREADY  
ACCOMPLISHED.**

- Ensure intelligence is gathered and verified.

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- Assess the impact of this intelligence on the current status of the situation.
- Review use of force protocols.
- Review legal options/opinions.
- Prepare at least one back up plan.***

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

G. **EVALUATE THE NEED TO MODIFY STAFF WORK HOURS.**

- Notify the Watch Commander of the modification.
- Notify Personnel Assignments of the modification.
- Prepare memorandum to staff informing them of the modification.
- Inform the bargaining unit Chapter President of the modification.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

H. **PROVIDE SITUATION UPDATES TO PERTINENT AREAS.**

Briefing type:	Regular	As needed
<input type="checkbox"/> Tac-Team	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Negotiations Team	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alarm Response	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> POA	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

I. **PREPARE NECESSARY MEMORANDUMS TO UPDATE CONCERNED INDIVIDUALS ON THE DISTURBANCE/EMERGENCY STATUS.**

- Staff
- Citizen's Advisory Committee/Council
- Inmates in unaffected areas

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ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

J. REVIEW AND APPROVE ALL NEWS ITEMS PRIOR TO RELEASE.

- Allow the Tac-Team to review the news item to assess impact upon their operations.
- Allow the Negotiations Team to review the news item to assess impact upon their operations.
- Make any required changes based upon staff review.
- Approve the release of the news item.
- Coordinate the release with the PIO.
- Coordinate the release with headquarters, as necessary.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

K. ESTABLISH A TASK TRACKING SYSTEM.

- Assign a coordinator.  
Name/Title: \_\_\_\_\_
- Schedule frequent updates on task status.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

L. DECLARE AN END TO THE DISTURBANCE/EMERGENCY.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

M. INITIATE AFTER ACTION REQUIREMENTS. (REFER TO RESOURCE SUPPLEMENT E).

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**NOTES**

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**EMERGENCY PLAN  
INCIDENT COMMANDER CHECKLIST  
-Resource Supplement B-**

1

**ADDITIONAL SHEETS ATTACHED.**    # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Date: \_\_\_\_\_  
Prison Operations Administrator name: \_\_\_\_\_  
Incident Commander name: \_\_\_\_\_  
Interim Commander name: \_\_\_\_\_

*This checklist should be utilized as a guide to manage response to a disturbance/emergency that requires the implementation of the Emergency Plan. These may not be in order of priority and all areas noted may not require implementation. The need for these actions should be assessed to meet the requirements of response to the situation.*

- A. **CONSULT WITH THE INTERIM COMMANDER/INCIDENT COMMANDER REGARDING EXPECTATIONS OR ASSIGNMENTS.**  
Time: \_\_\_\_\_  
 ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_
- B. **FACILITATE THE ACTIVATION OF THE EMERGENCY OPERATIONS CENTER, OPERATIONS AREA.**  
 Provide security for the Operations Area.  
Name of Security Officer: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
 ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_
- C. **INITIATE AN ACTIVITY LOG. (REFER TO RESOURCE SUPPLEMENT F.)**  
Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_  
Scribe name(s):  
• \_\_\_\_\_  
• \_\_\_\_\_  
• \_\_\_\_\_  
 ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_
- D. **ENSURE EOC COMMUNICATIONS SYSTEMS ARE OPERATIONAL.**  
 Telephones  
 Direct dial outside line capable

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- Other prison lines
  - Prison radio communications
  - Statewide radio communications
  - Other communications capabilities:  
\_\_\_\_\_  
\_\_\_\_\_
- ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_
- E. ENSURE OPERATIONS AREA FUNCTIONS ARE APPROPRIATELY STAFFED.
- Chief Deputy Warden(s)/Superintendent(s)  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_
  - Associate Warden(s)/Superintendent(s)  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_
  - Public Information Officer  
Name: \_\_\_\_\_
  - Medical Liaison  
Name: \_\_\_\_\_
  - Plant Operations Liaison  
Name: \_\_\_\_\_
  - Food Services Liaison  
Name: \_\_\_\_\_
  - Mutual Aid/Departmental Headquarters Liaison  
Name: \_\_\_\_\_
  - Captain(s)  
Name \_\_\_\_\_  
Name \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- Tactical Team Commander/Liaison  
Name: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_
- Negotiations Leader/Liaison  
Name: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_
- Scribe(s)  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_
- Establish relief for Operations Area staff if the disturbance/emergency is of a protracted nature.
- ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- F. **MANAGE OPERATIONS AREA FUNCTIONS.**
- Provide regular situation reports to Operations Area staff.  
 Ensure assignments are delegated to appropriate staff.  
 Develop and manage assignment tracking system.
- ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- G. **COORDINATE THE PREPARATION OF A LEGAL ACTION PLAN.**  
Ensure the following items are accomplished:
- The local District Attorney is notified.  
 The departmental Legal Affairs Division is notified.  
 Request departmental Legal Affairs Division contact the State Attorney General.
- An Activity Log is established. (**REFER TO RESOURCE SUPPLEMENT F).**  
Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_  
Scribe name(s):  
• \_\_\_\_\_  
• \_\_\_\_\_  
• \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Provide regular updates as requested/required.

**A BACK-UP PLAN IS PREPARED.**

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**H. COORDINATE THE PREPARATION OF A MEDICAL ACTION PLAN.**

Ensure the following items are accomplished:

The Medical Division Head or designee is contacted.

A Medical Command Center is established.

Location: \_\_\_\_\_

Liaison name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

An Activity Log is established. (**REFER TO RESOURCE  
SUPPLEMENT F).**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Scribe name(s): \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

A liaison between EOC and the Medical Command Center is identified.

Liaison name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Adequate communications capabilities are available in the Medical Command Center.

Radio call sign: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Medical operations in unaffected prison areas are monitored.

Local hospitals are contacted and put on stand-by.

Local ambulance services are contacted.

ETA: \_\_\_\_\_

Staging Area location: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- Medical transport teams been identified/established.
- A helicopter landing area for medical evacuation is identified, established, and staffed by the Watch Commander.  
Location: \_\_\_\_\_  
Liaison name: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Telephone number: \_\_\_\_\_
- Sufficient prison medical staff are available.
- Relief staff for the Medical Command Center are provided if the disturbance or emergency is of a protracted nature.
- Sufficient supplies are available.
- A key control plan is established.
- Mass casualty areas are identified/established.
  - Staff Location: \_\_\_\_\_
  - Inmate Location: \_\_\_\_\_
- Triage site(s) are identified/established.  
Liaison name: \_\_\_\_\_
  - Staff Location: \_\_\_\_\_
  - Inmate Location: \_\_\_\_\_
- A temporary morgue facility(s) is identified/established.  
Liaison name: \_\_\_\_\_
  - Staff Location: \_\_\_\_\_
  - Inmate Location: \_\_\_\_\_
- Consolidation of resources is performed as the situation returns to normal.
- A BACK-UP PLAN IS PREPARED.**
- ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**
- I. **COORDINATE THE PREPARATION OF A SUPPORT SERVICES ACTION PLAN.**

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Ensure the following items are accomplished:

The Business Services Division Head or designee has been contacted.

A Support Services Command Center has been established.

Location: \_\_\_\_\_

Liaison name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

An Activity Log is established. (REFER TO RESOURCE SUPPLEMENT F).

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Scribe names:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

A liaison between the EOC and the Support Services Command Center has been identified.

Liaison name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Adequate communications capabilities are available.

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Support functions in unaffected prison areas are monitored.

Sufficient prison staff are available.

Relief staff is provided for the Support Services Command Center if the disturbance or emergency is of a protracted nature.

Sufficient supplies are available to provide for responding off-duty staff.

Food Services

Personal health/hygiene items

Lodging

Communications

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- Prison communications systems are isolated, as necessary.
  - Radios
  - Telephones
  - Intercom systems
- Prison utilities in affected areas are isolated, as necessary.
  - Electrical
  - Water
  - Steam
  - Sewer
- Sufficient supplies are available.
- A protocol is established to purchase or rent required items/equipment.
- A key control plan is established.
- Plot plans are available.
- Local utility service providers (water, power, telephone, etc.) are contacted, as necessary.
- Consolidation of resources is performed as the situation returns to normal.
- A BACK-UP PLAN IS PREPARED.**

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

J. **ENSURE STAFF ACCOUNTABILITY PROCEDURES ARE INITIATED.  
ENSURE EVERY STEP POSSIBLE HAS BEEN TAKEN TO LOCATE  
MISSING PERSONS.**

Maintain contact with the Watch Commander regarding the status of Staff Accountability Procedures.

Persons missing?  Yes

No

Name: \_\_\_\_\_

Classification: \_\_\_\_\_

1. \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Ensure local Law Enforcement Mutual Aid is dispatched to provide security for the home of any missing person.

Ensure an prison crisis intervention representative is dispatched to the home of any missing staff member.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

K. **ENSURE INMATE ACCOUNTABILITY PROCEDURES HAVE BEEN INITIATED.**

Maintain contact with the Watch Commander regarding the status of Inmate Accountability Procedures.

**-EMERGENCY COUNT-**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Emergency Count cleared?

Yes - Time: \_\_\_\_\_

No

**-PICTURE COUNT-**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

Picture Count cleared?

Yes - Time: \_\_\_\_\_

No

Number of unsecured inmates (Use Inner Perimeter staff to count):  
\_\_\_\_\_

Inmate(s) missing?

Yes

No

Name:

Inmate #

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

**L. ENSURE OUTER PERIMETER FUNCTIONS ARE ESTABLISHED.**

Time Outer Perimeter functions initiated: \_\_\_\_\_  
Location(s) of Outer Perimeter elements: \_\_\_\_\_  
\_\_\_\_\_

Supervisor assigned to the Outer Perimeter and Radio call sign:  
Name: \_\_\_\_\_ Radio call sign: \_\_\_\_\_

Maintain contact with the Outer Perimeter supervisor regarding the status of Outer Perimeter functions.

Staff assigned to the Outer Perimeter and Radio call sign(s):  
Name: \_\_\_\_\_ Radio call sign: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Ensure a helicopter landing area for medical evacuation and mutual aid response is identified, established, and staffed by the Watch Commander.

Location: \_\_\_\_\_

Liaison name: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Time Outer Perimeter functions are terminated: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**M. EVALUATE THE NEED TO MODIFY STAFF WORK HOURS.**

Consult with the Incident Commander/Interim Commander regarding the modification.

Notify the Watch Commander of the modification.

Notify Personnel Assignments of modification.

Prepare memorandum to staff informing them of the modification.

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Inform the bargaining unit Chapter President of the modification.

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**N. ENSURE RESPONDING OFF-DUTY CUSTODY STAFF ARE APPROPRIATELY MANAGED.**

Staging Area location: \_\_\_\_\_

Staging Area supervisor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Numbers of custody staff responding:

Officers: \_\_\_\_\_

Sergeants: \_\_\_\_\_

Lieutenants: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**O. ENSURE RESPONDING OFF-DUTY SUPPORT STAFF ARE APPROPRIATELY MANAGED.**

Staging Area location: \_\_\_\_\_

Staging Area supervisor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Staff functions required:

Medical

Culinary

Plant Operations

Case Records

Personnel

Other: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**P. INCIDENT ASSESSMENT.**

Area(s) involved: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

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Damage assessment: \_\_\_\_\_  
Number of inmates involved: \_\_\_\_\_

-Identity of involved inmate(s):-

Name:	Inmate #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

-Staff/Inmate injuries?

Yes

No-

Names/Inmate #'s:

Injury sustained:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

-Hostage(s)?

Yes

No-

Name:

Classification:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Location(s) of hostages: \_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- Modify programs.
- Modify feeding procedures.
- Modify hygiene procedures (showers, laundry, etc.).
- Identify critical inmate workers.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

R. **ENSURE AN EVACUATION/ALTERNATE HOUSING PLAN IS ESTABLISHED.**

- Maintain contact with the Watch Commander regarding the status of unaffected prison areas and availability of other resources.
- Identify:
- Required transportation resources
  - Alternate housing areas
    - On grounds Location: \_\_\_\_\_
    - Off grounds Location: \_\_\_\_\_
  - Security requirements
  - Staffing requirements
  - Communications requirements
  - Clothing requirements
  - Bedding requirements
  - Feeding requirements
  - Hygiene requirements
  - Program requirements

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

S. **ENSURE A MEDIA CENTER IS BEEN ESTABLISHED.**

- Maintain contact with the Public Information Officer regarding the status of Media Center operations.

