What is EMAC?

Not Dissimilar to County to County or Local to Local Mutual Aid Agreements for Fire and EMS Service.

Requesting State Must Have Enacted a State of Emergency or Disaster.
What is EMAC?

National System for Mutual Aid

- 13 Articles adopted into law by all US States and territories
- Establishes formal system for
  - reimbursement
  - licensure
  - authority
  - liability
Key Components of Legislation

Article IV- Limitations

- Resources are afforded the same powers, except that of arrest, as those native to the requesting State.
- Resources will be under Command and Control of their regular leaders but under the Operational Control of the requesting State.
Key Components of Legislation

Article V- Licenses & Permits

- Licensure pertinent to the request carry to the requesting State.

“Whenever any person holds a license, certificate, or other permit issued by any state ... evidencing the meeting of qualifications ... such person shall be deemed licensed, certified, or permitted by the state requesting assistance ...”

i.e. an EMT responding as part of a companion animal sheltering team may not act in the capacity of an EMT in the requesting state.
Key Components of Legislation

Article VI - Liability

- Resources rendering aid are considered agents of the requesting State for liability and immunity purposes.
- No resource rendering aid shall be liable on account of any act or omission in good faith.
Key Components of Legislation

Article VIII - Compensation

- States must ensure resources being sent receive compensation (worker’s comp) and death benefits as if the injury or death were sustained within their home State.
Key Components of Legislation

Article IX- Reimbursement

- Resources rendering assistance will be reimbursed for any loss, damage, or expense in connection with the request.
5 Phases of EMAC

Just like local emergency response, EMAC is a cyclical process in phases.

1. Pre-Event Preparation
2. Activation
3. Request & Offer
4. Response
5. Reimbursement
5 Phases of EMAC

Phase 1 - Pre-Event Preparation

- Mission Packaging
  - NEMA/EMAC packages
  - Commonly utilized resources not nationally standardized (yet).
    - Ex: CAMET, AST, SMSS, etc.
  - Can include Task Forces developed specific to the mission.
- Data Collection
5 Phases of EMAC

Phase 2- Activation

- Governor declares state of emergency or disaster
- Non-impacted States analyze potential resource needs. (what we have they may need)
- Inter-disciplinary discussion between agencies needing help and resources able to provide assistance
5 Phases of EMAC

Phase 3- Request & Offer

- Resources are requested and offered through NCEM using the Request for Assistance (Req-A) Form.
- NCEM EMAC Coordinators monitor the EMAC bulletin board for requests and pass along to the appropriate section.
5 Phases of EMAC

Phase 3- Request & Offer

- The Req-A includes:
  - Type of Resource being requested
  - Estimated Deployment Time
  - Deployment Location & Staging Areas
  - Availability of Logistical Support
  - Health & Safety Concerns
  - Points of Contact
5 Phases of EMAC

Phase 3- Request & Offer

- Resources fulfilling a mission must provide in depth cost information to be entered into the EMAC system for acceptance by the requesting State.
  - Benefits and salary for each deploying member
  - Itemized equipment costs
  - Travel and lodging costs
## Components of Req-A

### Travel

**SECTION II: TO BE COMPLETED BY THE ASSISTING STATE**

| Requesting State Mission TN #: | 0 | Assisting State TN #: | 0 |

**Travel Costs:**

<table>
<thead>
<tr>
<th>Total Personal Vehicle Expenses:</th>
<th>Total Rental Vehicle Total Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Governmental Vehicle Expenses:</td>
<td>Total Air Travel Expenses:</td>
</tr>
<tr>
<td>Total Meals &amp; Tips (Receipt) Expenses:</td>
<td>Total Meals &amp; Tips (Per Diem Expenses):</td>
</tr>
<tr>
<td>Total Lodging</td>
<td>Total Parking Fee Expenses:</td>
</tr>
<tr>
<td>Total Shipment and Transportation Expenses:</td>
<td>Total Travel Costs from all Categories $</td>
</tr>
</tbody>
</table>

Identify and Transportation Requirements or comments concerning Travel:
## Components of Req-A

**Equipment**  (anything with a motor)

### SECTION II: TO BE COMPLETED BY THE ASSISTING STATE

<table>
<thead>
<tr>
<th>Requesting State Mission TN #:</th>
<th>0</th>
<th>Assisting State TN #:</th>
<th>0</th>
</tr>
</thead>
</table>

**Equipment Costs:**

<table>
<thead>
<tr>
<th>Total Equipment Cost:</th>
<th>$</th>
</tr>
</thead>
</table>

