



STATEWIDE MUTUAL AID ACT (SMAA)

CHECKLIST FOR REQUESTING

- The political subdivision has declared a state of emergency.
- Request another political subdivision to provide support.
- Request comes from Chief Executive Officer (CEO) or designee of political subdivision.
- Report the request made by the CEO or designee to the Community Support Liaison or Division of Emergency Management (DEM) as soon as practical.
- Request can be communicated orally, but shall be followed up in writing and delivered to the supporting political subdivision within 48 hours.
- Requesting political subdivision will reimburse the supporting political subdivision for loss, damage or resource cost/expenses at the request of the responding political subdivision.
- Completion of the SMAA 113, SMAA Activation Agreement

CHECKLIST FOR RESPONDING

- Assistance may be provided through: donated assets, emergency response personnel, equipment and other assets to be loaned/donated to the requesting political subdivision.
- The resources of the responding political subdivision will be under the Operational control of the requesting agency's Incident Command.
- The responding political subdivision may ask for reimbursement for any loss or damage suffered or expense or cost incurred by the responding political subdivision in the operation of equipment or in providing assistance.
- Request for reimbursement will be followed by the procedures and criteria set up by the Statewide Mutual Aid Committee (SMAC).
- The responding political subdivision will determine if requested resources will be donated if they are perishables or if costs related.
- Completion of the SMAA 113, SMAA Activation Agreement



STATEWIDE MUTUAL AID ACT (SMAA)

PRE-DEPLOYMENT CHECKLIST FOR PERSONNEL

- Review weather/safety conditions of disaster site
- Know who is your authorizing authority
- Get an estimate of deployment duration
- Know where, when, and to whom should you report
- Know your transportation arrangements (to and from)
- Know what your communication structure is that will be used
- Appropriate clothing has been determined
- Know your lodging and conditions
- Know the communication means to use for contacting family and home base
- Know your potential risks to your well-being
 - Disease
 - Further disaster risk
 - Violence/ assaults/ robbery
 - Stress/ vicarious trauma exposure
- Know the functions and work that will be required of you.
 - Do you have appropriate training or will they provide that training?
- Who will be responsible for your treatment if you are injured while deployed? Will you be eligible for disability/workers' compensation if injured while deployed?



**STATEWIDE MUTUAL AID ACT (SMAA)
Demobilization/Return of Assets
Guidelines**

The requesting jurisdiction will facilitate all resource releases.

Resources will be released after the agreed upon tour of duty, or at such time that the requesting/providing jurisdiction determines a resource is surplus to current missions.

No resources will be released without having a minimum of eight (8) hours downtime, unless specifically approved in advance by the providing jurisdiction.

The requesting jurisdiction will attempt to debrief all personnel assigned to the incident prior to departure. The debriefing will include:

- Confirmation of travel arrangements.
- Review of individual responsibilities for demobilization.
- Ensuring any issued equipment for the incident is returned, condition noted, and all documentation is completed and submitted as required.

The Personnel Demobilization Form and all other event required documents (i.e., ICS Form 221) should be used to demobilize personnel and redeploy back to their home jurisdiction

Return any equipment checked out for use during deployment

Deployed personnel will report to their home organization upon their return



Utah Statewide Mutual Aid Act (SMAA) Mission Request Form

Part I: Requesting Jurisdiction

Requesting Jurisdiction: _____ Date/Time: _____

Contact Person: _____ Phone: _____ Fax: _____

Event/Mission Number: _____

Assistance/Resources Needed: (Include Date and Time Resources Needed and Staging Area for Reception. Attach separate sheet for more space)

Date & Time Resources Released: _____

Statement of Authority By: _____

Name/Title

Signature

Part II: Responding Jurisdiction

Responding Jurisdiction: _____ Date/Time: _____

Contact Person: _____ Phone: _____ Fax: _____

Assistance/Resources Available: (Include Date and Time Resources Available)

Approximate Total Cost of Deployment for Which Reimbursements will be requested
(Consider Personnel Costs, Travel Costs, Equipment Costs, and Other Costs: (Provide detail)

\$ _____

Assistance/Resources Authorized By: _____

Name/Title

Signature



Statewide Mutual Aid Act (SMAA) Intergovernmental Reimbursement Form

Event/Mission Number: _____
Requesting Jurisdiction: _____
Responding Jurisdiction: _____
Dates of Mission: _____