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Public Information Officer name: \_\_\_\_\_

Time Media Center activation started: \_\_\_\_\_

Time Media Center activation completed: \_\_\_\_\_

Time Media Center terminated: \_\_\_\_\_

Ensure security for the Media Center is provided.

Security Officer assigned: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Ensure news releases have been reviewed/approved prior to release.

Tac-Team review for mission impact

Negotiation Team review for mission impact

Incident Commander for approval

Headquarters for coordination of releases, as necessary.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**T. FACILITATE THE REQUEST FOR LOCAL LAW ENFORCEMENT MUTUAL AID. (REFER TO RESOURCE SUPPLEMENT D). *ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.***

Time: \_\_\_\_\_

Agency contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Staff resources requested:** \_\_\_\_\_

**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

- U. **FACILITATE THE REQUEST FOR LOCAL MEDICAL MUTUAL AID.**  
(REFER TO RESOURCE SUPPLEMENT D). *ITEMS IN BOLD ITALICS  
MUST BE KNOWN PRIOR TO REQUESTING MUTUAL AID.*

Time: \_\_\_\_\_

Agency contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Staff resources requested:** \_\_\_\_\_

**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- V. **FACILITATE THE REQUEST FOR LOCAL FIRE SUPPRESSION  
MUTUAL AID. (REFER TO RESOURCE SUPPLEMENT D). *ITEMS IN  
BOLD ITALICS MUST BE KNOWN PRIOR TO REQUESTING MUTUAL  
AID.***

Time: \_\_\_\_\_

Agency contacted: \_\_\_\_\_

Person contacted: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Staff resources requested:** \_\_\_\_\_

**Equipment resources requested:** \_\_\_\_\_

**Time resources needed:** \_\_\_\_\_

**Staging Area location:** \_\_\_\_\_

**Staging Area supervisor:** \_\_\_\_\_

Telephone number: \_\_\_\_\_

Radio call sign: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

- W. **FACILITATE THE REQUEST FOR OTHER REQUIRED LOCAL  
MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT  
D). *ITEMS IN BOLD ITALICS MUST BE KNOWN PRIOR TO  
REQUESTING MUTUAL AID.***

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Time: \_\_\_\_\_  
Agency contacted: \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
**Staff resources requested:** \_\_\_\_\_  
**Equipment resources requested:** \_\_\_\_\_  
**Time resources needed:** \_\_\_\_\_  
**Staging Area location:** \_\_\_\_\_  
**Staging Area supervisor:** \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Comments: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**X. FACILITATE THE REQUEST FOR AGENCY MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT D).**

Time: \_\_\_\_\_  
Director contacted?  
     Yes     No  
Telephone number: \_\_\_\_\_  
Departmental AOD (non-business hours) contacted?  
     Yes     No  
Telephone number: \_\_\_\_\_  
Staff resources requested: \_\_\_\_\_  
Equipment resources requested: \_\_\_\_\_  
Time resources needed: \_\_\_\_\_  
Comments: \_\_\_\_\_

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS:** \_\_\_\_\_

**Y. FACILITATE THE REQUEST FOR STATEWIDE MUTUAL AID RESOURCES. (REFER TO RESOURCE SUPPLEMENT D).**

Time: \_\_\_\_\_  
Director contacted?  
     Yes     No  
Telephone number: \_\_\_\_\_  
Departmental AOD (non-business hours) contacted?  
     Yes     No  
Telephone number: \_\_\_\_\_

**EMERGENCY PLAN**  
**PRISON OPERATIONS ADMINISTRATOR CHECKLIST**  
**-Resource Supplement C-**

Staff resources requested: \_\_\_\_\_

Equipment resources requested: \_\_\_\_\_

Time resources needed: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

Z. **FACILITATE REQUIRED EMERGENCY NOTIFICATIONS.**  
**(REFER TO RESOURCE SUPPLEMENT D).**

Time started: \_\_\_\_\_ Time completed: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

AA. **ASSIST THE INCIDENT COMMANDER IN ACCOMPLISHING AFTER ACTION REQUIREMENTS. (REFER TO RESOURCE SUPPLEMENT E).**

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**NOTES**

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ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

# **EMERGENCY PLAN**

# **EMERGENCY NOTIFICATION CHECKLIST**

-Resource Supplement D-

Date: \_\_\_\_\_ Name of person initiating contacts: \_\_\_\_\_  
Incident Commander name: \_\_\_\_\_ Interim Commander name: \_\_\_\_\_

This checklist should be utilized as a guide to notify personnel of a disturbance/emergency that requires the implementation of the Emergency Plan. These may not be in order of priority and all personnel noted below may not require notification. The need for such notification should be assessed to meet the requirements of response to the situation.

PRISON ADMINISTRATIVE STAFF

<b>Position</b>	<b>Name</b>	<b>Work #</b>	<b>Pager #</b>	<b>Home #</b>	<b>Contact Made? -Yes/No-</b>
Warden/ Superintendent					
Chief Deputy Warden/Sup.					
Associate Warden/Sup.					
Associate Warden/Sup.					
Associate Warden/Sup.					
Captain					
Captain					
Investigations Captain					
Prison Gang Investigator					

# **EMERGENCY PLAN**

# **EMERGENCY NOTIFICATION CHECKLIST**

-Resource Supplement D-

# **EMERGENCY PLAN**

## **EMERGENCY NOTIFICATION CHECKLIST**

**-Resource Supplement D-**

## **DEPARTMENTAL HEADQUARTERS STAFF**

**EMERGENCY PLAN**  
**EMERGENCY NOTIFICATION CHECKLIST**  
-Resource Supplement D-

**LOCAL MUTUAL AID RESOURCES**

**LOCAL LAW ENFORCEMENT MUTUAL AID.**

Time: \_\_\_\_\_  
Agency contacted: \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
**Staff resources requested:** \_\_\_\_\_  
**Equipment resources requested:** \_\_\_\_\_  
**Time resources needed:** \_\_\_\_\_  
**Staging Area location:** \_\_\_\_\_  
**Staging Area supervisor:** \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**LOCAL MEDICAL MUTUAL AID.**

Time: \_\_\_\_\_  
Agency contacted: \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
**Staff resources requested:** \_\_\_\_\_  
**Equipment resources requested:** \_\_\_\_\_  
**Time resources needed:** \_\_\_\_\_  
**Staging Area location:** \_\_\_\_\_  
**Staging Area supervisor:** \_\_\_\_\_

**EMERGENCY PLAN**  
**EMERGENCY NOTIFICATION CHECKLIST**  
**-Resource Supplement D-**

Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**LOCAL FIRE SUPPRESSION MUTUAL AID.**

Time: \_\_\_\_\_  
Agency contacted: \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
**Staff resources requested:** \_\_\_\_\_  
**Equipment resources requested:** \_\_\_\_\_  
**Time resources needed:** \_\_\_\_\_  
**Staging Area location:** \_\_\_\_\_  
**Staging Area supervisor:** \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Radio call sign: \_\_\_\_\_  
Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**OTHER REQUIRED LOCAL MUTUAL AID RESOURCES.**

Time: \_\_\_\_\_  
Agency contacted: \_\_\_\_\_  
Person contacted: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
**Staff resources requested:** \_\_\_\_\_  
**Equipment resources requested:** \_\_\_\_\_

**EMERGENCY PLAN**  
**EMERGENCY NOTIFICATION CHECKLIST**  
-Resource Supplement D-

*Time resources needed:* \_\_\_\_\_  
*Staging Area location:* \_\_\_\_\_  
*Staging Area supervisor:* \_\_\_\_\_  
*Telephone number:* \_\_\_\_\_  
*Radio call sign:* \_\_\_\_\_  
*Comments:* \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**AGENCY MUTUAL AID RESOURCES.**

Request submitted to:

Director (Business hours)

Yes       No

Time: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Departmental AOD (Non-business hours)

Yes       No

Telephone number: \_\_\_\_\_

Time: \_\_\_\_\_

Staff resources requested: \_\_\_\_\_

Equipment resources requested: \_\_\_\_\_

Time resources needed: \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_



**STATEWIDE MUTUAL AID RESOURCES.**

Request submitted to:

Director (Business hours)

**EMERGENCY PLAN**  
**EMERGENCY NOTIFICATION CHECKLIST**  
**-Resource Supplement D-**

Yes       No

Time: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Departmental AOD (Non-business hours)  
 Yes       No

Telephone number: \_\_\_\_\_  
Time: \_\_\_\_\_  
Staff resources requested: \_\_\_\_\_  
Equipment resources requested: \_\_\_\_\_  
Time resources needed: \_\_\_\_\_  
Comments: \_\_\_\_\_

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

*This checklist should be used as a guide to ensure critical actions have been addressed prior to declaring termination of a disturbance/emergency. These may not be in order of priority and all areas noted may not require implementation. The need for these actions should be assessed prior to returning the prison to normal or modified operations.*

**A. HEADQUARTERS UPDATE**

Direct the appropriate staff member to provide preliminary notification of termination status to the following Headquarters staff:

Director

Departmental AOD

Regional Administrator

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**B. SECURITY MEASURES**

Direct the appropriate staff member to ensure the following actions are accomplished:

PERSONNEL

Account for all prison staff.

Account for all mutual aid staff.

Account for all visitors.

Account for all contractors.

Account for all volunteers.

INMATES

Account for all inmates.

If inmates are missing, are Escape Pursuit Procedures terminated?

Yes

No

**EMERGENCY PLAN**  
**AFTER ACTION REQUIREMENTS CHECKLIST**  
**-RESOURCE SUPPLEMENT E-**

**PRISON EQUIPMENT**

- Account for all prison equipment.
- Reconcile armory inventory to ensure accountability of the following items:
  - Firearms/Weapons
  - Magazines/Speedloaders
  - Unused ammunition
  - Unused munitions
    - Ensure serial number accountability.
  - Unused chemical agents
  - Spent ammunition casings
  - Spent munitions casings/trigger mechanisms/pins
    - Ensure serial number accountability.
  - Spent chemical agent casings/trigger mechanisms/pins
  - Unused Pepper Spray
  - Used Pepper Spray containers
  - Batons
  - Restraint equipment/Hand cuff keys
  - Riot shields
  - Riot helmets
  - Other Tac-Team equipment: \_\_\_\_\_  
\_\_\_\_\_
- Other Negotiation Team equipment: \_\_\_\_\_  
\_\_\_\_\_
- Other Alarm Response equipment: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY PLAN**  
**AFTER ACTION REQUIREMENTS CHECKLIST**  
**-RESOURCE SUPPLEMENT E-**

\_\_\_\_\_  
 Other equipment: \_\_\_\_\_  
\_\_\_\_\_

Ensure all prison communications equipment is accounted for:  
\_\_\_\_\_

- Tac-Team radios
- Negotiation Team radios
- Medical radios
- Support Services radios
- Prison radios
- Other radios: \_\_\_\_\_

Ensure all prison keys/locks are accounted for.  
\_\_\_\_\_

Ensure all prison vehicles are accounted for.  
\_\_\_\_\_

Ensure all prison Medical equipment, including pharmaceuticals, is accounted for.  
\_\_\_\_\_

Ensure all prison Plant Operations equipment is accounted for.  
\_\_\_\_\_

Ensure all prison Fire Department equipment is accounted for.  
\_\_\_\_\_

Ensure all prison culinary equipment is accounted for.  
\_\_\_\_\_

Ensure all vocational/educational equipment is accounted for.  
\_\_\_\_\_

Ensure all other prison equipment is accounted for: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

**MUTUAL AID EQUIPMENT**

- Account for all mutual aid equipment.
- Coordinate audits of mutual aid equipment inventories with appropriate liaisons to ensure accountability of equipment utilized by the following mutual aid providers:
- Local law enforcement mutual aid
- Local fire suppression mutual aid
- Local medical mutual aid
- Other local mutual aid: \_\_\_\_\_
- 
- Agency mutual aid
- Statewide mutual aid

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**

**C. PHYSICAL PLANT DAMAGE ASSESSMENT**

- Direct the appropriate staff member to ensure the following actions are accomplished:

**ASSESS PRISON SECURITY**

- Exterior security perimeter
- Lethal electric fence, including power supplies and control mechanisms
- Razor wire
- Barbed wire
- Walls
- Structures establishing the exterior perimeter
- Sallyports/Gates
- Perimeter alarms
- Interior security perimeters
- Security fencing

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

- Building walls
- Building doors
- Door locking mechanisms
- Cell walls
- Cell doors
- Cell locking mechanisms
- Tamper alarm systems

Can the physical perimeters safely contain inmates?