**Number of Fuel Consuming Equipment**: 

<table>
<thead>
<tr>
<th>Number of Non-Fuel Consuming Equipment</th>
</tr>
</thead>
</table>

**Enter Equipment Cost Details Below:**

<table>
<thead>
<tr>
<th>Equipment Descriptions:</th>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
### Components of Req-A

Other

#### SECTION II: TO BE COMPLETED BY THE ASSISTING STATE

<table>
<thead>
<tr>
<th>Requesting State Mission TN #:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting State TN #:</td>
<td>0</td>
</tr>
</tbody>
</table>

**Other Estimated Costs:**

**Total Other Costs:** $-

Enter Other Cost Details Below:

**Other Costs:**

<table>
<thead>
<tr>
<th></th>
<th>Other Descriptions:</th>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pharmacy Pack</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Expendable items you will leave there and not bring back</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tarps</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Components of Req-A

### Personnel

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone:</th>
<th>E-Mail:</th>
<th>Regular Salary Hourly Rate</th>
<th>Fringe Benefit Hourly Rate</th>
<th># of Regular Hours worked per day</th>
<th>Overtime Salary Hourly Rate</th>
<th>Overtime Fringe Benefit Hourly Rate</th>
<th># of Overtime Hours worked per day</th>
<th># of Mission Days</th>
<th>Total Daily Cost</th>
<th>Total Mission Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack</td>
<td>Bow er</td>
<td>259-963-4512</td>
<td>jk.bow <a href="mailto:er@dhs.gov">er@dhs.gov</a></td>
<td>$ 50.00</td>
<td>$ 3.25</td>
<td>8.00</td>
<td>$ 75.00</td>
<td>4.87%</td>
<td>4.00</td>
<td>10.00</td>
<td>$ 726.19</td>
<td>$ 7,261.95</td>
</tr>
</tbody>
</table>

**Total Personnel Estimated Costs:** $7,261.95

**Total # of Personnel on Mission (Calculated from entries on Personnel worksheet):** 1

Enter all personnel details on tab labeled "Section II-Personnel" of this worksheet.

---

**SECTIO II: TO BE COMPLETED BY THE ASSISTING STATE**

**Detail for Personnel costs (adjust print area by dragging the blue line below to accommodate the number of personnel entered).**
5 Phases of EMAC

Phase 3 - Request & Offer

- Once Mission Cost is determined, NCDPS must approve the deployment.
- Upon approval, a specific offer of assistance is made to the requesting State.
- Upon acceptance by the requesting State, the deploying State formally acknowledges the mission and activates the resource for deployment.
5 Phases of EMAC

Phase 4 - Response

- Resources Mobilize and Deploy to the impacted area, maintaining concise time and expense records along the way.
  - ICS 214-Unit Log
    - If money is spent, there must be a documented, justifiable reason.
- Resources Demobilize at end of mission or at the request of the Requesting State.
Phase 5- Reimbursement

- Deployed personnel are first reimbursed by their Agency.
- The Agency submits full mission documentation to NCEM.
  - PA-Project Worksheets
  - Unit Logs & Receipts
- NCEM reimburses the Agency and bills the requesting state.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Check the box if included in PW package</th>
<th>Click on title to link to sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Site Sheet Summary</td>
<td></td>
</tr>
<tr>
<td>☐ Site Sheets</td>
<td></td>
</tr>
<tr>
<td>☐ Site Costs</td>
<td></td>
</tr>
<tr>
<td>☐ Cost Summary Roll-Up</td>
<td></td>
</tr>
<tr>
<td>☐ Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td>☐ Labor</td>
<td></td>
</tr>
<tr>
<td>☐ Equipment</td>
<td></td>
</tr>
<tr>
<td>☐ Materials</td>
<td></td>
</tr>
<tr>
<td>☐ Contracts</td>
<td></td>
</tr>
<tr>
<td>☐ Rental Equipment</td>
<td></td>
</tr>
<tr>
<td>☐ Direct Admin Costs</td>
<td></td>
</tr>
<tr>
<td>☐ Estimator I</td>
<td></td>
</tr>
<tr>
<td>☐ Estimator II</td>
<td></td>
</tr>
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</table>