Resource Cost Worksheet:

Personnel Costs

Regular Time \$ _____
Overtime \$ _____
Employer Share of Fringe Benefits \$ _____
Donated personnel costs \$ _____

Total personnel Costs \$ _____

Travel Costs

Air Travel \$ _____
Auto Rental/Gas/Mileage \$ _____
Lodging \$ _____
Vehicle Costs \$ _____
Donated travel costs \$ _____

Total Travel Costs \$ _____

Equipment Costs (detail in remarks below) \$ _____

Contractual Costs \$ _____

Commodities \$ _____

Other Costs (detail in remarks below) \$ _____

Grand Total Donated Costs \$ _____

Grand Total \$ _____

*Provide attachment with cost details, if necessary

Remarks

ATTESTATION AND CERTIFICATION:

This certifies that the totals for each category/claim are exact costs expended by you to perform the services requested in the mission. I also certify that these costs have not been and will not be reimbursed by another entity. All documentation, including the Resource Expense Summary is included with this claim and are subject to review by the State of Utah

Name

Title

Signature

Date

**AGENT OF THE STATE OF UTAH
EMAC AGREEMENT
Between**

State of Utah

and Responding Jurisdiction:

Utah Department of Public Safety
Division of Emergency Management
1110 State Office Building
Salt Lake City, UT 84114

Contact Person: _____
Phone: _____
E-mail: _____

Phone: (801) 538-3400

EMAC Coordinator:

E-mail: _____

Authorized Amount: Not to Exceed \$ _____
Mission Period: Start Date: _____ End Date: _____
No extensions of time will be granted without written approval of the jurisdiction executive.

INTRODUCTION:

The Utah Department of Public Safety, Division of Emergency Management (Utah DEM), through the Statewide Mutual Aid Act, Utah Code Annotated § 53-2a Part 5 assists in coordinating emergency management interstate Emergency Management Assistance Compact (EMAC) for the State of Utah. Assistance to other states may be in the form of personnel and/or other resources.

AGREEMENT:

In cooperation with _____, herein known as the Responding Jurisdiction, Utah DEM has identified several experienced and qualified employees who are available to deploy to assist _____, herein known as the Requesting State with response and recovery missions.

NAME AND EXPERIENCE:

[Drafters note: Provide Name of Responding Jurisdiction, Name of Employee(s), & Statement of Experience / Qualifications]

This Agent of the State Agreement establishes a service contract between the Utah DEM and Responding Jurisdiction for the loan of the Responding Jurisdiction's employee(s) for the mission period identified above and designates the specified employee(s) as an agent of the state.

[NAME OF EMPLOYEE] shall remain an employee of the Responding Jurisdiction throughout their deployment. Utah DEM hereby agrees to make the necessary travel arrangements for **[NAME OF EMPLOYEE]**, including transportation, lodging, per diem expenses. Once the mission is complete and the Responding Jurisdiction employees travel expense report has been received, Utah DEM agrees to submit the travel expense report to the Requesting State for reimbursement through the EMAC reimbursement process. The employee(s) of the Responding Jurisdiction will continue to be paid by his/her employer, will continue to receive the same benefits as if working at his/her home station, and will carry with him/her all the liability protections as if working at his/her home station. Utah DEM assumes no responsibility for the employee serving as the agent of the state, other than the accomplishment of their travel arrangements, the submission of completed travel expense reports through the EMAC reimbursement process, and the transmittal of reimbursement from the Requesting State to the Responding Jurisdiction. Consult Utah Code Annotated § 53-2a Part 4 for more information about compensation and liability obligations.

[NAME OF EMPLOYEE] will report to the (name, address, site) _____ upon arrival and perform duties as assigned. The Utah EMAC Coordinator will provide emergency contact information for **[NAME OF EMPLOYEE]** and he/she will provide contact information and progress reports on their service to their home jurisdiction throughout their period of deployment.

REIMBURSEMENT:

Upon receipt of reimbursement from the Requesting State, Utah DEM shall reimburse the Responding Jurisdiction for the authorized expenses claimed on the Intergovernmental Reimbursement SMAA Form #110, and Form 115. Reimbursement shall not exceed the final, total amount indicated on the travel expense report. The Responding Jurisdiction shall submit a final invoice or other appropriate travel expenses report, with all appropriate documentation, to Utah DEM within 30 days of **[NAME OF EMPLOYEE'S]** return. Utah DEM shall reimburse the Responding Jurisdiction within 30 days of receipt of reimbursement from the Requesting State.