- Yes
- No

**ASSESS PRISON SAFETY**

- Armed surveillance capabilities
  - Towers
  - Gun Booths/Gunwalks
- Are the armed surveillance areas safe to staff?
  - Yes
  - No
- Fire notification/suppression capabilities
  - Smoke alarm systems
  - Fire sprinkler systems
  - Building exhaust fans
  - Prison Fire Department readiness

Can these mechanisms ensure a safe environment for staff and inmates?

- Yes
- No

**ASSESS CLIMATE CONTROL SYSTEMS**

- Heating/Air conditioning capabilities
- Steam pipes/radiators
- Air handler systems

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

Other air conditioning systems: \_\_\_\_\_

Are climate control systems capable of meeting prison requirements?  
(Consider medical issues).

Yes       No

**ASSESS UTILITY SERVICES**

Water  
Electricity  
Sewer  
Natural Gas  
Other: \_\_\_\_\_

Are utility services capable of meeting prison requirements?

Yes       No

**ASSESS FOOD SERVICES**

Food preparation areas  
"Quick-chill" areas  
Dining Rooms  
Sanitary functions (Dish washing, garbage disposals, etc.)

Is the physical plant capable of safely providing food services?

Yes       No

**ASSESS MEDICAL SERVICES**

Treatment areas  
Emergency equipment  
Medication supply

Is the physical plant capable of safely providing medical services?

Yes       No

**EMERGENCY PLAN**  
**AFTER ACTION REQUIREMENTS CHECKLIST**  
**-RESOURCE SUPPLEMENT E-**

**ASSESS PERSONAL HYGIENE SERVICES**

- Showers
- Laundry facilities
- Lavatory facilities
  - Staff
  - Inmates
- Sinks
  - Staff
  - Inmates

Is the physical plant capable of safely providing personal hygiene services?

- Yes       No

**IS THE PHYSICAL PLANT CAPABLE OF PROVIDING A SAFE ENVIRONMENT FOR STAFF AND INMATES?**

- YES       NO

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

D. MEDICAL OPERATIONS

Direct the appropriate staff member to ensure the following actions are accomplished:

- Ensure all staff injuries have been assessed and treated.
- Ensure all inmate injuries have been assessed and treated.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

E. PERSONNEL OPERATIONS

Direct the appropriate staff member to ensure the following actions are accomplished:

- Crisis intervention services have been offered to all affected personnel.
- The bargaining unit Chapter President has been notified of:

**EMERGENCY PLAN**  
**AFTER ACTION REQUIREMENTS CHECKLIST**  
**-RESOURCE SUPPLEMENT E-**

- Status of disturbance/emergency.
- Status of prison physical plant.
- Status of prison operations.
- Status of staff injuries.
- Status of modified work schedule.

All prison staff have been notified of:

- Status of disturbance/emergency.
- Status of prison physical plant.
- Status of prison operations.
- Status of modified work schedule.
- Status of staff injuries.
- Status of inmate injuries.

Direct the Return to Work Coordinator/designee to determine:

- Status of required injury documentation.
- Status of crisis intervention activities.

Return to normal staffing as soon as it is safe to do so.

Ensure all staff time keeping functions have been completed.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

F. BUSINESS SERVICES OPERATIONS

- Direct the appropriate staff member to ensure the following actions are accomplished:
  - Ascertain status of purchase requests/orders.
  - Ascertain status of mutual aid reimbursements, if any.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

**G. CRIME SCENE PROCEDURES**

Direct the appropriate staff member to ensure the following actions are accomplished:

An investigation into the situation has been initiated.

Investigations has contained the crime scene.

The local District Attorney has been invited to review the crime scene.

Evidence has been processed and logged.

Comprehensive photographic evidence (still and/or video) has been prepared.

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**

**H. CLASSIFICATION ISSUES**

Direct the appropriate staff member to ensure the following actions are accomplished:

Lock up order issued to identified inmates

Disciplinary issued to identified inmates

Coordination with Classification Representative regarding transportation/alternate housing of identified inmates.

Required transportation documentation is prepared

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**

**I. PREPARE DOCUMENTATION**

Direct the appropriate staff member to ensure the following actions are accomplished:

Reports are gathered from involved prison staff.

Reports are gathered from involved mutual aid staff.

Incident Report Rough draft is prepared.

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

- Incident Report Final draft is prepared and routed.
- District Attorney referrals are prepared and presented.
- Report noting termination of State of Emergency is prepared and routed.
- Other reports/documents are prepared as required: \_\_\_\_\_
- 
- 

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

J. DEBRIEF PROCEDURES-PRISON STAFF & INMATE NOTIFICATION

- Direct the appropriate staff member to ensure prison staff are notified of:
- Status of disturbance/emergency
- Status of physical plant
- Status of inmate programs
- Status of injured staff/inmates
- Need to monitor rumor control
- Administrative expectations
- Prepare a memorandum to staff detailing status of disturbance/emergency and prison operations.
- Prepare a memorandum to inmates detailing status of disturbance/emergency and prison operations.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

K. DEBRIEF PROCEDURES-MUTUAL AID PERSONNEL

- Provide debriefings regarding the status of the physical plant and the disturbance/emergency to responding:
- Local mutual aid commander(s): \_\_\_\_\_
- Law enforcement: \_\_\_\_\_

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

Fire suppression: \_\_\_\_\_

Medical: \_\_\_\_\_

Other: \_\_\_\_\_

Agency mutual aid supervisor(s):  
\_\_\_\_\_

Statewide mutual aid commander(s):  
\_\_\_\_\_

Law enforcement: \_\_\_\_\_

Fire suppression: \_\_\_\_\_

Medical: \_\_\_\_\_

Other: \_\_\_\_\_

Identify liaisons in the event mutual aid resources are required in the immediate future.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

L. **EMERGENCY PLAN REVIEW**

Direct the appropriate staff member to ensure the following actions are accomplished:

The Emergency Plan is reviewed to ascertain if it was sufficient to control and contain the disturbance/emergency.

If not, what aspects were insufficient:

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•

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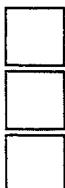
If the Emergency Plan was found to be insufficient, initiate appropriate modifications and notifications.

ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_

**EMERGENCY PLAN  
AFTER ACTION REQUIREMENTS CHECKLIST  
-RESOURCE SUPPLEMENT E-**

**M. FINAL HEADQUARTERS NOTIFICATION**

Direct the appropriate staff member to ensure final contact is made with the following Headquarters staff regarding termination activities:



Director

Departmental AOD

Regional Administrator

**ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**

**NOTES**

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**ADDITIONAL SHEETS ATTACHED. # OF SHEETS: \_\_\_\_\_**

# **EMERGENCY PLAN ACTIVITY LOG**

Date: \_\_\_\_\_ Area: \_\_\_\_\_

**Incident Commander Name:** \_\_\_\_\_

Interim Commander Name: \_\_\_\_\_

Scribe Name(s): \_\_\_\_\_

## **Notes on Emergency Planning**

*Ken Kukrall  
California Department of Corrections*

The following information is not intended to be a comprehensive step-by-step process for reviewing emergency plans. The list is the result of several years of experience in writing, reviewing and testing emergency plans. These are some of the items I would consider as best practices.

- The establishment of a comprehensive Emergency Plan is critical before a situation requiring such a plan occurs.
- The plan should be confidential or be subject to only restricted distribution.
- One master plan for the department and individually modified plans for each prison/facility.
- Copies of each prison/facility plan to be kept in headquarters.
- The plan must be both proactive and reactive in nature.
- Effective plan maintenance requires:
  1. Preparation
  2. Review/Modification
  3. Training
  4. Testing

### **Preparation (See Attachment A)**

- Identify the goals of the plan.
- Identify existing Federal and State statutory requirements. For example, in CA “*All public employees are considered disaster service workers.*”
- Identify Subject Matter Experts. (Tactical, negotiation, fire safety, etc.)
- Identify statutory regulations that may impact the plan
  - State law
  - Mutual Aid issues (Departmental, Local, State levels)
  - State code issues
  - Departmental policy/procedure
- Prepare preliminary, draft, and final copies with review by all affected areas in each step. Allow for change recommendations. Reviews should be conducted by:
  - End user groups
  - Bargaining units
  - Legal department
  - Administrative/Managerial
  - Consultant with experts (tactical, negotiations, etc.)
- Identify command structure:
  - Fixed escalation/de-escalation (traditional)
  - Flexible or transitional escalation/de-escalation (SEMS)
  - Pros and cons in each (*See Attachment B*)

- Identify Standard Operating Procedures. These are pre-identified and pre-approved responses based upon identified situation types.
- Use checklists or “quick reference guides” whenever possible to speed up response capabilities.
- Resource identification and tracking (Personnel and materiel).
- Use specifically identified Resource Supplements or easily accessible addenda to facilitate ease of information access.
- Consider the use of a critical indicator system. Currently used by the Pennsylvania DOC. Such a system is a computerized or manually compiled database that will facilitate an analysis of the flux of identified trends or indicators that may reflect impending unrest in the inmate population. Such indicators are taken from areas such as:
  - Population
  - Demographic
  - Treatment
  - Operations
  - Inmate misconduct
  - Inmate grievances
  - Personnel
- State and Federal level interaction
  - Disaster declaration
  - Personnel and materiel resource provision and request (Mutual aid)
  - Mitigation efforts
  - Post disaster funding/reimbursement – Recovery efforts
- Protracted situation considerations
- Departmental mitigation efforts
- District Attorney/Attorney General notification/interaction.
- Telephone tree
- Management of uninvolved areas
- Command transition
- Updates of uninvolved areas
- Reporting protocol
- Emergency Operations Center/Command Center establishment
  - Primary and Secondary (equally equipped).
  - Physical structure – Safe area; secure from inmate access; mobile/stationary.
  - Duty statements – For each discipline to ensure that all personnel are aware of individual responsibilities. This includes the identification of who will be tasked with responsibility for the EOC/Command Center if this is not the Incident Commander.
  - Required personnel resources – Sufficient staff to ensure all required response disciplines are adequately represented with the experience and position authority to accomplish required tasks.
  - Communications – Sufficient to facilitate emergency communications (radio, telephone, satellite, etc.). May require establishment of control or discontinuance of normal prison communications.
  - Plans – A complete complement of required emergency and plot/site plans.

- Position/Responsibility identification – Positive identification of individual response disciplines to facilitate good information flow.
- Scribe functions. These will become legal documents and should be maintained in a standardized manner. Suggestions are:
  - ❖ Steno notes
  - ❖ Chart paper
  - ❖ Computerized
- Security – Uniform presence to ensure unwanted persons are not allowed access.
- Video/computer links – Establishment of technological links can facilitate information sharing without overburdening available space. In other words, disciplines can be established in satellite areas and linked with video and/or computers.

#### **Review/Modification**

- In consideration of the fact that a plan is only as viable as the accuracy of the information contained therein, the plan should be comprehensively reviewed:
  - On a regularly scheduled basis (i.e. annually), and,
  - After any situation that required activation of the plan.
- Reviews should include full reconciliation of information contained in the plan.
- This may require assignment of individual areas of the plan to personnel that are impacted/controlled by that area. In theory, these personnel would have the most current information regarding that response discipline and would be able to provide the best review.
- Such reconciliation should include:
- Assessment of the accuracy of all information noted:
- Telephone numbers.
- Personnel and business addresses and other contact information.
- Personnel names, classifications, positions, & responsibilities.

#### **Training**

- Peace officer/non-peace officer issues.
- All personnel with an identified role in the plan should be provided:
  - Initial familiarization with the plan.
  - Specific response requirements for their position.
  - Follow up training in the event of any modifications to the plan.
  - Training venues should include:
    - Classroom for initial familiarization.
    - On-site for site specific.
    - Scheduled and unscheduled response (call in).
- Specific training for tactical response and/or negotiation teams:
  - Basic and advanced academies.
  - On-site.
  - Consider industry standards identified by nationally/internationally recognized organizations (NTOA, AHN, etc.).
- Prepare duty statements for emergency response.

