



National Emergency Training Center  
16825 S. Seton Avenue  
Emmitsburg, MD 21727-8998

**FEMA**

R0308

Dear National Fire Academy Student:

By now you should have received your acceptance email notification from the National Emergency Training Center (NETC) Admissions Office for this course. If you have not, you are not enrolled in this course.

Congratulations on being selected to attend the U.S. Fire Administration's/National Fire Academy's (USFA's/NFA's) *Command and Control of Fire Department Operations at Natural and Man-Made Disasters* (CCNM) course.

This 2-week course is designed for fire officers who have the responsibility of commanding significant fire and rescue operations at catastrophic disasters. Some of the subjects covered in this course are advanced applications in incident command; command and control; Incident Command System (ICS)/Emergency Operations Center interface; evacuation; sheltering; and communications. The course will apply these subject areas to catastrophic events involving hurricanes, blizzards, civil disturbances, terrorism, hazardous materials releases, tornadoes, and floods.

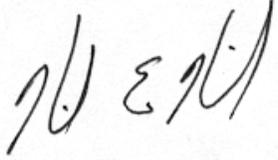
Due to the complexity of the command and control procedures required of this course, it is imperative that you have a solid foundation in ICS. On the first day of class, you will be evaluated regarding your competency in this area. We strongly suggest that, prior to attendance, you make every effort to be proficient in this area. In an effort to assist you in this goal, the U.S. Fire Administration has developed 2 web-based, self-study courses that are equivalent to ICS-100 and ICS-200 and meet National Incident Management System (NIMS) requirements. Q0462, *Introduction to ICS for Operational First Responders (I-100)* and Q0463, *Basic NIMS ICS for Operational First Responders (I-200)* are both available on our website at <http://www.usfa.fema.gov/training/nfa/courses/online.html>.

End-of-class graduation ceremonies are an important part of the course, and you are expected to attend. Please do not make any travel arrangements to leave campus until after you and your classmates graduate.

For your information, the NFA classroom environment is PC based. As increasing numbers of students and instructors are bringing laptop computers or other electronic devices to campus you alone are responsible for the security and maintenance of your equipment. The Academy cannot provide you with computer software, hardware, or technical support to include disks, printers, scanners, etc. Classrooms are outfitted with surge protectors at each table for your convenience. Thumb drives or external hard drives used to bring course materials to class cannot be connected to FEMA property without being scanned for viruses. Due to time limitations for scanning, these devices cannot be larger than 8 GB. Anything over this amount will not be scanned and cannot be used. A Student Computer Lab is located in Building D and is available for all students to use. It is open daily with technical support provided in the evenings. This lab uses Windows 7 and Office 2010 as the software standard.

Should you need additional information related to course content or requirements, please feel free to contact Mr. Robert Bennett, Incident Policy and Analysis Curriculum Training Specialist, at (301) 447-1483 or email at [robertj.bennett@fema.dhs.gov](mailto:robertj.bennett@fema.dhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Kirby Kiefer". The signature is written in a cursive style with some loops and flourishes.

Dr. Kirby Kiefer, Acting Superintendent  
National Fire Academy  
U.S. Fire Administration

**Command and Control of Fire Department Operations at Natural and Man-Made  
Disasters**  
**Pre-Course Assignment:**  
**Community Emergency Operations Center Questionnaire**

Your name (Last, First): \_\_\_\_\_

1. Are you the Emergency Program Manager (EPM) for your community?

\_\_\_\_\_ Yes Complete items 6 through 32 (all responses should be typed),  
and have your supervisor complete and sign the Supervisor  
Validation Statement at the end of this questionnaire.

\_\_\_\_\_ No Complete items 2 through 32 (all responses should be typed),  
and have your EPM or other individual in charge of your  
community's emergency management agency complete and sign  
the EPM Validation Statement at the end of this questionnaire.

2. Meet with your EPM or other individual in charge of your community's emergency  
management agency and gather the following information:

Agency (jurisdiction/state): \_\_\_\_\_

Jurisdiction population: \_\_\_\_\_

3. Is the title "Emergency Program Manager" the correct title for the individual in charge of  
your community's emergency management program?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, please identify the correct title: \_\_\_\_\_