ALTERATIONS AND AMENDMENTS:

This Agreement may only be amended through mutual agreement of both parties. Amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

TERMINATION:

Either party may terminate this Agreement upon 72 hours prior written notification to the other party. If this Agreement is terminated, the parties shall be liable only for services rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

IN WITNESS THEREOF, the parties hereto have executed this agreement on the day and year last specified below. This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

By: _____ Signature _____ Date _____

Director or Designee
Division of Emergency Management
Utah Department of Public Safety

By: _____ Signature _____ Date _____

Name: Responding Jurisdiction

APPROVED AS TO FORM:
Print/Signature

Name: Assistant Attorney General

Date

APPROVED AS TO FORM:
Print/Signature

Name: Attorney

Date

**AGENT OF THE STATE OF UTAH
SMAA AGREEMENT
Between**

State of Utah

and Responding Jurisdiction:

Utah Department of Public Safety
Division of Emergency Management
1110 State Office Building
Salt Lake City, UT 84114

Contact Person: _____
Phone: _____
E-mail: _____

Phone: (801) 538-3400

Contact Person:

E-mail:

Authorized Amount: Not to Exceed \$ _____

Mission Period: Start Date: _____ End Date: _____

No extensions of time will be granted without written approval of the jurisdiction executive.

INTRODUCTION:

The Utah Department of Public Safety, Division of Emergency Management (Utah-DEM), through the Statewide Mutual Aid Act, Utah Code 53-2a Part 5 assists in coordinating emergency management intrastate mutual aid for the State of Utah.

AGREEMENT:

In cooperation with _____, herein known as the Responding Jurisdiction, Utah DEM has identified several experienced and qualified employees who are available to deploy to assist _____, herein known as the Requesting Jurisdiction with response and recovery missions.

NAME AND EXPERIENCE:

[Drafters note: Name of Responding Jurisdiction, Name of Employee(s), & Statement of Experience / Qualifications]

This Agent of the State Agreement establishes a service contract between the Utah DEM and Responding Jurisdiction for the loan of the Responding Jurisdiction's employee(s) for the mission period identified above and designates the specified employee(s) as an agent of the state.

[NAME OF EMPLOYEE] shall remain an employee of the Responding Jurisdiction throughout their deployment. Utah DEM hereby agrees to make the necessary travel arrangements for **[NAME OF EMPLOYEE]**, including transportation, lodging, per diem expenses. Once the mission is complete and the Responding Jurisdiction employees travel expense report has been received, Utah DEM agrees to submit the travel expense report to the Requesting Jurisdiction for reimbursement through the SMAA reimbursement process. The employee(s) of the Responding Jurisdiction will continue to be paid by his/her employer, will continue to receive the same benefits as if working at his/her home station, and will carry with him/her all the liability protections as if working at his/her home station. Utah DEM assumes no responsibility for the employee serving as the agent of the state, other than the accomplishment of their travel arrangements, the submission of completed travel expense reports through the SMAA reimbursement process, and the transmittal of reimbursement from the Requesting Jurisdiction to the Responding Jurisdiction.

[NAME OF EMPLOYEE] will report to the (name, address, site) _____ upon arrival and perform duties as assigned. The SMAA Coordinator will provide emergency contact information for **[NAME OF EMPLOYEE]** and he/she will provide contact information and progress reports on their service to their home jurisdiction throughout their period of deployment.

REIMBURSEMENT:

Upon receipt of reimbursement from the Requesting Jurisdiction, Utah DEM shall reimburse the Responding Jurisdiction for the authorized expenses claimed on the Intergovernmental Reimbursement SMAA Form #110 and Form 115. Reimbursement shall not exceed the final, total amount indicated on the travel expense report. The Responding Jurisdiction shall submit a final invoice or other appropriate travel expenses report, with all appropriate documentation, to Utah DEM within 30 days of **[NAME OF EMPLOYEE's]** return. Utah DEM shall reimburse the Responding Jurisdiction within 30 days of receipt of reimbursement from the Requesting Jurisdiction.