## DISASTER DETAILS

<table>
<thead>
<tr>
<th>Disaster Number (XXXX-DR/EM-ST):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name: Greensboro Fire Department</td>
<td>Category: Protective Measures</td>
</tr>
<tr>
<td>PW Reference Number:</td>
<td></td>
</tr>
<tr>
<td>PW Prepared By: Charles Whitworth</td>
<td>Preparer Title: Division Chief</td>
</tr>
<tr>
<td>PA Crew Leader: Craig Smith</td>
<td>State Representative: Todd Brown</td>
</tr>
<tr>
<td>Applicant Representative: Charles Whitworth</td>
<td></td>
</tr>
</tbody>
</table>

## KEY STAFF

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Representative: Todd Brown</td>
</tr>
</tbody>
</table>

## INSTRUCTIONS

Complete all yellow fields. Data will autopopulate other sheets in Excel Workbook.
- Yellow fields represent data that must be entered.
- Blue fields represent fields that are calculations or are autofilled.
- Green fields represent totals that are transferred to the Cost Summary Roll-Up.

If pages do not print correctly, select “View” and “Page Break Preview” and adjust manually.

## ATTENTION

Effective June 2012, all Project Worksheets must be entered directly into EMMIE by the Project Specialist.

This form is unprotected to allow modifications based on amount of data and applicant policies. Please use caution when adding/deleting rows to ensure formulas are maintained and copied correctly. If you do not feel comfortable modifying the spreadsheet, please contact your immediate supervisor.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CLAIM COST</th>
<th>COMMENTS (FEMA USE ONLY)</th>
<th>ELIGIBLE COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORCE ACCOUNT LABOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGULAR TIME</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>FORCE ACCOUNT LABOR</td>
<td>$ 13,531.50</td>
<td></td>
<td>$ 13,531.50</td>
</tr>
<tr>
<td>OVERTIME</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>FORCE ACCOUNT EQUIPMENT</td>
<td>$ 1,894.00</td>
<td></td>
<td>$ 1,894.00</td>
</tr>
<tr>
<td>MATERIALS</td>
<td>$ 312.52</td>
<td></td>
<td>$ 312.52</td>
</tr>
<tr>
<td>RENTAL EQUIPMENT</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>CONTRACTS</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>DIRECT ADMINISTRATIVE</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>COSTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 15,738.02</td>
<td></td>
<td>$ 15,738.02</td>
</tr>
</tbody>
</table>

I certify that the above information was transcribed from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.

Certified by: [Name]  
Date: [Date]

Applicant’s records have been reviewed and found correct with the exceptions as noted.
# Reimbursement Worksheets

**APPLICANT'S BENEFITS CALCULATION WORKSHEET**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ENTER TOTAL ANNUAL PAYROLL</th>
<th>REGULAR TIME %</th>
<th>OVERTIME %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holidays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick Leave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Social Security</td>
<td></td>
<td>6.20%</td>
<td></td>
</tr>
<tr>
<td>* Medicare</td>
<td></td>
<td>1.45%</td>
<td></td>
</tr>
<tr>
<td>* Unemployment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Worker's Comp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>** Retirement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe here)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL (in % of annual salary)**: 7.65%

*Figures in blue automatically go to the force account labor sheets.*

**COMMENTS:**

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED: Charles Whitworth

DATE: ______________________

* Only categories for overtime fringe benefits.
** Only an overtime fringe benefit when supported by employee contract.
<table>
<thead>
<tr>
<th>EMPLOYEE NAME / TITLE</th>
<th>FEDERAL EMERGENCY MANAGEMENT AGENCY</th>
<th>PW REF NO.</th>
<th>CATEGORY</th>
<th>DISASTER #</th>
<th>Enter / OT Rate</th>
<th>After review of the pay policy, are EXEMPT employees eligible for OT?</th>
<th>Yes</th>
<th>Force Account LABOR RECORD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greensboro Fire Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>...</td>
<td></td>
<td>...</td>
</tr>
<tr>
<td>Name</td>
<td>REG / OT</td>
<td>DATES &amp; HOURS WORKED EACH WEEK</td>
<td>REG / OT</td>
<td>REG / OT</td>
<td>REG / OT</td>
<td>REG / OT</td>
<td>REG / OT</td>
<td>REG / OT</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------</td>
<td>----</td>
<td>----------</td>
<td>------</td>
<td>----------------</td>
<td>------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Truck 8 (Ford, F350)</td>
<td>Sam Montgomery</td>
<td>350</td>
<td>1 ton</td>
<td>HR</td>
<td>8802</td>
<td>$20.00</td>
<td>6.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Truck 43 (Ford F-550)</td>
<td>Rick Murrell</td>
<td>350</td>
<td>1.5 ton</td>
<td>HR</td>
<td>8804</td>
<td>$25.00</td>
<td>6.0</td>
<td>22.0</td>
</tr>
<tr>
<td>Chain Saw</td>
<td>Micah Christman</td>
<td>2</td>
<td>16&quot;</td>
<td>HR</td>
<td>8190</td>
<td>$1.75</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td>Chain Saw</td>
<td>Pete McRae</td>
<td>2</td>
<td>16&quot;</td>
<td>HR</td>
<td>8190</td>
<td>$1.75</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td>Chain Saw</td>
<td>Michael Stichter</td>
<td>2</td>
<td>16&quot;</td>
<td>HR</td>
<td>8190</td>
<td>$1.75</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td>Chain Saw</td>
<td>John Clendenon</td>
<td>2</td>
<td>16&quot;</td>
<td>HR</td>
<td>8190</td>
<td>$1.75</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td>Boat (15’ zodiac)</td>
<td>Pete McRae</td>
<td>50</td>
<td>HR</td>
<td>8131</td>
<td>$14.00</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Equipment / Operator Information**

