

Santa Clara County RACES -- Mutual Aid Request

Version: 190614

Radio Operator Only:

Origin Msg #:

Destination Msg #:

This Section to be Completed by Requesting Agency: (Underlined=Required)

Date: _____ **Time (24hr):** _____ **Handling:** Immediate (ASAP) Priority (<1 hr) Routine (<2 hrs)

T O	<u>ICS Position:</u>	F R O M	<u>ICS Position:</u>
	<u>Location:</u>		<u>Location:</u>
	<u>Name:</u>		<u>Name:</u>
	<u>Contact Info:</u>		<u>Contact Info:</u>

Agency Name: _____

Event/Incident Name: _____ Nbr: _____

Assignment
(General duties, conditions, equipment, shift times)

Amateur Radio Resources Requested	Qty	Role/Position	Preferred Type	Minimum Type

Requested Arrival Date(s): _____ Time(s): _____

Needed Until Date(s): _____ Time(s): _____

Reporting Location

Contact on Arrival

Travel Info

Requested By Name: _____ Title: _____
Contact (E-mail, phone, frequency): _____

Approved By
(Authorized agency official)
Name: _____ Title: _____
Contact (E-mail, phone, frequency): _____
Signature: _____ Date: _____ Time (24hr): _____

Radio Operator Only:

Relay: _____ **Rcvd:** _____ **Sent:** _____

Name: _____ **Call Sign:** _____ **Date:** _____ **Time (24hr):** _____

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), category(s), preferred type(s) and minimum type(s) of resource(s) requested to support the above assignment. Available roles/positions are: field, net control, packet, shadow, HF (future) Available types (consult Mutual Aid Communicator Program handbook for details): <ul style="list-style-type: none"> • Type I = Specialist; can plan, organize, deploy, lead complex, multi-operator response • Type II = Advanced operator, two nets, cross-band, medium-high speed, 25W+ station • Type III = 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 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.
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