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IN WITNESS THEREOF, the parties hereto have executed this agreement on the day and year last specified below. This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

By: _____ Signature: _____ Date: _____

Director or Designee
Division of Emergency Management
Utah Department of Public Safety

By: _____ Signature: _____ Date: _____

Name: Responding Jurisdiction

APPROVED AS TO FORM:
Print/Signature

Name: Assistant Attorney General

Date

APPROVED AS TO FORM:
Print/Signature

Name: Attorney

Date



STATE OF UTAH
Statewide Mutual Aid Act (SMAA)
MOBILIZATION SHEET

Incident Name/Mission Number: _____

Description of SMAA mission: _____

You are being deployed to the requesting jurisdiction of _____

The address is _____

You are to report to _____ Phone: _____

Your scheduled reporting date/time is _____

Expected duration of assignment _____

Expected operating environment, communication protocol, assignment details _____

Before Deployment:

- Confirm the "Mission Request" form (SMAA Form #101) is completed
- If not a state employee, fill out "Agent of the State Agreement" Form 102 (if mutual aid is not local to local)
- Obtain situational briefing and Pre-Deployment Checklist from the SMAA/EMAC Coordinator (only if acting as an agent of the State)
- Obtain travel information for mission deployment
- Prepare appropriate equipment for specific assignment and/or function
- Perform communications check with **all** assigned communications equipment prior to departure.

Upon Arrival at Deployment Site/Staging Area:

- Notify the Requesting Jurisdiction Point of Contact of your arrival at point of assignment or staging area and obtain mission briefing. Provide personal contact information for your home jurisdiction in case of emergency.
- Notify the SMAA/EMAC Coordinator (only if acting as an agent of the State) of your arrival at the point of assignment and provide an estimated date of departure and arrival back to home organization.
- Perform communications check and confirm contact numbers with home organization.
- Personnel will report to their assigned work area supervisor.

- Plan for continued operations, establish work shift to support the operations, report required information to SMAA/EMAC Coordinator (only if acting as an agent of the State)
- Contact the SMAA/EMAC Coordinator (only if acting as an agent of the State) of change(s) of assignment
- As your assignment comes to an end, follow Demobilization Procedure Checklist ICS Form # 221

Contact:

SMAA/EMAC Coordinator
 801 538-3400
 801-538-3770 (f)
 logsemac@utah.gov

Requesting Jurisdiction: _____
 Phone Number: _____
 Fax Number: _____
 E-Mail address: _____

Field Point of Contact: _____
 Phone: _____
 Fax: _____
 E-mail: _____

PRE-DEPLOYMENT PERSONAL EQUIPMENT CHECK LIST

- Cash (Amount appropriate for deployment length)
- Credit Card

Clothing (Dependent upon the deployment days)

- Proper Attire for Weather Conditions

Contact Information

- List of Phones Numbers to your dependents
- Emergency Contact List
- Medications
- Doctors Contact Information

Hygiene Kit

- Toothpaste
- Toothbrush
- After Shave Lotions
- Shaving Cream
- Razor
- Mouthwash
- Dental Floss
- Lip Balm/Sunscreen

Electronic Devices

- Laptop (if desired)
- Charging Devices
- Batteries
- GPS
- Charge all Electrical Devices
- Cell Phone
- Flashlight

Identification

- Drivers License
- Passport (if necessary)
- Badge and ID

Additional Medical Items

- Personal First Aid Kit

Final Recommendations

- Cancel/postpone Meetings/Engagements
- Notify Personal Family/Friends of deployment



STATE OF UTAH DEMobilIZATION CHECKLIST

General Information

- Resources will be released after the agreed mission time, or at such time that the requesting jurisdiction's Emergency Operations Center (EOC)/the Incident Commander determines a resource is surplus to current missions.
- No resources will de-mobilize until authorized to do so by the requesting state.

General guidelines applying to SMAA resources before leaving the Requesting Jurisdiction:

- No resources will be released without having a minimum of eight (8) hours off shift unless specifically approved in advance.
- All resources must be able to return to their home organization prior to 2200 (10:00PM), unless specifically approved in advance.
- The Requesting SMAA/EMAC Coordinator will attempt to debrief all personnel assigned to the incident prior to departure. The debriefing will include:
 - Confirmation of travel arrangements
 - Review of individual responsibilities for demobilization.
 - Ensuring any issued equipment for the incident is returned and all documentation is completed and submitted as required.

