

## LIST OF DISTRICT COMMAND POST FORMS - August 2022

**This packet contains 7 forms that may be useful in managing your Command Post.**

The first two forms are also available as .DOC or .XLS format for your custom revisions:

1. **Command Post Check-in Log** – For keeping track of Zone Captain check-ins
2. **Command Post Setup** - Step-by-step checklist for setting up Command Post.

The remaining forms are in PDF format:

3. **Medical Rescue Team Log** - Used by Command Post manager. Records dispatch and return of MRT, along with details of assignment.
4. **Injury Report** - For use by MRT personnel. Must be used by MRT to document each injury incident.
5. **Medical Kit Contents** - EPAP Coordinators use this list to check inventory of medical kits on a regular basis. MRT personnel should be familiar with this list.
6. **MRT Equipment and Supplies Inventory** - EPAP Coordinators use this list to check inventory of Bins on a regular basis. MRT personnel should be familiar with this list.
7. **Residence Information Form** - This is given to new residents by Zone Captains or the EPAP Coordinator. Zone Captain should follow-up, keep a copy, and share with Program Manager to update District records.

*These documents are based on forms courtesy of District 20*

**COMMAND POST SETUP & OPERATION CHECKLIST - DISTRICT \_\_\_\_\_**

**LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_**

1. ENSURE NOTIFICATION OF: \*(1) Companion Districts - (2) Zone Captains - (3) MRT's
2. DISPATCH ZONE CAPTAINS IF NOT ALREADY ACTIVE.
3. ASSIGN 3 PEOPLE AS: (1) Radio Operator, - (2) Log Officer, - (3) Phone monitor
4. SET OUT COMMAND POST EQUIPMENT BOX AND LAY OUT ALL CONTENTS.
5. SET OUT, ACTIVATE and TEST RADIOS. Use fresh batteries.  
Channel 4, Code 0 for EOC. Channel \_\_\_\_\_ Code \_\_\_\_\_ for MRTs, Companion Districts \_\_\_\_\_
6. CONTACT COMPANION DISTRICTS AND VERIFY THEY ARE ACTIVATED.
7. NOTIFY EOC THAT YOUR DISTRICT COMMAND POST IS ACTIVATED & HAS CONTACT WITH COMPANION DISTRICTS. GIVE TOTAL NUMBER OF MRTs. (Channel 4 code 0)
8. LAY OUT FORMS AND START UTILIZING:
  - COMMAND POST CHECK-IN LOG for Zone Captains and MRT Personnel
  - ACTIVITIES LOG (Record all Command Post activities)
  - MRT ASSIGNMENT LOG (Record all MRT assignments and events)
  - INJURY REPORTS (Injury report from MRT for each person treated)
  - LIST OF TASKS FOR UN-TRAINED VOLUNTEERS WHO WANT TO HELP
  - EXTRA SET OF ZONE REPORTS IF NEEDED.
9. \*NOTIFY EOC OF COMPANION DISTRICT STATUS & MRT'S IN ALL 3 DISTRICTS
10. AFTER ZONES HAVE BEEN CHECKED, HAVE AT LEAST 2-3 ZONE CAPTS REMAIN AT THE COMMAND POST TO COVER THOSE ZONES WHERE ZONE CAPTS ARE NOT AVAILABLE OR HAVE NOT YET REPORTED IN. COMMAND POST MUST ASSURE THAT ALL HOMES HAVE BEEN CHECKED.
11. KEEP COMMAND POST ACTIVATED UNTIL RELEASED BY EOC. YOU MAY BE NEEDED TO HELP A NEARBY DISTRICT.

**\* LEAD DISTRICT RESPONSIBILITY**

TRANSPORTING INJURED PERSONS

*AS A REPRESENTATIVE OF THE EPAP ORGANIZATION WE CANNOT TRANSPORT INJURED RESIDENTS TO A MEDICAL FACILITY. THE INJURED PERSON, OR HIS/HER REPRESENTATIVE, MUST ARRANGE THIS. THEY CAN REQUEST A SPOUSE, NEIGHBOR, FRIEND, AMBULANCE, ETC. EPAP PERSONNEL CAN ASSIST THEM IN ACQUIRING THIS ASSISTANCE*

COMMAND POST SETUP & OPERATION CHECKLIST - DISTRICT \_\_\_\_\_

**REFERENCE INFORMATION (Name, cell phone):**

EPAP COORDINATOR: \_\_\_\_\_

ALTERNATE EPAP COORDINATOR: \_\_\_\_\_

DISTRICT DELEGATE: \_\_\_\_\_

ALTERNATE DELEGATE: \_\_\_\_\_

PROGRAM MANAGER: \_\_\_\_\_

EPAP EXECUTIVE TEAM                      951-524-3126

EOC LANDLINE                                951-845-2965

**EPAP COMMAND POST NOTIFICATION and CHECK-IN LOG**

**DISTRICT** \_\_\_\_\_

9/16/2022

CONTACT INFORMATION for NOTIFICATION

CHECKLIST

POSITION	NAME	CELL PHONE	HOME PHONE	EMAIL	TIME NOTIFIED	TIME CHECK-IN
EPAP COORD.						
ALT. COORD.						
PROG. MANAGER						
DELEGATE						
ALT. DELEGATE						
<b>ZONE CAPTAINS:</b>						
A						
Alt						
B						
Alt						
C						
Alt						
D						
Alt						
E						
Alt						
F						
Alt						
G						
Alt						
H						
Alt						
I						
Alt						
J						
Alt						
K						
Alt						
L						
Alt						
M						
Alt						
N						
Alt						
O						
Alt						
P						
Alt						
Q						
Alt						





