

<b>Deployment Planning Checklist</b>		
<b>Have you (or has your agency) purchased and stored the following items for ERG deployment?</b>	<b>Yes</b>	<b>No</b>
<b>Personal items for each team member:</b>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hygiene	<input type="checkbox"/>	<input type="checkbox"/>
▪ Medication, prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
▪ Immunization information	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clothing	<input type="checkbox"/>	<input type="checkbox"/>
▪ Telephone contact list	<input type="checkbox"/>	<input type="checkbox"/>
▪ Transportation	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cash/credit cards	<input type="checkbox"/>	<input type="checkbox"/>
▪ Communications	<input type="checkbox"/>	<input type="checkbox"/>
▪ ID (badge, driver's license)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Facility access information	<input type="checkbox"/>	<input type="checkbox"/>
▪ Power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personnel/Staff Items:</b>	<b>Yes</b>	<b>No</b>
▪ Bedding, sleeping bags	<input type="checkbox"/>	<input type="checkbox"/>
▪ Telephones	<input type="checkbox"/>	<input type="checkbox"/>
▪ Disks/CDs	<input type="checkbox"/>	<input type="checkbox"/>
▪ Water/soap	<input type="checkbox"/>	<input type="checkbox"/>
▪ First aid kit	<input type="checkbox"/>	<input type="checkbox"/>
▪ Light sticks/flashlights	<input type="checkbox"/>	<input type="checkbox"/>
▪ Safety equipment (eye protection, gloves)	<input type="checkbox"/>	<input type="checkbox"/>

<b>Organization Items:</b>	<b>Yes</b>	<b>No</b>
▪ Go kit	<input type="checkbox"/>	<input type="checkbox"/>
▪ COOP plan	<input type="checkbox"/>	<input type="checkbox"/>
▪ Telephone list	<input type="checkbox"/>	<input type="checkbox"/>
▪ Directory for support organizations	<input type="checkbox"/>	<input type="checkbox"/>
▪ Radio, extra batteries	<input type="checkbox"/>	<input type="checkbox"/>
▪ Mail handling/distribution information	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operational Items:</b>	<b>Yes</b>	<b>No</b>
▪ Office supplies	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personnel contact information	<input type="checkbox"/>	<input type="checkbox"/>
▪ Extension cords	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cooking equipment	<input type="checkbox"/>	<input type="checkbox"/>
▪ Tools	<input type="checkbox"/>	<input type="checkbox"/>

**Sample Go Kit Contents and Maintenance List**

<b>Item</b>	<b>For Unit</b>	<b>Location</b>	<b>Quantity</b>	<b>Maintenance Performed By</b>	<b>Maintenance Date</b>
Communications Equipment					
Computer Equipment					
COOP Plan					
COOP Procedures					
Contact Lists					
Memorandums of Agreement					
Map to Alternate Facility					
Other (List)					