- Identify licensure/certification issues (heavy equipment license, LSDD, Chemical Agents, Marksman, etc.).
- Use a video and/or audio recorder when training. Great training tool.

### **Testing (See Attachment C)**

- Plan testing should be accomplished in two basic forms:
  - Informal – This testing protocol generally does not incorporate implementation of the plan. It is intended to familiarize the individual participants with their role in the plan on a level that allows ease of monitoring and intervention.
    - ❖ “What if” intervention by supervisors in their respective units.
  - Formal – Several types of formal testing. Allows for a more accurate assessment of the plan. Can incorporate participation from the individual response level to the State level.
    - ❖ Conference call
    - ❖ Table top
    - ❖ Limited activation scripted
    - ❖ Limited activation unscripted
    - ❖ Full activation scripted
    - ❖ Full activation unscripted
- Testing issues:
  - Be prepared for the unexpected (surprise information)
  - Be prepared for the unexpected (outlaw staff)...
  - Be prepared for the unexpected (staff confused by simulations)
  - And also be prepared for the unexpected (?)...
  - Identify the area of the plan/prison or individual discipline (tactical, negotiations, medical, support, etc.) that you want to test.
  - Identify the testing protocol you want to use.
  - Prepare a scenario with incoming messages to the appropriate person/area that will hopefully cause the action you are looking for.
  - Try to anticipate what might happen/go wrong.
  - Impart as much realism as is practical.
  - Empower staff to act as the plan dictates.
  - Avoid the use of simulations in scenario elements (earthquake, power outages, gunshots, etc.) whenever possible. These generally negatively impact the testing environment by:
    - ❖ Not allowing all staff the same experience (all staff in the area would experience the same stimuli)
  - Avoid the use of simulations in response whenever possible. These generally negatively impact the testing environment by:
    - ❖ Providing staff with a false sense of security in their individual role.
    - ❖ Not allowing staff/resources to respond as required by the plan.
    - ❖ Not allowing an actual assessment of the plan capabilities.
  - Have an uninvolved and experienced staff member review the scenario.
  - Avoid over scripting the scenario. Present staff with a situation, not an identification of what they should do, do not write a soap opera or novel.

- Avoid scripting decisions. If you anticipate a decision and they do not make the decision, the situation stalls.
- If the situation stalls, note the issue and start it flowing again. Training time is valuable.
- Avoid bizarre or complex scenarios (Martian invasions, too many things at once).
- Use a “message coordinator” as a multi-roled controller.
- Avoid scripting the end. The end is based on the commanders decisions not how the writer wants it to end up.
- Understand a negative ends causes morale problems that need addressing.
- Staff often reacts to scenarios as if they are real situations, there may be employee trauma issues.
- Do not pick actors because they are aggressive or flamboyant personalities.
- Be prepared for the unexpected...
- Scenario controllers are required. Controllers are tasked with managing the scenario and assessing the participant’s response to individual elements.
- Controller personnel should be screened before assignment. These personnel should possess the following traits:
  - Experience in their area of control responsibility.
  - Emotional control and stability.
  - Professionalism.
  - Tact.
  - Be able to offer alternatives.

#### Other issues

- Staff accountability
- Inmate accountability
- Escape pursuit
- Alarm response
- Lockdown procedure by interim commander
- Perimeter establishment (Inner/Outer – discuss what these are)
- Collapsing perimeter issues
- Computerized inmate management
- Key/Tool control
- Armory procedures
- Helipad location(s)
- Specialty team make up/responsibility
- Technology usage:
  - All call messaging/paging (Administrators, tactical, negotiations, etc.)
  - Cell phones vs./& radios
  - Resource tracking (local and statewide)
    - ❖ Personnel (location, disciplines, capabilities, bilingual, etc.)
    - ❖ Materiel (status, locations, capabilities)
  - Computers (activity log, resource tracking, etc.)
  - Negotiations tools
  - Intelligence gathering tools
  - Use of force/Less lethal

## Emergency Plan Considerations/Requirements Attachment A

The following emergency response elements are provided as suggestions for inclusion within or as supplements to your plan. These are not in any hierarchical order:

### **Plan Elements/Supplements**

Departmental notification grid	General Emergency Organization Chart
Care/shelter of displaced citizens on prison grounds	Provision of inmate labor for disaster response
Command responsibilities	Protocol for plan activation/deactivation
Communication	Alternate power sources
Critical inmate workers	Food management
Emergency Command Structure Organization Chart	Interim command functions (fixed/transitional)
Field Command Post	Emergency Operations Center
Fire suppression	Lockdown
Identification/removal of deceased persons	Provision of food for the community
Incident reporting	Critical Identifiers
Incoming telephone call management	Post situation site assessment
Management of uninvolved areas	Containment/isolation procedures
Medical services to the community	Inmate hunger strikes
Negotiation Team operations	Alarm Response protocol
Potable water	Inmate count/identification
Prison Maintenance	Search and Rescue
Public information	Medical
Recall of off-duty personnel	Activation and operation of staging areas
Staff accountability	Evacuation/relocation
Staff job actions	Termination/stand down protocol
Transportation	Mutual Aid
Use of force	Tactical team operations
Use of non-custodial personnel	Mass searches
Emergency Equipment Inventory	Staff resource listing
Emergency Action Checklists	Quick reference guides

## Command Transition Considerations

### Attachment B

The following are consideration elements to be used when defining the command transition (interim to ultimate) protocol in your plan. These are not in any hierarchical order:

#### **Fixed transition**

<b>Pro</b>	<b>Con</b>
Clearly established chain of command	Requires placement of capable and very experienced persons in the interim post
Experienced staff can be used as resources to the interim commander	More experienced and capable staff may be available for command functions
Allows for an identified command authority to be on duty 24/7	Identification of a 24/7 post may relegate command functions to a rank/classification not capable of the responsibilities
	Often requires ad hoc interaction of all emergency response disciplines

#### **Flexible transition**

<b>Pro</b>	<b>Con</b>
Allows transition of command based upon the specific requirements of the situation	Requires training of all staff that may be required to fulfill that role
Allows easier escalation and de-escalation of command functions	May lose continuity of command whenever a higher level of authority comes on site
Exists in several large governmental organizations (plagiarism)	Intelligence can become muddled if not strictly managed
Allows for a standardized departmental reporting and management protocol in all emergency response disciplines	

## Emergency Plan Testing Considerations

### Attachment C

#### **Informal Testing Process**

<b>Pro</b>	<b>Con</b>
Ease of management	Limited personnel/materiel involvement
Ease of preparation	Unable to test interaction of multiple plan elements
Able to test individual elements of the plan or individual responses to those elements	
Better "training" environment as the scenario can be	

#### **Formal Testing Process**

<b>Pro</b>	<b>Con</b>
Allows testing of multiple elements or entire plan	Less easy to manage based upon the complexity of the scenario
Use of controller personnel allows wide area training experience for participants	Labor intensive to prepare and manage
Allows for a more comprehensive assessment of the viability of the respective emergency plan	The X factor and the impact of "Murphy"
If accomplished in a strict assessment mode, it allows identification of staff and equipment assets and liabilities	More time and staff intensive
The only way to allow staff to train as they will actually need to respond	

#### **Scenario Preparation Tips**

1. Keep it simple. Stay away from a barrage of occurrences. A complete response to a simple, yet serious, scenario will involve most prison operational areas. For example, a prison hostage taking situation may involve responses by:
  - Command entities
  - Medical
  - Support services
  - Management of uninvolved areas
  - Mutual Aid
2. Identify whether the scenario will be conducted in a training or assessment mode.
3. Notify areas that are not involved that a scenario is being conducted (uninvolved staff, local mutual aid responders, interested community groups, etc.).

4. Try to keep the scenario as secret as possible. While this is nearly impossible, staff perform much better if they respond to messages given to them as opposed to what they think is supposed to be happening.
5. Have the Team Leader of the controller group review the scenario for potential problem areas.
6. Identify the procedures for placing an “administrative hold” on scenario operations. This may be required in the event:
  - An actual emergency situation occurs during the scenario.
  - The scenario has gone awry and needs to be recaptured.
7. Whenever possible in a formal exercise, require that staff actually perform the tasks they would in a real crisis situation. Do not let the use of simulation of response efforts become standard operating procedure in exercises.  
For example:
  - If telephones are to be isolated, actually isolate them.
  - If an emergency count is to be conducted, do the count.Failure to require actual responses will:
  - Initiate inappropriate responses in actual emergency situations by allowing incorrect responses in a training/assessment mode.
  - Not allow controller personnel to accurately assess response actions.
  - Facilitate the development of “phantom” information/actions later in the scenario.
8. Use actual staff members to play individual roles (hostage taker, hostage, burn victim, etc.) This enables response elements to more closely simulate actual responses. Choose your role players carefully to ensure a “personal agenda” does not come to light at an inappropriate time. Unless the actor is unknown to the staff, use their real names.
9. Ensure staff role players use professional demeanor. Harsh language or threats of sexual or other forms of abuse should be monitored closely.
10. Script the scenario using individually delivered messages to identify the various elements of the situation.
11. Do not identify or hint as to what the response is or should be.  
For example:
  - + There is a fire in the laundry involving the chlorine storage area.
  - + The hostage taker calls and states, “If you don’t let me out of here, I’m going to shoot somebody.”
  - There is a fire in the laundry and the Fire Department has been notified.
  - The hostage taker states he has shot the officer. Activate the tactical team.
12. The controller at the incident site is the most critical person in the operation. This person’s responsibility is to keep the role player on task and maintain safety. It is critical to avoid letting the role players get to ambitions with their role. Make sure they stay in character.
13. Information flow can be difficult to track. Be sure to let staff try to assess the accuracy of incoming information, but do not let the scenario go bad based upon inaccurate intelligence.
14. **Watch out for the X factor...** Employees may tend to want to “help” by imparting participation where it is not warranted nor needed. This can cause a scenario to go

bad very quickly. The preparation and distribution of an advisement memorandum to all staff may preclude some of this.

15. If tactical intervention is necessary, consider allowing the team to use their actual weapons. These can be made "safe" by removing the bolt or securing the bolt or action. This will allow a valid assessment of weapon presentation skills.
16. In controlled environments, the use of Simunitions and/or low powered Light Sound Diversionary Devices allows a valid assessment of tactical operations.
17. Information flow *will* be a problem. Know this going in to the scenario and identify deficiencies before an actual emergency.

# EMERGENCY PLAN EXERCISE

## CONTROLLER FORM

### SUPPORT SERVICES

03/01 revision

EXERCISE BEING CONDUCTED AT:	DATE OF EXERCISE:	
CONTROLLER NAME:	TITLE:	CONTROLLER'S PRISON & CONTACT #:

STANDARD	STANDARD COMPLIED WITH	TIME	COMMENTS
	YES	NO	N/A
<b>-Emergency Plans-</b>			
Is a copy of the Emergency Plan available to Support Services staff?			
When was it last updated?			
<b>-Staff notifications/Response-</b>			
Are the following Support Services personnel alerted and briefed?			
Business Manager			
• Personnel Manager			
• Food Manager			
• Supervisor of Vocational Education			
• Correctional Plant Manager			
• Fire Chief			
• Warehouse Manager			
• Procurement Officer			
• Other:			
Are additional staff called in as necessary?			
Are staging areas for responding staff utilized and adequately staffed?			
Is a staff check-in system utilized?			
Are responding staff briefed and given specific assignments?			
Are all Support Services staff locations positively identified?			How?
<b>-Blueprints/Pot Plots-</b>			
Are blueprints or plot plans available for the entire prison?			
Do these plans show:			
• Primary and secondary fire			

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
doors?					
• Primary and secondary evacuation routes?					
• Size or volume of rooms to facilitate the deployment of chemical agents?					
• Standardized emergency access routes?					
• Location of all fire extinguishers, standpipes, and fire hoses?					
• Location and type of all utility access points?					
➤ Electricity/lighting					
➤ Water					
➤ Sewer					
➤ Steam					
➤ Heating and ventilation					
➤ Emergency generators					
➤ Inmate telephones					
➤ Inmate televisions					
➤ Staff telephones					
➤ Prison radios					
Are blueprints or plot plans of the affected area immediately available to:					
• The EOC?					
• The Tac-Team?					
• The Negotiation Team?					
<b>-Response considerations-</b>					
Is a 48-hour supply of potable water available to the prison?					
Are identification numbers painted on building sides/roofs to facilitate ease of identification?					
Is portable emergency lighting available within one hour?					
Does Support Services maintain inventories of:					
- Prison vehicles (sedans, vans, etc.)?					
• Heavy equipment (lifts, trucks, etc.)?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		