# INJURY REPORT

DATE/TIME NOTIFIED OF INJURY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PATIENTS NAME \_\_\_\_\_

PATIENTS ADDRESS \_\_\_\_\_

TEL # \_\_\_\_\_

INJURIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TREATMENT/NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PATIENTS STATUS

**\*\* BECAUSE OF LIABILITY, A MEMBER OF THE EPAP ORGANIZATION CANNOT TRANSPORT THE INJURED. THE PATIENT OR A REPRESENTATIVE MUST ARRANGE THIS (FAMILY MEMBER, NEIGHBOR, FRIEND, AMBULANCE, ETC)**

INJURED TAKEN TO \_\_\_\_\_

BY \_\_\_\_\_

TIME \_\_\_\_\_

MRT MEMBER(S) REPORTING \_\_\_\_\_

\_\_\_\_\_

## **EPAP MEDICAL KIT CONTENTS**

- 2 Medical Vests**
- 2 Thermal Blankets**
- 2 Pencils**
- 1 Hand Sanitizer**
- Clean Gloves**
- 2 Instant Cold Packs “Jack Frost”**
- 1 Box Steri strips (Butterfly Band-aids)**
- 2 Tourniquets**
- 1 Scissors & Tweezers**
- 1 Paper Tape & 1 Adhesive Tape**
- 2 4” & 6” Ace Wraps**
- 5 5”x9” Dressings**
- 4 12”x30” Multi-trauma Pads**
- 2 8”x10” Surgical Pads**
- 10 4”x4” Gauze Dressings**
- 2 Gauze Rollers (Kerlix)**
- 2 Eye Dressings**
- 2 Slings - Triangular Cloth & Safety Pins**
- 6 Tongue Depressors for Finger Splints**
- 4 Splints – Short/Wrists & Long/Legs**
- 1 Neck Collar**

SUN LAKES COUNTRY CLUB HOMEOWNERS ASSOCIATION  
EMERGENCY PREPAREDNESS ACTION PLAN

DISTRICT \_\_\_\_\_

**MRT Equipment & Supplies Bin Inventory**

DATE \_\_\_\_\_

**ITEM INFORMATION:**

*(Form EF07-2. Keep copy of this form in Bin)*

*(Mo / Day / Yr)*

Qty per team	Description	*MRT ID.	*MRT ID.	*MRT ID.	*MRT ID.:
1	<b>2A10BC or better FIRE EXTINGUISHER</b>	Serial No.	Serial No.	Serial No.	Serial No.
1	<b>15-PATIENT TRAUMA KIT</b>				
1	<b>RESCUE KIT, Containing:</b> 1 — Yellow Hard Hat 1 — Pair Work Gloves 1 — Whistle 1 — Dust Mask 1 — Pair Goggles				
1	<b>FACILITATOR KIT</b> <b>Containing:</b> 1- Red/Orange Back Pack 1- Portable Light 1- Clipboard & Mechanical Pencil 12- Injury & Relocation Forms 1 - Sun Lakes Grid Map  <b>Nylon vests:</b> 2 - Yellow ( MEDICAL) 1 - Green ( RESCUE) 1 - Blue ( FACILITATOR)				
<b>Other (list):</b>					
<small>(Radios should be kept separate indoors, checked regularly)</small>					

\*Supplies for more than one MRT unit may be in bin. Use MRT (Dist No.) – A etc, to identify each team.

**RESIDENCE EMERGENCY PREPAREDNESS INFORMATION - Page 1**

- Please fill out this form so we can update our information about your residence in case of an Emergency. Providing this information is optional, but will help our Zone Captains in an emergency situation.

- HOUSE ADDRESS \_\_\_\_\_

- Resident names:

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- Email: \_\_\_\_\_

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- Phones (Landline and Cell)

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- Is electricity required during POWER outage for Medical Devices?

YES / NO

- Pets: Dogs or Cats, Names

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(Continued on next page)

**RESIDENCE EMERGENCY PREPAREDNESS INFORMATION - Page 2**

- Is there any other information about your household you would like to provide? *(optional)*

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- Emergency Contact *(Optional)*

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- Have you completed your “File of Life” and posted it on your refrigerator?  
This is needed by the Fire Dept. in an emergency.

- Does your household possess a working electrical generator? YES / NO

Please return this form to your District EPAP Coordinator or Zone Captain:  
Call if you have any questions.

(name)\_\_\_\_\_

(phone)\_\_\_\_\_