**PHASE I** *– To be completed by 1) Requester or State EMD Duty Officer and sent to* [*KC.ECC@kingcounty.gov*](mailto:KC.ECC@kingcounty.gov) *or 2) King County Duty Officer.*

Notification Date:

Notification Time:

Mission Number:

1. **Requestor Information**

Name:

Agency:

Phone:

Email:

1. **MISSION OVERVIEW**
2. Situation Overview

1. EOC support requested:

Emergency Manager

Operations Chief

Planning Staff

Logistics Staff

Finance & Admin Staff

PIO/ Social Media Staff

Operations Section Specific:

Public Works

Police

Fire

Building Inspectors

Debris Management

Evacuation manager

Other

Mass Care – Shelter Support

Safety Officer

Communications Staff

Other

1. Desired time of arrival:
2. Estimated Length of Time EMAT is needed - (DEFAULT DEPLOYMENT is 3 DAYS)

1. Location of EOC/ECC:

1. Is reporting location different than EOC location?

1. Note any access issues?

1. Who will the team report to?

Name       Phone number       Location

1. Lodging and Feeding provided? Note any additional information.

**PHASE II** *– To be completed by EMAT Team Leaders.*

1. What is the current situation?

1. Any areas of the impacted jurisdiction we should stay clear of for safety reasons?

1. Does Jurisdiction have MOU in place for responding jurisdictions? Is the requesting jurisdiction using WAMAS or RCF (within King County) for mutual aid?

1. Are there any other points of contact we should be made aware of to facilitate effective and efficient response?