• Other equipment that might be required for an emergency response (torches, construction equipment, etc.)?					
Are adequate transportation resources available for emergency response?					
Is the telephone company contacted to provide emergency services?					
Are prison telephone lines to the incident site isolated and access controlled?					
Are mutual aid contacts made in a timely manner?					
Are adequate staff available to provide food/beverages to on-duty and incoming emergency staff members?					
Are food services provided to the affected areas of the institution?					
Is the EOC appraised of needs that can not be immediately met?					
Is an ETA given to the EOC when these needs can be met?					
Is the EOC advised of personnel and materiel resources as they become operational?					
<b>-Fire response-</b>					
Are outside agency contact persons or positions pre-identified to facilitate mutual aid response?					
Is there a fire evacuation plan for all prison areas?					
Does every prison area have a primary and secondary fire evacuation route?					
Are fire evacuation routes posted?					
Are fire exit lights present in all living areas?					
Fire drills:					
Are fire drills conducted?					How often?
• Are these drills announced?					
• Are these drills monitored?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Are these drills timed?					
• Are there minimum standards for these drills?					
• Are fire drill reports and evaluations reviewed by the administration?					
Fire extinguishers:					
• Are all fire extinguishers inspected, charged, and tagged at least annually?					
• Are fire extinguishers currently within one year since their last inspection?					Locations: 1. Current (Y/N) <input type="checkbox"/> 2. Current (Y/N) <input type="checkbox"/> 3. Current (Y/N) <input type="checkbox"/> 4. Current (Y/N) <input type="checkbox"/> 5. Current (Y/N) <input type="checkbox"/>
<b>-Haz-Mat response-</b>					
Is there a Haz-Mat evacuation plan for all prison areas?					
Are outside agency contact persons positions pre-identified to facilitate mutual aid response?					
Does every prison area have primary and secondary evacuation routes?					
Are these evacuation routes posted?					
<b>-Other Mutual Aid response-</b>					
Does the prison know the actual response times for the nearest mutual aid providers?					<input type="checkbox"/> Power <input type="checkbox"/> Telephone <input type="checkbox"/> Natural gas <input type="checkbox"/> Other:
Are outside agency contact persons or positions pre-identified to facilitate mutual aid response?					

**Notes:**

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# EMERGENCY PLAN EXERCISE

## CONTROLLER FORM

### NEGOTIATIONS TEAM

02/01 revision

EXERCISE BEING CONDUCTED AT:		DATE OF EXERCISE:
CONTROLLER NAME:	TITLE:	CONTROLLER'S PRISON & CONTACT #:
EXERCISE NEGOTIATIONS TEAM LEADER NAME:		TITLE:
EXERCISE NEGOTIATIONS ASSISTANT LEADER NAME:		TITLE:
EXERCISE FIRST RESPONDER NAME:		TITLE:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
<b>-Team activation-</b> Is the Negotiations Team activated?					
Who authorizes activation?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
How is the Negotiations Team activated?					<input type="checkbox"/> Telephone <input type="checkbox"/> Individual pagers <input type="checkbox"/> All call pagers <input type="checkbox"/> In person <input type="checkbox"/> Other:
Who actually makes the notification?					Name/Title:
Is a Negotiations Team representative spoken with to facilitate the activation?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> First Responder
What information is provided to this representative during the activation contact?					<input type="checkbox"/> Situation <input type="checkbox"/> Incident location <input type="checkbox"/> Tentative mission <input type="checkbox"/> Chain of command <input type="checkbox"/> Organization <input type="checkbox"/> Time schedule <input type="checkbox"/> Staging location <input type="checkbox"/> Other:
<b>-Initial response-</b> Does a Negotiations Team representative respond to the Interim Commander/Incident Commander in a timely manner after activation?					Response time:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Who is the first responding Negotiations Team representative?					<input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> First Responder
Does the Negotiations Team representative request a briefing from the Interim Commander/Incident Commander?					
Does the Negotiations Team representative receive a briefing from the Interim Commander/Incident Commander?					
Does the briefing contain required situation parameters:					
• Situation synopsis?					
• Threat identification?					Who is it?
• Threat involvement?					<input type="checkbox"/> Capabilities <input type="checkbox"/> Resources <input type="checkbox"/> Options
• Location?					
• Activity?					
• Weapons involved?					
• Staff involvement & identification?					
• Injuries/deaths?					
• Uninvolved inmates/staff?					
• Available personnel resources?					<input type="checkbox"/> Adequate (Y/N)
• Available materiel resources?					<input type="checkbox"/> Adequate (Y/N)
• Time element/Deadlines?					
• Initial Inner Perimeter containment?					Location: <input type="checkbox"/> Assigned supervisor <input type="checkbox"/> Radio frequencies <input type="checkbox"/> Number of staff <input type="checkbox"/> Are staff armed (Y/N) <input type="checkbox"/> What were I/P instructions?
• Outer Perimeter containment/isolation?					Location: <input type="checkbox"/> Assigned supervisor <input type="checkbox"/> Radio frequencies <input type="checkbox"/> Number of staff <input type="checkbox"/> Are staff armed (Y/N) <input type="checkbox"/> What were O/P instructions?
• Status of physical plant?					
• Acceptable level of risk?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Special rules of negotiation?					
• Legal/policy constraints?					
• Interim Commander/Incident Commander prerogative?					
• Other required elements					What?
Has this information been verified?					
<b>-Negotiation Plan-</b>					
Is the Negotiations Team representative presented with a defined mission?					
Who gives the mission to the Negotiations Team?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
What is the mission?	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>				
Is the Negotiations Team representative told to prepare a Negotiation Plan to respond to the incident?					
Does the Negotiations Team representative prepare a Negotiation Plan to complete the mission?					
Is this Negotiation Plan complete given the mission?					
Who actually prepares the Negotiation Plan?					Name/Title:
Does the entire Negotiations Team assist with input into the preparation of the Negotiation Plan?					
Does the Negotiation Plan contain information regarding?					
➤ Negotiations Team radio communications?					Frequency:
➤ Other Negotiations Team communications:					<input type="checkbox"/> Prison telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Other:
➤ Location of leaders?					<input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> Squad Leader
➤ Authorized Uniform?					
➤ Identification of the threat?					
➤ Threat intelligence?					<input type="checkbox"/> Inmate File <input type="checkbox"/> Personnel File <input type="checkbox"/> Medical File <input type="checkbox"/> Interviews <input type="checkbox"/> Cell search <input type="checkbox"/> Other:
➤ Threat strength and weakness?					
➤ Probable course of action by the threat?					
➤ Threat activity?					
➤ Threat location?					
➤ Pre-authorized concessions?					
➤ Goal of the negotiation process?					
➤ Bilingual considerations?					
➤ Weather?					<input type="checkbox"/> Heat <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other:
➤ Authorized communications type?					<input type="checkbox"/> Face to face <input type="checkbox"/> Throw phone <input type="checkbox"/> Prison phone line <input type="checkbox"/> Radio <input type="checkbox"/> Cell phone <input type="checkbox"/> Other:
◆ Can communications to the incident site be isolated?					
◆ Are communications isolated?					<input type="checkbox"/> Actual <input type="checkbox"/> Simulated
➤ Assessment of hazardous materials or explosive atmosphere?					
➤ The use of plot plans?					
◆ Where are the Negotiations Team plot plans maintained?					
◆ Do the Negotiations Team plot plans contain critical information?					<input type="checkbox"/> Key numbers <input type="checkbox"/> Roof access points <input type="checkbox"/> Other:
➤ All critical elements?					<input type="checkbox"/> Who <input type="checkbox"/> What

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> When <input type="checkbox"/> Where <input type="checkbox"/> Why
➤ Interim Commander/Incident Commander intent?					
➤ Mission of support elements?					
◆ Personnel support elements?					<input type="checkbox"/> Line staff <input type="checkbox"/> Investigations <input type="checkbox"/> Departmental Mutual Aid <input type="checkbox"/> Local Mutual Aid
◆ Materiel support elements?					<input type="checkbox"/> Departmental Mutual Aid <input type="checkbox"/> Local Mutual Aid
◆ Tac-Team support?					
➤ Procedures for debriefing persons?					
➤ Procedures for handling wounded or deceased persons?					
➤ Procedures for handling prisoners?					
➤ Procedures for evidence handling?					
➤ Tac-Team Coordination – If it is necessary for an Negotiations Team member to deploy with the Tac-Team:					
➤ Is the departure time coordinated with the Tac-Team?					
➤ Are movement techniques practiced?					
➤ Are critical item deliveries rehearsed?					
➤ Are Essential Elements of Information provided by the Tac-Team?					
➤ Are firearms approved for the Negotiations Team staff for self-protection?					<input type="checkbox"/> Handgun <input type="checkbox"/> Rifle Type:
➤ Are less lethal tools approved for the Negotiations Team staff for self-protection?					<input type="checkbox"/> OC <input type="checkbox"/> 37/40-mm Type:
➤ Are radio communications discussed?					Frequency:
➤ Are hand and arm signals					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
discussed?					
➤ Are challenge and passwords discussed?					
➤ Are code words discussed?					
➤ Chain of command					
Does the Interim Commander/Incident Commander review the Negotiations Team Negotiation Plan?					
Who approves the Negotiations Team Negotiation Plan?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Is the Negotiation Plan approved prior to the Negotiations Team being deployed?					
<b>-Team deployment-</b>					
Is the Negotiations Team deployed?					
Who authorizes deployment?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Who gives the order to deploy?					Name/Title:
Who actually receives the order to deploy?					<input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> First Responder
How is the order to deploy given?					<input type="checkbox"/> Face to face <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Other:
Does the Negotiations Team representative verify the content of the order to deploy?					
Is the order to deploy in writing?					
Who authors the order to deploy?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander Other:
<b>-Load out-</b>					
Is the Staging Area large enough to adequately facilitate an efficient deployment?					
Is the Staging Area well organized?					
Is equipment storage and identification clear and well organized?					
Is the operational status of all required equipment verified?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Is all required equipment operational?					
Who manages Staging Area operations?					<input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Other:
Is a complete situation report provided to all available team members?					
Is the Negotiations Plan communicated to all available team members?					
Who communicates the plan?					<input type="checkbox"/> Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> First Responder
Does the intel and mission provided by the Interim Commander/Incident Commander maintain accuracy when related to the team?					
How many Negotiations Team personnel are available to perform the mission?					List total # including Leader and Assistant Leader:
Is this number adequate to perform the assigned mission?					
Are team members that arrive after the initial briefings provided with similar updates?					
How are updates provided?					<input type="checkbox"/> Verbally <input type="checkbox"/> Status Board <input type="checkbox"/> Other
Is the appropriate equipment available to effectively implement the plan?					
If not, is the required equipment acquired?					
Are all available Negotiations Team personnel ready for deployment within 45 minutes of the order to deploy?					Time deployment authorized: Time Negotiations Team deploys:
<b>-Negotiations Team response-</b>					
Is the response to the negotiation site tactical and safe?					
Does the Negotiations Team establish or take over communications?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
How long does it take for Negotiations Team to make contact?					Time deployed: Time contact made:
How are communications established?					<input type="checkbox"/> From initial contact person <input type="checkbox"/> Face to face <input type="checkbox"/> Throw phone <input type="checkbox"/> Prison phone line <input type="checkbox"/> Radio <input type="checkbox"/> Cell phone
Where is the TCP located?					
Is there adequate staffing in the TCP?					
Are there adequate communications capabilities in the TCP?					
Does effective communication occur between the TCP and field elements?					
Does the TCP effectively communicate with the EOC?					
Is a Tac-Team representative available to the Negotiations Team?					
Does the Negotiations Team communicate effectively with the Tac-Team?					
Are all Negotiations Team members regularly accounted for?					How?
What intel items do Negotiations Team field elements possess to assist in identification of the suspect or hostage?					<input type="checkbox"/> Verbal information <input type="checkbox"/> Written information <input type="checkbox"/> Photograph <input type="checkbox"/> Other: <input type="checkbox"/> None
Does the Negotiations Team coordinate significant issues with the EOC?					<input type="checkbox"/> Critical item delivery <input type="checkbox"/> Face to face negotiations <input type="checkbox"/> Negotiated releases <input type="checkbox"/> Other:
Does the Negotiations Team coordinate critical issues with the Tac-Team?					<input type="checkbox"/> Critical item delivery <input type="checkbox"/> Face to face negotiations <input type="checkbox"/> Negotiated releases <input type="checkbox"/> Other:
Are released persons safely controlled?					<input type="checkbox"/> Restrained <input type="checkbox"/> Searched <input type="checkbox"/> Identification <input type="checkbox"/> Preliminary medical attention <input type="checkbox"/> Other:
Who is the released person?					<input type="checkbox"/> Hostage:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> Hostage: <input type="checkbox"/> Unknown: <input type="checkbox"/> Unknown: <input type="checkbox"/> Hostage Taker: <input type="checkbox"/> Hostage Taker:
Is the identification of each person correct given the Negotiation Plan?					
Is the identification of each person correct given the scenario information?					
Are released persons expediently debriefed?					
Is a Tac-Team member present during the debriefing?					
Is debrief intel effectively relayed?					<input type="checkbox"/> TCP <input type="checkbox"/> EOC <input type="checkbox"/> Tac-Team <input type="checkbox"/> Negotiations Team field elements <input type="checkbox"/> Other:
Are released persons given prompt attention from trained medical staff?					Who gives care?
Is the provision of relief to team members discussed?					
<b>-Mutual Aid-</b>					
Is a neighboring Negotiations Team activated?					<input type="checkbox"/> Actual <input type="checkbox"/> Simulated
Does this team respond?					
Is the team briefed?					
Is the team fitted into the Negotiation Plan?					
Who is the command authority for the combined Negotiations Team elements?					<input type="checkbox"/> Home Leader <input type="checkbox"/> Home Assistant <input type="checkbox"/> Responding Leader <input type="checkbox"/> Responding Assistant
Do effective communications occur between the teams?					<input type="checkbox"/> Face to face <input type="checkbox"/> Radio <input type="checkbox"/> Other:
Are radio frequencies compatible?					Frequency used:
Are local Mutual Aid resources used in support of the Negotiations Team mission?					<input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Statewide resources <input type="checkbox"/> Other:
<b>-After Action Considerations-</b>					
Upon termination of the mission:					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Did the Negotiations Team receive instructions from the EOC that the mission was to be terminated?					
• Was the negotiation site fully secured?					
• Were all Negotiations Team members accounted for?					
• Were all prison staff in the area accounted for?					
• Was all Negotiations Team equipment accounted for?					
• Were crime scene preservation issues initiated?					<input type="checkbox"/> Tac-Team <input type="checkbox"/> Investigations <input type="checkbox"/> Line staff <input type="checkbox"/> Other:
• Was all Negotiations Team equipment returned to the appropriate storage area?					
• Were all required reports prepared?					
• Were all Negotiations Team members afforded crisis intervention?					
• Was an incident critique scheduled?					