Common Responsibilities

- Safety of all personnel is paramount during demobilization.
- All personnel shall follow the procedures established in the SMAA Guidebook and set forth in this checklist.
- The SMAA Personnel Demobilization Form and all other event required documents (i.e., ICS Form 221) should be used to demobilize personnel and redeploy back to their home organization.

All Deployed Personnel and/or Resources shall:

- Make contact with the Requesting jurisdiction's SMAA/EMAC Coordinator for debriefing and other demobilization instructions as necessary.
- Notify the Requesting jurisdiction's SMAA/EMAC Coordinator and Responding Political Jurisdiction/officials to safe arrival at home organization, upon return.
- Complete and submit the SMAA After Action Response Survey Form #111 as instructed upon arrival at home organization.

For Reimbursement, under the SMAA:

As a provider of personnel and/or equipment through the SMAA, Responding Entities are entitled to reimbursement for expenses related to the response.

If the SMAA is enacted, reimbursement will be addressed between the local requesting and responding agencies. Disputes will be resolved by the Statewide Mutual Aid Committee.

To be eligible for reimbursement, Responding Entities must have been assigned an official mission in accordance with SMAA guidelines, with all forms and agreements executed as required.

If the mission of any Responding Entity's employees changed during deployment, please provide a narrative description of the activities and locations of the revised mission assignment in addition to the executed supplemental agreements.

All Responding Entities are initially responsible for the costs associated with their employees' response.

Responding Entities must provide copies of proof of payment documents and back-up documentation (including receipts) to Division of Emergency Management (DEM) in order to be eligible for reimbursement only if responding as an Agent of the State.

In general, eligible costs include:

1. Personnel costs (all or over time)
2. Travel costs
3. Equipment costs
4. Certain contractual costs
5. Response-related commodities
6. Other costs incidental but necessary to response

Non-eligible costs include:

1. Incidental expenses not directly related to deployment
2. Staff time used to backfill deployed personnel
3. Staff time to prepare for deployment or to prepare the request for reimbursement
4. Workers compensation or death benefit losses

- Ensure all expenditure accountability documents are understood and identified before departure
- Obtain and utilize appropriate personal, group and or equipment cost tracking documents
- If used by your jurisdiction, a copy of the Intergovernmental Reimbursement SMAA Form #110
- Form 115 Resource Expense Summary and supporting documentation
- Ensure receipts and documentation are maintained to keep track of time worked, receipts for items purchased and equipment used



**STATEWIDE MUTUAL AID ACT (SMAA)
Personnel Location**

Jurisdiction	Name	Hotel	Room #	Work Assignment	Contact Info: Cell: Hotel: E-mail:	Remarks



**STATEWIDE MUTUAL AID ACT (SMAA)
Resource Availability Log**

Jurisdiction	Contact Person	Telephone # Fax #	E-mail	Item Description	Quantity Available	Estimated Costs



**STATEWIDE MUTUAL AID ACT (SMAA)
Resource Tracking Form**

Event: _____ As of: _____

State Mission #	Jurisdiction Mission #	Requested Resource	State	Estimated Cost	Date Requested	Report Date	Demob. Date	Location/Remarks



**STATEWIDE MUTUAL AID ACT (SMAA)
PERSONNEL DEMOBILIZATION SCHEDULE**

Event Name/Number: _____

Deployed Individuals Name	Date to be Released	Travel Home (Date/ Time)	Mode of Transportation	ETA Home (Date / Time)	Contact Info:		Comments
					Cell:	Home: E-mail:	



**AFTER ACTION/CORRECTIVE ACTION (AA/CA) REPORT
SURVEY TEMPLATE**

for response to:

Incident Name

GENERAL INFORMATION

Information Needed	Text goes in text boxes below.
Name of Agency:	
Type of Agency:* (Select one) * City, County, Operational Area (OA), State agency (State), Federal agency (Fed), special district, Tribal Nation Government, UASI City, non-governmental or volunteer organization, other.	
Completed by:	
Date report completed:	
Position: (Use ICS positions)	
Phone number:	
Email address:	
Dates and Duration of incident: (Beginning and ending date of response - using mm/dd/yyyy)	
Type of incident:	

NIMS FUNCTION EVALUATION

MANAGEMENT (Public Information, Safety, Liaison, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

FIELD COMMAND (Use for assessment of field operations, i.e., Fire, Law Enforcement, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

