Santa Clara County RACES -- Mutual Aid Request

Radio Operator Only:	Origin Msg #:		Destination Msg #:	

This Section to be Completed by Requesting Agency: <u>(Underlined=Required)</u>

<u>Date:</u>		<u>Time:</u>		<u>Handling:</u>	**Immediate** (ASAP)	**Priority** (< 1 hr)	**Routine** (<2 hr)

T O	<u>ICS Position:</u>		**F R O M**	<u>ICS Position:</u>	
	<u>Location:</u>			<u>Location:</u>	
	<u>Name:</u>			<u>Name:</u>	
	<u>Contact Info:</u>			<u>Contact Info:</u>	

<u>Agency</u>	Name:		If Reauthorization, original msg #:	
<u>Event/Incident</u>	Name:		Agency Act. #	

<u>Assignment</u> (General duties, conditions, equipment needed, etc.)

<u>Amateur Radio Resources Requested, in order of priority needed.</u> (A new request form is needed for each Location and Operational Period)	Qty	Role	Position	Preferred Type	Minimum Type

Partial Assignment	Requests will be filled as resources become available. If this is not acceptable, check the boxes in "Position" above to indicate which resources must be assigned together. This could limit the resources assigned.

<u>Requested Arrival</u>	Date:	Time (24hr):

<u>Oper. Period</u>	From (Date)	From (Time 24hr):	To (Date)	To (Time 24hr):

<u>Reporting Location</u>	
<u>Contact on Arrival</u>	
<u>Travel Info</u>	

<u>Requested By</u>	Name:	Title:
	Contact (E-mail, phone, frequency):	

<u>Approved By</u> (Authorized agency official)	Name:	Title:
	Contact (E-mail, phone):	
	Signature:	Date:	Time (24hr):

Radio Operator Only:

Relay:	Rcvd:		Sent:
Name:		**Call Sign:**	**Date:**	**Time** (24hr):

This Section to be Completed by Santa Clara County Op Area:				
Reviewed By (CRO)	Name:		Date:	Time (24hr):
Agency	Name:		If Reauthorization, original msg #:	
Approved By (SCCo OEM official)	Name:		Title:	
	Signature:		Date:	Time (24hr):
Completed	Name:		Date:	Time (24hr):

This Section to be Used for Resource Assignment by SCC EOC RACES Radio Room:					
SCCo OP AREA ACTIVATION #					
Assignment (General duties, conditions, equipment needed, etc.)					
Requested Arrival	Date(s):			Time(s):	
Oper. Period	From Date/Time:		To Date/Time:		
Reporting Location					
Contact on Arrival					
Travel info					

Amateur Radio Resources Requested, in order of priority needed.	**Qty**	**Role**	**Position**	**PA**	**Preferred**	**Minimum**

Assignments – use extra lines for additional notes (attach additional sheets if needed)						
Date	**Time**	**Name**	**Call Sign**	**Role**	**Notes**	**Assigned Date/Time**

Instructions: Santa Clara County RACES -- Mutual Aid Request

Purpose: This form is used to request amateur radio mutual aid from the county. Authorization is from SCCo OEM.

Preparation: This form is prepared by the agency requesting amateur radio mutual aid.

Distribution: This form is sent to the SCCo Chief Radio Officer (or designee), who is the mutual aid coordinator for amateur radio in Santa Clara County. The CRO gets approval from an SCCo OEM official.

Field	Instructions
Requesting Agency completes the following fields on page 1, page 2 is for use by the OP Area:	
Date / Time	<u>Required</u>. Enter the date and time of the request
Handling	<u>Required</u>. Select one
To / From	<u>Required</u>. Enter at least the To ICS Position and Location. Provide From name and contact info if we need to contact you about the request.
Agency Name	<u>Required</u>. Enter the name of the agency requesting mutual aid. If a reauthorization, enter agency's original Message #.
Event/Incident	<u>Required</u>. Enter the name of the event/incident and the requesting agency's activation number (if applicable).
Assignment	<u>Required</u>. Describe the type of duties, conditions, special equipment needed (other than 12-hour Go Kit). If multiple shifts are involved, give details. Provide enough detail for volunteer to decide if they are willing and able to accept the assignment. Use a separate form for each location and Op Period.
Amateur Radio Resources Requested **NOTE**: A new request form is needed for each dispatch location and operational period	<u>Required</u>. Identify the quantity(s), role(s)/positions(s), preferred type(s) and minimum type(s) of resource(s) requested to support the above assignment: Available roles/positions: select from **F**ield, **N**et control, **P**acket, and **S**hadow operator. Available types (consult Amateur Radio Operator Credentialing Program Handbook for details): • Type I (**1**) = Specialist; can plan, organize, deploy, lead complex, multi-operator response • Type II (**2**) = Advanced operator, two nets, cross-band, medium-high speed, 25W+ station • Type III (**3**) = Independent operator, low-medium speed, 3rd party traffic, HT • **Type IV** = Basic skills, county-standard go-kit, basic net usage, status reports • **Type V** = Non-credentialed, amateur radio license with county DSW Preferred Type and Minimum Type: select from one of the following: "F3", "F2", "F1", "N3", "N2", "N1", "P3", "P2", "P1", "S3", "S2", "S1", "Type IV", or "Type V". Be careful not to over-specify the minimum type. Resources with less than the minimum type will not be considered, even if they are available. Example: Qty: "1", Role: "Field Communicator, Position: Parade checkpoint", Preferred Type: "F3", Minimum Type: "Type IV", etc. List individual roles in priority order, e.g. F3, P3, N3, F3, etc. for the resources requested. If partial assignment is not desired, check the appropriate boxes in "Position". This may limit those assigned if multiple resources are not available.
Requested Arrival	<u>Required</u>. Enter the date and time that the resource(s) need to arrive.
Oper. Period	<u>Required</u>. Enter the From and To date/time of the Operational Period.
Reporting Location	<u>Required</u>. Enter the location to which the resource(s) should report. Include street address, parking info, and entry instructions.
Contact on Arrival	<u>Required</u>. Identify name, position, and contact info (phone, frequency, …) resource(s) should contact upon arrival. This is typically a net control on a radio frequency or a specific person or function at a telephone number. Responders will attempt to make contact before leaving their vehicle.
Travel Info	<u>Required</u>. Identify preferred routes, road closures and hazards to be avoided during travel. If overnight stay is included, specify how lodging will be provided. Otherwise, enter "N/A".
Requested By	<u>Required</u>. Completed by the individual requesting the resource(s), typically the RACES Radio Officer for the requesting agency.
Approved By	<u>Required</u>. Completed by the authorizing official (or designee) at the requesting agency.
Radio Operator completes the following fields:	
Message Numbers	Enter origin and destination message numbers.
Relay	When relaying: Enter a call sign and/or time, or other useful info to indicate message flow.
Santa Clara County Op Area completes the following fields:	
Reviewed By CRO	Completed by the Mutual Aid Coordinator/Chief Radio Officer (or designee)
Reauthorization	If request is over 24 hours old, attach a copy of the Agency's original message.
Approved By	Completed by the authorizing official from SCCo OEM
Completed	Enter this information when the request has been fulfilled/completed.
SCCo OP Area Act. #	Enter the Op Area RACES Activation #
Assignments	Completed as resources are assigned to the request