- **Equipment Name (Unit Number, Make, Model)**
- **Operator’s Name**
- **HP**
- **Capacity**
- **Unit**
- **Equipment Code**
- **Equip. Rate**
- **10/29**
- **10/30**
- **10/31**
- **11/2**
- **11/3**
- **11/4**
- **11/5**
- **11/6**
- **11/7**
- **11/8**
- **11/9**
- **11/10**
- **11/11**
- **11/12**
- **11/13**
- **11/14**
- **11/15**
- **11/16**
- **11/17**
- **11/18**

**Dates / Hours Used Each Day**

- **Total Hours**
- **Total Cost**
### Reimbursement Worksheets

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

**FORCE ACCOUNT MATERIALS SUMMARY RECORD**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Description</th>
<th>Date Purchased</th>
<th>Date Used</th>
<th>Source of Data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greensboro Fire Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chesapeake Bay Bridge &amp; Tunnel</td>
<td>Toll</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 1</td>
<td></td>
</tr>
<tr>
<td>Chesapeake Bay Bridge &amp; Tunnel</td>
<td>Toll</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 2</td>
<td></td>
</tr>
<tr>
<td>Country Barbecue</td>
<td>dinner</td>
<td>10/29/12</td>
<td>10/29/12</td>
<td>Invoice # 4</td>
<td></td>
</tr>
<tr>
<td>Back Street Grill</td>
<td>dinner</td>
<td>10/30/12</td>
<td>10/30/12</td>
<td>Invoice # 6</td>
<td></td>
</tr>
<tr>
<td>McDonalds</td>
<td>breakfast</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 7</td>
<td></td>
</tr>
<tr>
<td>Wendy's</td>
<td>lunch</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 3</td>
<td></td>
</tr>
</tbody>
</table>

**Total Invoiced Amount**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Description</th>
<th>Date Purchased</th>
<th>Date Used</th>
<th>Source of Data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greensboro Fire Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chesapeake Bay Bridge &amp; Tunnel</td>
<td>Toll</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 1</td>
<td></td>
</tr>
<tr>
<td>Chesapeake Bay Bridge &amp; Tunnel</td>
<td>Toll</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 2</td>
<td></td>
</tr>
<tr>
<td>Country Barbecue</td>
<td>dinner</td>
<td>10/29/12</td>
<td>10/29/12</td>
<td>Invoice # 4</td>
<td></td>
</tr>
<tr>
<td>Back Street Grill</td>
<td>dinner</td>
<td>10/30/12</td>
<td>10/30/12</td>
<td>Invoice # 6</td>
<td></td>
</tr>
<tr>
<td>McDonalds</td>
<td>breakfast</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 7</td>
<td></td>
</tr>
<tr>
<td>Wendy's</td>
<td>lunch</td>
<td>10/31/12</td>
<td>10/31/12</td>
<td>Invoice # 3</td>
<td></td>
</tr>
</tbody>
</table>
Reimbursement Worksheets

**ACTIVITY LOG (ICS 214)**

1. **Incident Name:** Maryland Hurricane Sandy
   1. **Operational Period:** Date From: 10/09/2012 Time From: 14:00
      Date To: 10/09/2012 Time To: 18:00

2. **Name:** North Carolina NCTF 6 Swift Water (Emerald, NC)
   2. **IC Position:** Task Force Leader
      Name: Craig B. Smith, SAF, Team Leader

3. **Operational Period:** Date From: 10/09/2012 Time From: 18:00
   Date To: 10/09/2012 Time To: 18:00