PLANNING/INTELLIGENCE (Situation analysis, documentation, GIS, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

LOGISTICS (Services, support, facilities, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)		
Overall Assessment of Function (check one)	Satisfactory	Needs Improvement
If "needs improvement" please briefly describe improvements needed:		
Planning		
Training		
Personnel		
Equipment		
Facilities		

AFTER ACTION REPORT QUESTIONNAIRE
(The responses to these questions can be used for additional NIMS evaluation)

Response/Performance Assessment Questions	Yes	No	Comments
1. Were procedures established and in place for responding to the disaster?			
2. Were procedures used to organize initial and ongoing response activities?			
3. Was the ICS used to manage field response?			
4. Was Unified Command considered or used?			
5. Was the EOC and/or DOC activated?			
6. How was the EOC structured?			
7. Were response personnel in the EOC/DOC trained for their assigned position?			
8. Were action planning processes used at the field response level?			
9. Was there coordination with volunteer agencies such as the Red Cross?			
10. Was Mutual Aid requested?			
11. Was Mutual Aid received?			
12. Was Mutual Aid coordinated from the EOC/DOC?			
13. Was an inter-agency group established at the EOC/DOC level? Were they involved with the shift briefings?			
14. Were communications established and maintained between agencies?			
15. Was the public alerted and warnings conducted according to procedure?			
16. Was public safety and disaster information coordinated with the media through the JIC?			
17. Were risk and safety concerns addressed?			
18. Did event use Emergency Support Function (ESF) effectively and did ESF have clear understanding of local capability?			
19. Was communications inter-operability an issue?			

Additional Questions

20. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources. **Note: Provide statistics on number of personnel and number/type of equipment used during this event. Describe response activities in some detail.**

21. As you responded, was there any part of ICS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

22. As a result of your response, did you identify changes needed in your plans or procedures? Please provide a brief explanation.

23. As a result of your response, please identify any specific areas needing training and guidance that are not covered in the current Guidelines.

24. If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed.

NARRATIVE

Use this section for additional comments.

POTENTIAL CORRECTIVE ACTIONS

Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations. Address any problems noted in the ICS Function Evaluation.

Indicate whether issues are an internal agency specific or have broader implications for emergency management.

(Code: I= Internal; R =Regional, for example, Mutual Aid Region, Administrative Regions, geographic regions, S=Statewide implications)

Code	Issue or Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion

ONLY USE THE FOLLOWING FOR RESPONSE ACTIVITIES RELATED TO EMAC

EMAC After Action/Corrective Action Report Survey

NOTE: Please complete the following section **ONLY** if you were involved with EMAC related activities.

1. Did you complete and submit the on-line EMAC After Action Survey form for *(Insert name of the disaster)?*

2. Have you taken an EMAC training class in the last 24 months?

3. Please indicate your work location(s) (State / County / City / Physical Address):

4. Please list the time frame from your dates of service (Example: 09/15/05 to 10/31/05):

5. Please indicate what discipline your deployment is considered (please specify):

6. Please describe your assignment(s):

Questions:

You may answer the following questions with a “yes” or “no” answer, but if there were issues or problems, please identify them along with recommended solutions, and agencies that might be involved in implementing these recommendations.

#	Questions	Issues / Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion
1	Were you familiar with EMAC processes and procedures prior to your deployment?					
2	Was this your first deployment outside of Utah?					
3	Where your travel arrangements made for you? If yes, by whom?					
4	Were you fully briefed on your assignment prior to deployment?					
5	Were deployment conditions (living conditions and work environment) adequately described to you?					

#	Questions	Issues / Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion
6	Were mobilization instructions clear?					
7	Were you provided the necessary tools (pager, cell phone, computer, etc.) needed to complete your assignment?					
8	Were you briefed and given instructions upon arrival?					
9	Did you report regularly to a supervisor during deployment? If yes, how often?					
10	Were your mission assignment and tasks made clear?					
11	Was the chain of command clear?					
12	Did you encounter any barriers or obstacles while deployed? If yes, identify.					
13	Did you have communications while in the field?					
14	Were you adequately debriefed after completion of your assignment?					
15	Since your return home, have you identified or experienced any symptoms you feel might require "Critical Stress Management" (i.e., Debriefing)?					
16	Would you want to be deployed via EMAC in the future?					