# EMERGENCY PLAN EXERCISE

## CONTROLLER FORM

## INCIDENT COMMANDER

02/01 revision

EXERCISE LOCATION:	EXERCISE DATE:	
CONTROLLER NAME:	TITLE:	CONTROLLER PRISON & CONTACT #:
COMMANDER NAME:	TITLE:	
OPERATION ADMINISTRATOR NAME:	TITLE:	

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
<b>-Initial considerations-</b> Is the Warden?Superintendent notified of the disturbance/emergency?					
Who makes the notification?					Name/Title:
How is the notification made?					<input type="checkbox"/> Pager <input type="checkbox"/> Telephone <input type="checkbox"/> Other:
Does the Warden/Superintendent respond to the prison in a timely manner?					
Is the EOC activated prior to the Warden/Superintendent's arrival?					
Is a copy of the Emergency Plan available to the Warden/Superintendent?					
Has the Emergency Plan and all Supplements been updated in the past 12 months?					Revision date noted:
Does the Warden/Superintendent receive a complete briefing from the Interim Commander?					
Does this briefing contain:					
• An overall synopsis of the situation?					
Does this synopsis contain the status of:					
• Initial response procedures					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Inmate identification activities					<input type="checkbox"/> Emergency Count cleared? (Y/N) <input type="checkbox"/> Photo ID count cleared? (Y/N)
• Staff Accountability activities					<input type="checkbox"/> Completed? (Y/N)
• Suspects					
• Hostages					
• Inner Perimeter					Location: <input type="checkbox"/> Sufficient staffing <input type="checkbox"/> Designated supervisor <input type="checkbox"/> Adequate communications <input type="checkbox"/> Weapons provided <input type="checkbox"/> Instructions given
• Outer Perimeter					Location: <input type="checkbox"/> Sufficient staffing <input type="checkbox"/> Designated supervisor <input type="checkbox"/> Adequate communications <input type="checkbox"/> Weapons provided <input type="checkbox"/> Instructions given
• Off-duty staff recall					
• Tac-Team activities (See <i>Tac-Team activities section for additional information</i> )					<input type="checkbox"/> Activated (Y/N) <input type="checkbox"/> Deployed (Y/N) TCP location: Status:
• Negotiations Team activities (See <i>Negotiations Team activities section for additional information</i> )					<input type="checkbox"/> Activated (Y/N) <input type="checkbox"/> Deployed (Y/N) TCP location: Status:
• Alarm Response activities (See <i>Alarm Response activities section for additional information</i> )					<input type="checkbox"/> Activated (Y/N) <input type="checkbox"/> Deployed (Y/N) Status:
• Physical plant issues					<input type="checkbox"/> Electrical <input type="checkbox"/> Water <input type="checkbox"/> Sewage <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other:
• Unaffected prison areas					
• Mutual Aid requests					
• Administrative notifications					
<b>-Command transition-</b> Does the Warden/Superintendent clearly assume command of the disturbance/emergency as the Incident Commander?					
Are all necessary notifications made re the transfer of command?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Is the chain of command clearly established?					
Does the Incident Commander retain the Interim Commander as a resource?					
<b>-Emergency Operations Center operations-</b>					
Which EOC is activated?					<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
Is the EOC appropriately equipped?					<input type="checkbox"/> Telephones <input type="checkbox"/> Radios (Statewide, prison) <input type="checkbox"/> Required documentation <input type="checkbox"/> Job descriptions for EOC members <input type="checkbox"/> Security <input type="checkbox"/> Other:
Does the Incident Commander isolate himself/herself from the remainder of EOC staff?					
If yes, is the transfer of intelligence between these areas adequate?					
Are scribe functions initiated?					
If the Incident Commander is isolated, is there a scribe in each area?					
Who performs scribe functions?					Name/Title:
How are scribe functions maintained?					<input type="checkbox"/> Flip chart <input type="checkbox"/> Computer <input type="checkbox"/> Other:
Do scribe notes facilitate easy access of information?					
Do scribe notes include:					
<ul style="list-style-type: none"> <li>• A time line of events?</li> <li>• Hostage and suspect information?</li> <li>• Tac-Team activities?</li> <li>• Negotiations Team activities?</li> <li>• Other critical information?</li> </ul>					What?
Does the Incident Commander assign an Operations Administrator to manage unaffected prison areas?					Name/Title:
Does the Incident Commander assign staff to perform EOC functions, as required?					<input type="checkbox"/> Plant Operations <input type="checkbox"/> Medical <input type="checkbox"/> Records

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> HQ Liaison <input type="checkbox"/> Mutual Aid Liaison <input type="checkbox"/> Tac-Team Liaison <input type="checkbox"/> Negotiations Liaison <input type="checkbox"/> Food Services <input type="checkbox"/> PIO <input type="checkbox"/> Other:
Are the workstations of these positions labeled to facilitate ease of identification?					
Are duty statements available for these positions?					
Are adequate communications capabilities available for these positions?					
Does the Incident Commander provide a preliminary briefing to these staff?					
Does the Incident Commander direct and approve staff actions?					
Does the Incident Commander effectively delegate tasks?					
Are these assignments tracked to ensure completion?					
What form of tracking system is used?					
Is a system established for management of incoming intelligence?					
• Who is in charge of this system?					Name/Title:
Does the Incident Commander prepare a plan to resolve the disturbance/emergency?					
Does the Incident Commander communicate this plan to affected staff?					
Does the Incident Commander ensure that departmental HQ is contacted?					
Who is assigned to make the contact?					Name/Title:
Is the departmental HQ provided with regular updates?					
Does the Incident Commander determine the status of the disturbance/emergency?					Status:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Does a designated staff member monitor incoming calls for the Incident Commander?					
<b>-Tac-Team activities-</b>					
Does the Incident Commander ensure the Tac-Team has been activated?					
Who activated the Tac-Team?					Name/Title:
Does the Incident Commander ensure the Tac-Team has been deployed?					
Who deployed the Tac-Team?					Name/Title:
Does the Incident Commander brief the Tac-Team Commander/designee?					
Does the Incident Commander consult with the Tac-Team Commander/designee regarding:					
• Available Tac-Team resources?					
• Activation of additional Tac-Team resources (other teams)?					
• Identification of the Tac-Team mission to resolve the situation?					
• Mission constraints?					
• Use of Force issues?					
• Use of firearms?					
• Use of chemical agents?					
• Use of other less-lethal tools?					
• Use of the Marksman?					
• Crisis intervention team?					
• Compromised operator issues?					
• Other pertinent issues?					What?
Does the Incident Commander tell the Tac-Team Commander/designee to develop an Operational Order?					
Does the Incident Commander receive a preliminary Op Order within 20 minutes?					
Does the Incident Commander request modification/clarification?					
Does the Incident Commander approve/disapprove the final Op Order?					
Does the Incident Commander					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
effectively communicate with the Tac-Team Commander/designee?					
Does the Incident Commander give clear and complete directions to the Tac-Team Commander/designee?					
Does the Incident Commander consult with the Tac-Team Commander/designee re content of news items prior to their release?					
<b>-Negotiations Team activities-</b>					
Does the Incident Commander ensure the Negotiations Team has been activated?					
Who activated the Negotiations Team?					Name/Title:
Does the Incident Commander ensure the Negotiations Team has been deployed?					
Who deployed the Negotiations Team?					Name/Title:
Does the Incident Commander brief the Negotiations Team Leader/designee?					
Does the Incident Commander consult with the Negotiations Team Commander/designee regarding:					
• Available Negotiations Team resources?					
• Activation of additional Negotiations Team resources (other teams)?					
• Identification of the Negotiations Team mission to resolve the situation?					
• Pre-authorized concessions?					
• Mission constraints?					
• Negotiation parameters?					
• Other pertinent issues?					What?
Does the Incident Commander tell the Negotiations Team Commander/designee to develop a Negotiation Plan?					
Does the Incident Commander receive a preliminary plan within 20					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
minutes?					
Does the Incident Commander request modification/clarification?					
Does the Incident Commander approve/disapprove the final Negotiation Plan?					
Does the Incident Commander effectively communicate with the Negotiations Team Leader/designee?					
Does the Incident Commander give clear and complete directions to the NMT Leader/designee?					
Does the Incident Commander consult with the Negotiations Team Leader/designee re content of news items prior to their release?					
<b>-Alarm Response considerations-</b>					
Does the Incident Commander ensure Alarm Response elements have been activated?					<input type="checkbox"/> Primary Response <input type="checkbox"/> Secondary Response <input type="checkbox"/> Tertiary Response
Who activated Alarm Response elements?					Name/Title:
Does the Incident Commander brief the Alarm Response Team Leader?					
Does the Incident Commander consult with the Alarm Response Team Leader regarding:					
• Status of Alarm Response activities?					
• Available resources?					
• Mission constraints?					
• Other pertinent issues?					What?
Does the Incident Commander effectively communicate with the Alarm Response Team Leader?					
Does the Incident Commander give clear and complete directions to the Alarm Response Team Leader?					
<b>-Additional considerations-</b>					
Does the Incident Commander identify:					
• Staffing resources needed?					
• Materiel resources needed?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Are Mutual Aid resources needed?					
Are Mutual Aid Staging Areas identified?					
Is the interaction with Mutual Aid agencies in accordance with existing procedures?					
Does the Incident Commander ensure that a plan to control the disturbance/emergency is prepared?					
In the preparation of this plan:					
• Is intelligence gathered and verified?					
• Is an assessment of the impact of the intelligence items performed?					
• Are Use of Force issues reviewed?					
• Is at least one back up plan prepared?					
Are regular updates provided to EOC staff?					Who gives updates?
Are regular updates provided to prison staff?					Who gives updates?
Are regular updates provided to inmates?					Who gives updates?
Does the Incident Commander ensure contact is made with affected staff member's families?					
• Are family members requested to stay at home?					
• Is security of the home coordinated with local law enforcement?					
• Is a prison representative sent to the home?					
• Are the family members brought to the prison?					
Does the Incident Commander ensure the District Attorney is notified?					
• Who makes the notification?					Name/Title:
Does the Incident Commander ensure the Attorney General/State legal authority is notified?					
• Who makes this notification?					Name/Title:
Does the Incident Commander					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
ensure a Legal Action Plan is prepared?					
Are legal options discussed with the Incident Commander?					
Does the Incident Commander ensure a Media Center is established?					Location?
Does the Incident Commander ensure the prison PIO establishes and maintains contact with the departmental PIO?					Name/Title:
Is security provided for the Media Center?					
Are communications capabilities available for the Media Center?					
Does the Incident Commander review and approve news items prior to release?					
Are regular media briefings scheduled and held?					
Is departmental HQ advised of all news releases?					
<b>-After action considerations-</b> Upon termination of emergency operations, does the Incident Commander:					
• Ensure that all staff are definitively accounted for?					
• Ensure that all inmates are definitively accounted for?					
• Ensure that all involved staff have been provided with crisis intervention?					
• Ensure that all participants are debriefed?					
• Assess damage to the physical plant?					
• Assess the impact of the situation on normal prison operations?					
• Perform an overall assessment of the prison?					
• Declare an end to the situation?					
• Communicate the results of the assessment to departmental HQ and advise staff of termination of					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
emergency operations?					
Does the Incident Commander schedule a post incident critique?					
Does the Incident Commander ensure the appropriate after action elements are accomplished?					
• Incident Reports					
• Crime scene preservation					
• Use of force critiques					
• Departmental review notification					