4. **Resource Assigned:**
   - Name: Michael Britcher
     Position: Planning
     Home Agency: Greensboro Fire Department
   - Name: Ben Montgomery
     Position: Logistics
     Home Agency: Greensboro Fire Department
   - Name: Rex Mantell
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department
   - Name: Pete Mitchell
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department
   - Name: Mooh Christian
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department

5. **Activity Log:**
   - Date/Time
   - Notable Activities
   - 10/09/2012 14:00
     - Ongoing: Stand-up of Type III Swift Water Team (5 people), no driver or animal needed for an
       EMAC Resource Request to the state of Maryland. EMAC Resource Request # 715-MR-1031
   - 1430
     - Destination: Maryland (USDA SEC) 5401 Rte. Q & Dr. Roanoke, VA 24013
     - Contact Number: Ops Section Chair #105-17-3650
   - 1500
     - Division: 10:30:00 Ops Chair is Kevin McShane (07:00 - 19:00) and Kae Hession (19:00 - 07:00)
     - 11-09-10:36:00,S/LD Coordination is Colby Fry
   - 1630
     - Meet in high traffic, NC at Country Bar and Bar with #7214 $63.51
   - 1640
     - Meet in high traffic, NC at Country Bar and Bar with #7214 $63.51
   - 1915
     - En route to visit NCTF 6 near Roanoke, VA
   - 1945
     - Reached Richmond, VA called States MHA and gave her NCTF 6 Combat Information
   - 2330
     - Told #7235 and NCTF 6 #7235 to Roanoke, VA
   - 2300
     - Fuel stop in South Hill, VA, Pilot Travel Center Truck: 852-84-02 #72371
     - Truck 49: 852-244-9859
     - After refueling halted on NCTF 6 at 19:30-12
   - 2330
     - En route to Norfolk, VA to join up with NCTF 6

8. **Prepared by:** Craig B. Smith
   Position/Title: Task Force Leader _Signature: Craig B. Smith_

**ACTIVITY LOG (ICS 214)**

9. **Incident Name:** Maryland Hurricane Sandy
   3. **Operational Period:** Date From: 10/09/2012 Time From: 16:00
      Date To: 10/09/2012 Time To: 20:00

4. **IC Position:** Task Force Leader
   Name: Craig B. Smith, SAF, Team Leader

5. **Home Agency:** North Carolina NCTF 6 Swift Water (Emerald, NC)
   Greensboro Fire Department

6. **Resource Assigned:**
   - Name: Michael Britcher
     Position: Planning
     Home Agency: Greensboro Fire Department
   - Name: Ben Montgomery
     Position: Logistics
     Home Agency: Greensboro Fire Department
   - Name: Rex Mantell
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department
   - Name: Pete Mitchell
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department
   - Name: Mooh Christian
     Position: Rescue Specialist
     Home Agency: Greensboro Fire Department

7. **Activity Log:**
   - Date/Time
   - Notable Activities
   - 10/09/2012 16:00
     - Continuing Assignment on Bryan Hall Road with Somerset E&G and Marion Pinn
   - 0930
     - Assigned to area of Cranford along with a local fire representative (Matt Senn) and a National
       Guard Truck. Assignment to conduct welfare checks, assess water rescue needs and evacuate
       people as needed.
   - 1130
     - Assignment Complete
   - 1130
     - Assigned to area of Cranford along with a local fire representative (Matt Senn) and a National
       Guard Truck. Assignment to conduct welfare checks, assess water rescue needs and evacuate
       people as needed.
   - 1230
     - Direct to 100 W. Main St. to evacuate 4 adults and 3 children
   - 1230
     - Assignment Complete
   - 1830
     - Meet at warehouse and board up and park in parking lot (high tide at 18:45)
       TFS talked to MHA about being assigned to another.
   - 1900
     - Dismantled by RD Washington and report to Salisbury Fire Station 10 228 Crips Creek
       Rd. 1st Dismantling Contact: Chief Windsor (432-320-0714)
   - 1615
     - Arrived Station 16 Dismantling equipment
   - 1730
     - Arrived
   - 1800
     - Meet in Salisbury, NC (at Green Street) 512-316-2644 Transaction #28414

8. **Prepared by:** Craig B. Smith
   Position/Title: Task Force Leader _Signature: Craig B. Smith_

**ICS 214, Page 1**

Date/Time: 11-1-12/18:00

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**North Carolina Emergency Management**

**DPS**
DEPARTMENT OF PUBLIC SAFETY

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QUESTIONS