Please identify any ADDITIONAL issues or problems below:

#	Issues or Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion

Additional Questions

Identify the areas where EMAC needs improvement (check all that apply):

- Executing Deployment
- Command and Control
- Logistics
- Field Operations
- Mobilization and Demobilization

Comments: _____

Identify the areas where EMAC worked well:

Identify which EMAC resource needs improvement (check all that apply):

- EMAC Education
- EMAC Training
- Electronic REQ-A forms
- Resource Typing
- Resource Descriptions
- Broadcast Notifications
- Website

Comments: _____

As a responder, was there any part of EMAC that did not work, or needs improvement? If so, what changes would you make to meet your needs?

Please provide any additional comments that should be considered in the After Action Review process (use attachments if necessary):

Form received on: _____ Form reviewed on: _____ **Reviewed By:** _____



STATEWIDE MUTUAL AID ACT (SMAA)

ACTIVATION AGREEMENT

Between

Requesting Jurisdiction: _____ and Responding Jurisdiction: _____

Contact Person: _____

Contact Person: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Mission Period: Start Date: _____ End Date: _____

No extensions of time will be granted without written approval of the jurisdiction executive.

INTRODUCTION:

The jurisdictions above agree to enact the Statewide Mutual Aid Act (SMAA), Utah Code Annotated § 53-2a Part 3, and Rule R704-2. The SMAA is an intrastate mutual aid agreement, which allows participating jurisdictions to assist each other in times of disaster. When any elected official declares a disaster or when a disaster is imminent, other jurisdictions may agree to provide assistance in response to requests from the impacted jurisdiction(s). The assistance from other jurisdictions may be in the form of personnel and/or other resources. The Division of Emergency Management (DEM) is the coordinating body for the SMAA and will assist the jurisdictions as needed.

TERMINATION:

Either party may terminate this Agreement upon 72 hours prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

IN WITNESS THEREOF, the parties hereto have executed this agreement on the day and year last specified below. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

By: _____
Print Name

By: _____
Print Name

Signature

Signature

Title

Title

Date

Date

Signature of Witness

Signature of Witness



STATEWIDE MUTUAL AID ACT (SMAA)

CHECKLIST FOR REQUESTING REIMBURSEMENT

The Responding Jurisdiction shall provide the Requesting Jurisdiction and the SMAA Coordinator, if the state was involved, within 30 days of termination of Statewide Mutual Aid Assistance

- Form 110 Intergovernmental Reimbursement
- Brief summary of services provided
- Contact information of designated person or financial representative
- Responding jurisdiction must use assigned mission number
- Copy of all documents related to deployment and reimbursement
- Form 101-Mission Request Form -and any amendments or supplements
- Form 113 SMAA Activation Agreement and any amendments
- Form 115 Resource Expense Summary and any supporting documentation
- Any payments made by requesting jurisdiction

**UTAH DIVISION OF EMERGENCY MANAGEMENT
RESOURCE EXPENSE SUMMARY**

Incident:

Mission #:

Applicant Name:

Organization:

Address:

Email:

City State Zip

Phone:

Date of Departure:

Date of Return:

Time of Departure:

Time of Return:

Date MM/DD/YYYY Y	Time HH:MM AM/PM	Transportation		Mileage (\$0.54 per mile)				
		Y/N	Type	From	To	Begin	End	TOTAL
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
							TOTAL	\$ -

UTAH DIVISION OF EMERGENCY MANAGEMENT RESOURCE EXPENSE SUMMARY

Incident:

Mission #:

Applicant Name:

Organization:

Date MM/DD/YYYY Y	Time HH:MM AM/PM	Per Diem					Lodging (receipts required)				
		Were Meals Provided Y/N	Breakfast	Lunch	Dinner	Total Meals	Was Lodging Provided Y/N	Hotel Name	Room #	Guest Name	
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
						\$ -					
TOTAL						\$ -	TOTAL				\$

Summary	
Mileage	\$ -
Lodging (rece	\$ -
Per Diem	\$ -

Grand Total for Reimbursement

ATTESTATION AND CERTIFICATON:

I hereby attest and certify all documentation supporting these expenses are included and all items included in this statement were incurred in the discharge of authorized official business and that the amounts are correct, accurate, and subject to review by the State of Utah. I also certify that these costs have not been and will not be reimbursed by another entity.

Signature

Title

Date