# EMERGENCY PLAN EXERCISE

## CONTROLLER FORM

### TACTICAL TEAM

02/01 revision

EXERCISE BEING CONDUCTED AT:		DATE OF EXERCISE:
CONTROLLER NAME:	TITLE:	CONTROLLER'S PRISON & CONTACT #:
EXERCISE TAC-TEAM COMMANDER NAME:		TITLE:
EXERCISE TAC-TEAM ASSISTANT COMMANDER NAME:		TITLE:
EXERCISE FIRST RESPONDER NAME:		TITLE:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
<b>-Team activation-</b> Is the Tac-Team activated?					
Who authorizes activation?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
How is the Tac-Team activated?					<input type="checkbox"/> Telephone <input type="checkbox"/> Individual pagers <input type="checkbox"/> All call pagers <input type="checkbox"/> In person <input type="checkbox"/> Other:
Who actually makes the notification?					Name/Title:
Is a Tac-Team representative spoken with to facilitate the activation?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> First Responder
What information is provided to this representative during the activation contact?					<input type="checkbox"/> Situation <input type="checkbox"/> Incident location <input type="checkbox"/> Tentative mission <input type="checkbox"/> Chain of command <input type="checkbox"/> Organization <input type="checkbox"/> Time schedule <input type="checkbox"/> Staging location <input type="checkbox"/> Other:
<b>-Initial response-</b> Does a Tac-Team representative respond to the Interim Commander/Incident Commander in a timely manner after activation?					Response time:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Was the Tac-Team pre-staged at the prison or did they respond as an actual deployment?					<input type="checkbox"/> Pre-staged <input type="checkbox"/> Actual response
Who is the first responding Tac-Team representative?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> First Responder
Does the Tac-Team representative request a briefing from the Interim Commander/Incident Commander?					
Does the Tac-Team representative receive a briefing from the Interim Commander/Incident Commander?					
Does the briefing contain required situation parameters:					
• Situation synopsis?					
• Threat involvement?					<input type="checkbox"/> Capabilities <input type="checkbox"/> Resources <input type="checkbox"/> Options
• Threat identification?					Who is it?
• Location?					
• Activity?					
• Weapons involved?					
• Injuries/deaths?					
• Staff involvement & identification?					
• Uninvolved inmates/staff?					
• Critical terrain?					
• Obstacles?					
• Available personnel resources?					<input type="checkbox"/> Adequate (Y/N)
• Available materiel resources?					<input type="checkbox"/> Adequate (Y/N)
• Time element/Deadlines?					
• Initial Inner Perimeter containment?					Location: <input type="checkbox"/> Assigned supervisor <input type="checkbox"/> Radio frequencies <input type="checkbox"/> Number of staff <input type="checkbox"/> Are staff armed (Y/N) <input type="checkbox"/> What were I/P instructions?
• Outer Perimeter containment/isolation?					Location: <input type="checkbox"/> Assigned supervisor <input type="checkbox"/> Radio frequencies <input type="checkbox"/> Number of staff

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> Are staff armed (Y/N) <input type="checkbox"/> What were O/P instructions?
<ul style="list-style-type: none"> <li>• Status of physical plant?</li> <li>• Acceptable level of risk?</li> <li>• Special rules of engagement?</li> <li>• Legal/policy constraints?</li> <li>• Commander (Incident Commander/Interim Commander) prerogative?</li> <li>• Other required elements</li> </ul>					What?
Has this information been verified?					
<b>-Operational Order-</b>					
Is the Tac-Team representative presented with a defined mission?					
Who gives the mission to the Tac-Team?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
What is the mission?	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>				
Is the Tac-Team representative told to prepare an Operational Order to respond to the incident?					
Does the Tac-Team representative prepare an Op Order to complete the mission?					
Is this Op Order complete given the mission?					
Who actually prepares the Op Order?					Name/Title:
Does the entire Tac-Team assist with input into the preparation of the Op Order?					
Does the Op Order contain:					
<ul style="list-style-type: none"> <li>• <b>SITUATION?</b></li> </ul>					
> Threat identification?					
> Threat strength and weakness?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
➤ Probable course of action by threat?					
➤ Threat location?					
➤ Activity on site?					
➤ Presence of hazardous materials or explosive atmosphere?					
➤ Terrain?					
➤ Weather?					<input type="checkbox"/> Heat <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other:
◆ Are plot plans used in the preparation of the Op Order?					
◆ Where are the Tac-Team plot plans maintained?					
◆ Do the Tac-Team plot plans contain critical information?					<input type="checkbox"/> Key numbers <input type="checkbox"/> Roof access points <input type="checkbox"/> Rappelling tie off points <input type="checkbox"/> Other:
• <b>MISSION?</b>					
➤ Critical elements?					<input type="checkbox"/> Who <input type="checkbox"/> What <input type="checkbox"/> When <input type="checkbox"/> Where <input type="checkbox"/> Why
➤ Threat intelligence?					<input type="checkbox"/> C-File <input type="checkbox"/> Personnel File <input type="checkbox"/> Medical File <input type="checkbox"/> Interviews <input type="checkbox"/> Cell search <input type="checkbox"/> Other:
• <b>EXECUTION?</b>					
➤ Concept of the operation?					
➤ Interim Commander/Incident Commander intent?					
➤ Fire support?					
➤ Mission of support elements?					
◆ Personnel support elements?					<input type="checkbox"/> Line staff <input type="checkbox"/> Investigations <input type="checkbox"/> Departmental Mutual Aid <input type="checkbox"/> Local Mutual Aid
◆ Materiel support elements?					<input type="checkbox"/> Departmental Mutual Aid

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
◆ Negotiation Team support?					<input type="checkbox"/> Local Mutual Aid
➤ Applicable SOP's?					<input type="checkbox"/> Compromised operator (Y/N) <input type="checkbox"/> Unplanned releases (Y/N) <input type="checkbox"/> Crisis Entry (Y/N) <input type="checkbox"/> Marksman intervention (Y/N) <input type="checkbox"/> Strike vehicle (Y/N) <input type="checkbox"/> Critical item delivery (Y/N) <input type="checkbox"/> Other:
➤ Actions at the objective?					
➤ Departure time?					
➤ Movement techniques?					
➤ Primary route?					
➤ Secondary route?					
➤ Relief of existing staff elements?					
➤ Actions on threat contact?					
➤ Actions at danger areas?					
➤ Actions at halts?					
➤ Rehearsal and inspection?					
➤ Essential Elements of Information?					
● <b>ADMINISTRATION &amp; EQUIPMENT?</b>					
➤ Approved firearms?					<input type="checkbox"/> Handgun <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Sub-machine Gun <input type="checkbox"/> Marksman Rifle
➤ Approved less lethal?					<input type="checkbox"/> Chemical Agents <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> Batons <input type="checkbox"/> LSDD <input type="checkbox"/> Stingballs <input type="checkbox"/> 37/40-mm <input type="checkbox"/> Rounds approved:
➤ Uniform?					
➤ Equipment?					<input type="checkbox"/> Breaching <input type="checkbox"/> Ascending/descending <input type="checkbox"/> Other:
➤ Procedures for handling wounded					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
or deceased persons?					
➤ Procedures for handling prisoners?					
➤ Procedures for evidence handling?					
• <b>CONTROL &amp; COMMAND?</b>					
➤ Radio communications?					Frequency:
➤ Hand and arm signals?					
➤ Challenge and passwords?					
➤ Code words?					
➤ Chain of command?					
➤ Location of leaders?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> Squad Leader
Does the Op Order comply with departmental Use of Force considerations?					
Does the Interim Commander/Incident Commander review the Tac-Team Op Order?					
Who approves the Tac-Team Op Order?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Is the Op Order approved prior to the Tac-Team being deployed?					
<b>-Team deployment-</b>					
Is the Tac-Team deployed?					
Who authorizes deployment?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Who gives the order to deploy?					Name/Title:
Who actually receives the order to deploy?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> First Responder
How is the order to deploy given?					<input type="checkbox"/> Face to face <input type="checkbox"/> Radio <input type="checkbox"/> Telephone <input type="checkbox"/> Other:
Does the Tac-Team representative verify the content of the order to deploy?					
Is the order to deploy in writing?					
Who authors the order to deploy?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander Other:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		

