

Santa Clara County RACES -- Mutual Aid Request

Version: 20220129, fillable 3/29/22

Radio Operator Only:	Origin Msg #: <input type="text"/>	Destination Msg #: <input type="text"/>
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This Section to be Completed by Requesting Agency: (Underlined>=Required)

Date: <input type="text"/>	Time: <input type="text"/>	Handling (✓one):	<input type="radio"/> Immedate (ASAP) <input type="radio"/> Priority (< 1hr) <input checked="" type="radio"/> Routine (< 2hr)		
T O	ICS Position:	<input type="text" value="RACES Chief Radio Officer"/>	F R O M	ICS Position:	<input type="text" value="Radio Officer"/>
	Location:	<input type="text" value="County EOC"/>		Location:	<input type="text" value="City of Xanadu"/>
	Name:	<input type="text"/>		Name:	<input type="text"/>
	Contact Info:	<input type="text"/>		Contact Info:	<input type="text"/>

Agency	Name: <input type="text" value="City of Xanadu"/>
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Event/Incident	Name: <input type="text" value="City/County Drill"/>	Nbr: <input type="text"/>
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Assignment (General duties, conditions, equipment, shift times)	<input style="width:100%; height:150px;" type="text" value="Provide additional staffing during the next operational period."/>
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Amateur Radio Resources Requested	Qty	Role/Position	Preferred Type	Minimum Type
	<input type="text" value="2"/>	<input type="text" value="Net Control Operator"/> <input type="text" value="City EOC Radio Room"/>	<input type="text" value="N2"/>	<input type="text" value="N3"/>
	<input type="text" value="1"/>	<input type="text" value="Packet Operator"/> <input type="text" value="City Shelter"/>	<input type="text" value="P2"/>	<input type="text" value="P3"/>
	<input type="text" value="1"/>	<input type="text" value="Field Communicator"/> <input type="text" value="School District DOC"/>	<input type="text" value="F3"/>	<input type="text" value="Type IV"/>
	<input type="text" value="1"/>	<input type="text" value="Field Communicator"/> <input type="text" value="Traffic Observer"/>	<input type="text" value="F3"/>	<input type="text" value="Type V"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested Arrival	Date(s): <input type="text" value="08/27/2022"/>	Time(s): <input type="text" value="1900"/>
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Needed Until	Date(s): <input type="text" value="08/28/2022"/>	Time(s): <input type="text" value="0700"/>
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Reporting Location	<input style="width:100%;" type="text" value="344 John St., Xanadu, CA"/>
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Contact on Arrival	<input style="width:100%;" type="text" value="Staging Net 446.500 MHz"/>
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Travel Info	<input style="width:100%;" type="text" value="SCCo Resource Net"/>
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Requested By	Name: <input type="text" value="Herman Munster"/>	Title: <input type="text" value="EC/RO"/>
	Contact (E-mail, phone, frequency): <input type="text" value="669-555-1212"/>	

Approved By (Authorized agency official)	Name: <input type="text" value="Peymore Attention"/>	Title: <input type="text" value="Xanadu Emergency Manager"/>
	Contact (E-mail, phone, frequency): <input type="text" value="pey.attention@xanaducity.ca.gov"/>	
	Signature: <input type="text" value="paymore attention"/>	Date: <input type="text" value="08/27/22"/> Time: <input type="text" value="1100"/>

Radio Operator Only:			
Relay:	Rcvd: <input type="text"/>	Sent: <input type="text"/>	
Name: <input type="text"/>	Call Sign: <input type="text"/>	Date: <input type="text"/>	Time: <input type="text"/>

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 OES.

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 OES official.

Field	Instructions
Requesting Agency completes the following fields:	
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 ICS Position and Location for both To and From.
Agency Name	<u>Required.</u> Enter the name of the agency requesting mutual aid.
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 separate assignments.
Amateur Radio Resources Requested	<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, S hadow, and H F (future) operator. Available types (consult Amateur Radio Operator Credentialing Program Handbook for details): <ul style="list-style-type: none"> • 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". Future: "H3", "H2", "H1". 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/Position: "Field Operator for parade checkpoint", Preferred Type: "F3", Minimum Type: "Type IV", etc.
Requested Arrival	<u>Required.</u> Enter the date and time that the resources need to arrive.
Needed Until	<u>Required.</u> Enter the date and time when the resources are expected to be demobilized.
Reporting Location	<u>Required.</u> Enter the location to which the resources should report. Include street address, parking info, and entry instructions.
Contact on Arrival	<u>Required.</u> Identify name, position, and contact info (phone, frequency, ...) resources 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 resources, typically the Chief Radio Officer for the requesting agency.
Approved By	<u>Required.</u> Completed by the authorizing official 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 mark or info, to indicate status.
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 > 24hr old, SCCo Msg Nbr of original request and requesting agency (attach copy)
Approved By	Completed by the authorizing official from SCCo OES.
Completed	Enter this information when the request has been fulfilled/completed.
Assignments	Completed as resources are assigned to the request