Mutual Aid and Assistance Responders
Accommodations Checklist

Note: It must be recognized by all parties involved that accommodations in emergency mutual aid and assistance situations are highly variable and subject to change. Information on this form is provided in good faith and is non-binding. Responders should be as prepared as possible for self-sufficiency and changes in conditions.

Requestor Location / Utility: ___________________ Incident: ___________________

Comments:

Access

Staging or reporting location: ________________________________

Recommended route into area: ________________________________

An escort from the requestor will be necessary in order for responders to clear access check-points and reach the requestor:
   Yes _____ No _____

The requestor will be able to provide that escort:
   Yes _____ No _____
   Comments: ________________________________

Special documentation or credentials will be required in order for the responders to clear access check-points: Yes _____ No _____
   Explain: ________________________________

Curfews are in place: Yes _____ No _____
   Explain: ________________________________

Most street signs are in place: Yes _____ No _____

Requestor will be able to provide local maps: Yes _____ No _____

Requestor will be able to provide GPS coordinates: Yes _____ No _____

Requestor will be able to provide GPS units: Yes _____ No _____
Housing and Sanitation

Normal hotel / motel accommodations available:
Yes _____ No _____
To be arranged by: Requestor _____ Utility name: __________
Responder _____
To be paid for by: Requestor _____ Utility name: __________
Responder _____
Approximate distance from work location: _____ miles
Comments:

Temporary shelter provided by requestor or other assisting agencies:
Yes _____ No _____ Agency name: __________
Restrooms: Yes _____ No _____
Portable toilets: Yes _____ No _____
Showers: Yes _____ No _____
Beds or cots: Yes _____ No _____
Bedding provided: Yes _____ No _____
Climate controlled: Yes _____ No _____
Location: ______________________
Distance to staging area: ______________________
Distance to work location: ______________________
Comments:

Shelter (tents, campers, etc.) must be provided by responder:
Yes _____ No _____
Location provided: Yes _____ No _____
Hook-ups available: Water _____ Elect _____ Sewer _____
Sewer dump location available: Yes _____ No _____
Restrooms: Yes _____ No _____
Portable toilets: Yes _____ No _____
Showers: Yes _____ No _____
Portable generators permitted: Yes _____ No _____
Gasoline _____ Diesel fuel _____ available for generators
Comments:

Sanitation facilities at work location:
Restrooms with running water nearby: Yes _____ No _____
Portable toilets: Yes _____ No _____
Comments:

Expected temperature range (F): __________ Five-day weather forecast: __________
Long-range forecast: __________

Other housing and sanitation comments:
Food and Water

Restaurants available: Yes ____ No ____
Meals to be financially arranged by: Requestor ____ Responsible utility: ____
Responder ____
Approximate distance from work location: ____ miles
Comments:

Meals provided by requestor: Yes ____ No ____
Provider name: __________
Comments:

Grocery stores open and stocked: Yes ____ No ____
Distance from work location: ____ miles
Open with limited stock: ____
Distance from work location: ____ miles
Comments:

Food must be provided by responders: ____
Refrigeration available: Yes ____ No ____
Cooking facilities available: Yes ____ No ____
Ice available: Yes ____ No ____
Provided by requestor: Yes ____ No ____
Available for purchase: Yes ____ No ____
Comments:

Running water available for drinking, bathing, etc.: Yes ____ No ____
Running water available for bathing, etc., only: Yes ____ No ____
Bottled water available: Yes ____ No ____
Provided by requestor ____ Available for purchase ____
No water available -- all water must be brought by responders ____
Comments:

Other food and water comments:

Employee Safety:

First aid services available: Yes ____ No ____
Paramedic / EMT services available: Yes ____ No ____
Trauma services available: Yes ____ No ____
Hospital services available: Yes ____ No ____
Comments:
Employee Safety (cont.):

Current inoculations required of responders:

Tetanus _____
Hep A _____
Hep B _____
Others: ________________

*Basic PPE always required of all responders*

Basic PPE: hard hat, safety vest, safety shoes, appropriate boots, appropriate gloves, rain gear and eye and ear protection as needed
Chain saw operator PPE: add chaps
Special PPE recommended or required: ____________________________
Other potential exposures or conditions: ____________________________
Animal or insect hazards or nuisances present: ______________________
Injury reporting procedure: ________________________________
Comments: ________________________________________________

Psychological conditions anticipated:

Routine storm damage ______
Significant damage to properties ______
Significant loss of livestock ______
Significant loss of companion animals ______
Significant loss of life and/or human suffering ______
Finding of human corpses possible _____ probable ______
Psychological counseling provided: Yes _____ No ______
Comments: ________________________________________________

Communications:

Voice Communications:

Normal telephone service available: Yes _____ No ______
Phones available: ______ Pay phones available: Yes _____ No ______
Cell phones operable: Yes _____ No _____ Limited coverage ______
Satellite telephones provided: Yes _____ No ______
Requestor will be able to provide responder teams with one two-way radio per team: Yes _____ No ______
Radio frequency used: ____________
Comments: ________________________________________________

Data Communications:

Wired or wireless high-speed Internet access available: Yes _____ No ______
Dial-up Internet access available: Yes _____ No ______
**Vehicular and Equipment Needs:**

Requestors will provide or ensure availability of vehicle diesel fuel and gasoline

Utility name: __________
Available for purchase _____

Responders must bring own diesel fuel _____ and gasoline _____

In disasters involving structural debris on roadways:

Requestors will provide or ensure availability of tire repair services:

Yes _____ No _____
Utility name: __________
Commercially available at charge _____

Responders must bring own tire repair capabilities: Yes _____ No _____

Chain saw parts and repair services available: Yes _____ No _____
Provided by (agency name): __________
Commercially available at charge: Yes _____ No _____
Must be provided by responders: Yes _____ No _____

Comments:

Vehicle and heavy equipment services
Provided by requestor: Yes _____ No _____
Commercially available: Yes _____ No _____
Responders must bring own vehicle and heavy equipment repair
capabilities: _____

Local businesses of relevance to responders that are not open:

**Other Responders’ Needs**

Financial:

Banks open: Yes _____ No _____
Bank teller machines operational: Yes _____ No _____
Credit cards OK at most business establishments: Yes _____ No _____
Responders purchase orders likely accepted: Yes _____ No _____
Travelers’ checks accepted: Yes _____ No _____
Cash required: Yes _____ No _____  Suggested amount: _____
Notable cash-related security issues, if any: ___________
Coins needed for laundry machines, vending machines, etc. Yes _____ No _____
Comments:
Other Responders’ Needs (cont.)

Laundry services available: Yes _____ No _____
Provided by requestor _____ Coin laundry services available _____
Comments:

Other comments:

Form Completed By:

Name: _______________________

Signature: ___________________

Title / Role: ___________________

Agency: ______________________

Date: _______________________