<b>-Load out-</b>					
Is the Staging Area large enough to adequately facilitate an efficient deployment?					
Is the Staging Area well organized?					
Is equipment storage and identification clear and well organized?					
Is the operational status of all required equipment verified?					
Is all required equipment operational?					
Who manages Staging Area operations?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> Other:
Is a complete situation report provided to all available team members?					
Is the Op Order communicated to all available team members?					
Who communicates the order?					<input type="checkbox"/> Commander <input type="checkbox"/> Assistant Commander <input type="checkbox"/> First Responder
Does the intel, mission and order provided by the Interim Commander/Incident Commander maintain accuracy when related to the team?					
How many Tac-Team operators are available to perform the mission?					List total # including Commander and Assistant Commander:
Is this adequate to perform the assigned mission?					
Are team members that arrive after the initial briefings provided with similar updates?					
How are updates provided?					<input type="checkbox"/> Verbally <input type="checkbox"/> Status Board <input type="checkbox"/> Other
Is the authorized equipment acquired?					
Are Marksman/Observers deployed within 30 minutes of the					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
authorization to deploy?					
Who approves their deployment?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Are communications adequate?					
Was the deployment tactical?					
Is the Crisis Entry squad deployed within 30 minutes of the authorization to deploy?					
Who approves the deployment?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander
Are communications adequate?					
Was the deployment tactical?					
Are all available Tac-Team ready for deployment within 45 minutes of the order to deploy?					Time deployment authorized: Time Tac-Team deploys:
<b>-Armory operations-</b>					
Is the Tac-Team Armory readily accessible to the Tac-Team?					
Who can authorize entrance to the Tac-Team Armory?					
Is the Tac-Team armory large enough to adequately facilitate a Tac-Team deployment?					
Is the Tac-Team Armory well organized?					
Is the armory drill accomplished effectively?					
Who is in charge of distributing Tac-Team weapons from within the armory?					Name/Title:
How long does it take to distribute all required Tac-Team weapons?					Time in: Time out:
Is the operational status of all required firearms verified?					
Is the armory drill accomplished in a safe manner?					
Is the appropriate documentation completed during the armory drill?					
<b>-Tac-Team response-</b>					
Is the response to the incident site tactical and safe?					
Does the Tac-Team establish an Inner Perimeter?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Does the Tac-Team relieve existing Inner Perimeter elements?					
If the Tac-Team relieves existing elements:					
• Are Tac-Team operators briefed by existing Inner Perimeter staff?					
• Is responsibility for containment transitioned to the Tac-Team?					
• What happens to relieved Inner Perimeter resources?					
Is cover and concealment used properly?					
Are fields of fire identified?					
Do Squad Leaders effectively control their squad?					
Is the Field Command Post established?					
Where is the FCP located?					Location:
Is there adequate staffing in the FCP?					
Are there adequate communications capabilities in the FCP?					
Does effective communication occur between the FCP and field elements?					
Does the FCP effectively communicate with the EOC?					
Is a Negotiations Team representative available to the Tac-Team?					
Does the Tac-Team communicate effectively with the Negotiations Team?					
Are all Tac-Team members regularly accounted for?					How?
What intel items do Tac-Team field elements possess to assist in identification of the suspect or hostage?					<input type="checkbox"/> Verbal information <input type="checkbox"/> Written information <input type="checkbox"/> Photograph <input type="checkbox"/> Other: <input type="checkbox"/> None
Does the Tac-Team coordinate significant issues with the EOC?					<input type="checkbox"/> Critical item delivery <input type="checkbox"/> Face to face negotiations <input type="checkbox"/> Released persons <input type="checkbox"/> Other:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Does the Tac-Team coordinate critical issues with the Negotiations Team?					<input type="checkbox"/> Critical item delivery <input type="checkbox"/> Face to face negotiations <input type="checkbox"/> Released persons <input type="checkbox"/> Other:
Is the Inner Perimeter advised of negotiated or pending releases?					
Are Marksman/Observers advised of negotiated or pending releases?					
Does the Inner Perimeter advise required staff of released persons?					<input type="checkbox"/> Marksman/Observer <input type="checkbox"/> FCP <input type="checkbox"/> EOC <input type="checkbox"/> Other:
Does the Marksman/Observer advise required staff of released persons?					<input type="checkbox"/> Inner Perimeter staff <input type="checkbox"/> FCP <input type="checkbox"/> EOC <input type="checkbox"/> Other:
Are released persons safely controlled?					<input type="checkbox"/> Restrained <input type="checkbox"/> Searched <input type="checkbox"/> Identification <input type="checkbox"/> Preliminary medical attention <input type="checkbox"/> Other:
Who is the released person?					<input type="checkbox"/> Hostage: <input type="checkbox"/> Hostage: <input type="checkbox"/> Unknown: <input type="checkbox"/> Unknown: <input type="checkbox"/> Taker: <input type="checkbox"/> Taker:
Is the identification of each person correct given the Op Order?					
Is the identification of each person correct given the scenario information?					
Is Inner Perimeter integrity maintained while handling the released person?					
Are released persons expediently debriefed?					
Is a Tac-Team member present during the debriefing?					
Is debrief intel effectively relayed?					<input type="checkbox"/> FCP <input type="checkbox"/> EOC <input type="checkbox"/> Negotiations Team <input type="checkbox"/> Tac-Team field elements <input type="checkbox"/> Other:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Are released persons given prompt attention from trained medical staff?					Who gives care?
Are all deliveries or assaults rehearsed prior to initiation?					<input type="checkbox"/> Crawl <input type="checkbox"/> Walk <input checked="" type="checkbox"/> Run
Where are the rehearsals performed?					Location:
Is the provision of relief to team members discussed?					
<b>-Mutual Aid-</b>					
Is a neighboring Tac-Team activated?					<input type="checkbox"/> Actual <input checked="" type="checkbox"/> Simulated
Does this team respond?					
Is the team briefed?					
Is the team fitted into the Op Order?					
Who is the command authority for the combined Tac-Team elements?					<input type="checkbox"/> Home Commander <input type="checkbox"/> Home Assistant <input type="checkbox"/> Responding Commander <input type="checkbox"/> Responding Assistant
Do effective communications occur between the teams?					<input type="checkbox"/> Face to face <input type="checkbox"/> Radio <input type="checkbox"/> Other:
Are radio frequencies compatible?					Frequency used
Are local Mutual Aid resources used in support of the Tac-Team mission?					<input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Statewide resources <input type="checkbox"/> Other:
<b>-Entry/Assault-</b>					
If an entry/assault is required:					
Is a stronghold identified?					Location?
What initiates the entry/assault?					<input type="checkbox"/> Planned assault <input type="checkbox"/> Crisis entry <input type="checkbox"/> Compromised operator <input type="checkbox"/> Other:
Who orders the entry/assault?					<input type="checkbox"/> Interim Commander <input type="checkbox"/> Incident Commander <input type="checkbox"/> Tac-Team Commander <input type="checkbox"/> Per SOP <input type="checkbox"/> Other:
What type of entry/assault is it?					<input type="checkbox"/> Hostage rescue – Known location <input type="checkbox"/> Hostage rescue – Unknown location <input type="checkbox"/> Barricaded suspect – Known location

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
					<input type="checkbox"/> Barricaded suspect – Unknown location <input type="checkbox"/> Intel gathering <input type="checkbox"/> Covert <input type="checkbox"/> Dynamic <input type="checkbox"/> Other:  Location: <input type="checkbox"/> Side 1 <input type="checkbox"/> Side 2 <input type="checkbox"/> Side 3 <input type="checkbox"/> Side 4 <input type="checkbox"/> Roof <input type="checkbox"/> Basement <input type="checkbox"/> Other:
Was the entry team stacked or tactically staged? (Circle appropriate term)					
What time was entry made?					
Was an LSDD deployed prior to entry?					Type: Amount:
Was the LSDD deployed correctly?					<input type="checkbox"/> Sighted <input type="checkbox"/> Center of room <input type="checkbox"/> Other:
If the entry was covert, was it tactical and efficient?					
Did the entry team use sound tactics?					<input type="checkbox"/> Criss-cross <input type="checkbox"/> Button hook <input type="checkbox"/> Combination <input type="checkbox"/> Other:
Did the entry team effectively cover hard angles?					
Were all rooms effectively dominated?					
Were all rooms searched tactically?					
Were all rooms secured prior to the team moving?					
Were sectors of fire assessed?					
Were sectors of fire appropriate?					
Were fields of fire assessed?					
Were fields of fire appropriate?					
Were less-lethal force options available?					<input type="checkbox"/> Chemical agents <input type="checkbox"/> Baton <input type="checkbox"/> 37/40-mm Launcher <input type="checkbox"/> Other:
Were these force options used appropriately?					
If the location of the hostage was					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
known, were operators dedicated to rescue the hostage?					
Were sufficient operators available to accomplish this safely?					
If the location of the hostage was unknown, were search operations conducted tactically?					
Were sufficient operators available to accomplish this safely?					
How were persons in the incident site identified?					<input type="checkbox"/> Verbal information <input type="checkbox"/> Written information <input type="checkbox"/> Photograph <input type="checkbox"/> Other: <input type="checkbox"/> Not identified
Who are the people in the incident site?					<input type="checkbox"/> Hostage: <input type="checkbox"/> Hostage: <input type="checkbox"/> Unknown: <input type="checkbox"/> Unknown: <input type="checkbox"/> Taker: <input type="checkbox"/> Taker:
Was the identification correct given the information in the Op Plan?					
Was the identification correct given the scenario information?					
Were these persons effectively protected or controlled?					
Were they taken to the stronghold?					
Were any Tac-Team operators injured during the entry/assault?					# & description:
Were first aid considerations implemented?					Who handles?
<b>-After Action Considerations-</b>					
Upon termination of the mission:					
<ul style="list-style-type: none"> <li>• Did the Tac-Team receive instructions from the EOC that the mission was to be terminated?</li> </ul>					
<ul style="list-style-type: none"> <li>• Was the incident site fully secured?</li> </ul>					
<ul style="list-style-type: none"> <li>• Was a status report given?</li> </ul>					
<ul style="list-style-type: none"> <li>• Were all persons in the incident site correctly accounted for and identified?</li> </ul>					<input type="checkbox"/> Hostages (Y/N) <input type="checkbox"/> Unknowns (Y/N) <input type="checkbox"/> Takers (Y/N)

STANDARD	STANDARD COMPLIED WITH:			TIME	COMMENTS
	YES	NO	N/A		
				<input type="checkbox"/>	Tac-Team members (Y/N)
• Were all prison staff in the area accounted for?					
• Were all Tac-Team weapons accounted for?					
• Was all Tac-Team equipment accounted for?					
• Were crime scene preservation issues initiated?				<input type="checkbox"/>	Tac-Team
				<input type="checkbox"/>	Investigations
				<input type="checkbox"/>	Line staff
				<input type="checkbox"/>	Other:
• Was any weapon that was used by the suspect secured?					
• Was all Tac-Team equipment returned to the appropriate storage area?					
• Were all required reports prepared?					
• Were all Tac-Team members afforded crisis intervention?					
• Was an incident critique scheduled?					

STANDARD	STANDARD COMPLIED WITH	TIME	COMMENTS
	YES	NO	N/A

# EMERGENCY PLAN EXERCISE

## CONTROLLER FORM

### MEDICAL

05/01 Revision

EXERCISE BEING CONDUCTED AT:	DATE OF EXERCISE:
CONTROLLER NAME: _____	TITLE: _____ CONTROLLER'S PRISON & CONTACT # _____

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
Is the Medical Department notified of the situation?					Person who initiates contact and title:
Are Emergency Plans available to the Medical Department?					
Were these plans revised within the last 12 months?					Revision date:
Do these plans:					
• Provide a clear, concise description of steps to be followed?					
• List available ambulance services?					
• List local hospitals, including:					
• Number of available beds?					
• Specialties provided (burn, trauma, radiation, etc.)?					
• Distance and travel time from prison?					
• Helipad availability?					
• List of staff telephone numbers?					
• List of staff duty assignments?					
• List of available emergency supplies?					
• List of mass casualty and back up areas?					
• Ensure that a staff check-in log is established?					
• Identify staff accountability procedures?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Identify escalation and de-escalation protocol?					
• Identify a contingency plan in the event the established medical area becomes unavailable?					
Is the following information provided to the Medical Department?					
• Incident location					
• Incident type (fire, haz-mat, stabbing, etc.).					
• Injuries					
• Point of contact					
Does the Medical Department establish a response?					
Is a point of contact identified?					
Is the MOD/POC notified?					
Is the emergency room readied?					
Are supplies sufficient to effectively handle the incident?					
Is a prison radio assigned to the Medical Department?					
• If not, is a radio retrieved from custody?					
Are potential needs assessed?					
Is an ambulance summoned?					ETA:
Is the appropriate hospital notified of the situation?					
Are separate triage areas identified for staff and inmates?					
Are mass casualty areas identified and staffed?					
Are the following assessments performed?					
• Are adequate staff on site?					
• If not, are off duty staff called in?					
• Are adequate materiel resources available?					
• Is there a need to escalate services? If yes:					
• Are appropriate supervisory staff notified?					<input type="checkbox"/> CMO <input type="checkbox"/> Supervising Nurse <input type="checkbox"/> Other:

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		
• Are these staff called in?					
• Is a reporting protocol for responding staff established?					
• Is a staging area identified?					
• Are requests made for medical transport officers?					
Is a Medical Command Center established?					
Is contact established with the EOC?					
Does the Medical Command Center provide the EOC with updates?					
Does the EOC provide the Medical Command Center with updates?					
Is an incident log established within the Medical Command Center?					
Are resources evaluated?					<input type="checkbox"/> Excessive <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient
⇒ If additional staff are called in:					
• Are arrival times noted?					
• Are incoming staff briefed?					
• Are assignments given?					
• Are medical staff made available to the Tac-Team &/or Negotiations Team?					
• Are radios made available to these staff?					
Is a morgue established?					
Are contingency plans prepared for a protracted disturbance?					
Is a de-escalation or consolidation of resources plan established?					

STANDARD	STANDARD COMPLIED WITH			TIME	COMMENTS
	YES	NO	N/A		