4. Name of EPM: \_\_\_\_\_

5. Email and phone of EPM: \_\_\_\_\_

6. Is your EPM:

a. \_\_\_\_\_ Full-time

b. \_\_\_\_\_ Part-time

7. How is your Emergency Operations Center (EOC) staffed?
- a. \_\_\_\_\_ Hot — Dedicated, fully equipped, and staffed
  - b. \_\_\_\_\_ Warm — Dedicated and some equipment in place
  - c. \_\_\_\_\_ Cold — Typically a multiuse space that is not equipped and must be set up prior to activation
8. Is your EOC organized as a(n):
- a. \_\_\_\_\_ Incident Command System (ICS) model
  - b. \_\_\_\_\_ Emergency Services Function (ESF)
  - c. \_\_\_\_\_ Hybrid of ICS/ESF
  - d. \_\_\_\_\_ Functional organization
  - e. \_\_\_\_\_ Multiagency Coordination System
9. Provide an organizational chart of your EOC. Bring it with you on the first day of class.
10. Is your EOC:
- a. \_\_\_\_\_ A stand-alone agency
  - b. \_\_\_\_\_ Within the fire department
  - c. \_\_\_\_\_ Within the police department
  - d. \_\_\_\_\_ Within another agency (identify) \_\_\_\_\_
11. Is your EOC:
- a. \_\_\_\_\_ A fixed facility
  - b. \_\_\_\_\_ Used for other daily activities (describe) \_\_\_\_\_  
\_\_\_\_\_

12. Is there regularly scheduled training?

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

c. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

13. What types of exercises does your EOC conduct, and how often does it conduct them?

\_\_\_\_\_ Drills: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

\_\_\_\_\_ Table-top exercises: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

\_\_\_\_\_ Functional exercises: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

\_\_\_\_\_ Full-scale exercises: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

\_\_\_\_\_ Other exercises (identify type and frequency): \_\_\_\_\_

\_\_\_\_\_ My EOC does not conduct exercises.

14. What is the last date your community's Emergency Operations Plan (EOP) was completely revised?

\_\_\_\_\_

15. Has your agency's Annex to the EOP been updated since then?

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

c. If yes, why was it done? \_\_\_\_\_  
\_\_\_\_\_

16. Does your EOP contain a master resource directory with contacts for obtaining resources by hire or purchase?

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

17. What system do you have in place for ensuring the contracts remain current?

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18. If you answered “no” to No. 16, are there formal mutual-aid plans or memorandums of understanding with regional emergency service organizations?

a. \_\_\_\_\_ Yes

b. \_\_\_\_\_ No

19. What are the criteria in your community for activating the EOC?

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20. Who can activate the EOC in your community and under what conditions?

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21. Identify which agencies (check mark) have predetermined EOC positions. (Select all that apply.)

- a. \_\_\_\_\_ Fire
- b. \_\_\_\_\_ Law enforcement
- c. \_\_\_\_\_ Emergency Medical Services
- d. \_\_\_\_\_ Medical
- e. \_\_\_\_\_ Public health
- f. \_\_\_\_\_ Public works
- g. \_\_\_\_\_ Finance
- h. \_\_\_\_\_ Schools
- i. \_\_\_\_\_ Utilities (public or private)
- j. \_\_\_\_\_ Emergency management volunteer agencies
- k. \_\_\_\_\_ Other agencies (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Who assumes the role of Disaster Manager (or the lead) in your EOC during an activation?

- a. \_\_\_\_\_
- b. Who is the alternate? \_\_\_\_\_

23. How do you maintain situational awareness inside the EOC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. How do you maintain situational awareness outside the EOC?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. With the disaster site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. With other agencies not in the EOC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. With areas of the community not involved in the incident? \_\_\_\_\_  
\_\_\_\_\_

25. How is vital information shared with the EOC leadership? (Select all that apply.)

a. \_\_\_\_\_ Written information using an ICS 213

b. \_\_\_\_\_ Written information in memorandum form

c. \_\_\_\_\_ Electronic, such as WebEOC®

d. \_\_\_\_\_ Other (identify) \_\_\_\_\_

26. How is the EOC staff alerted that the EOC has been activated?

\_\_\_\_\_  
\_\_\_\_\_

27. How is the EOC staff alerted to respond?

\_\_\_\_\_  
\_\_\_\_\_

28. Once activated, how long will it take for your EOC to become operational?
- a. During normal business hours? \_\_\_\_\_
  - b. After normal work hours, during weekends, and on holidays? \_\_\_\_\_
29. How many levels of activation exist in your EOC and what are they?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
30. Does your EOC have the ability to house staff during a campaign type incident?
- a. \_\_\_\_\_ Yes
  - b. \_\_\_\_\_ No
  - c. If yes, please describe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
31. Have you ever been assigned to a position in your EOC?
- a. \_\_\_\_\_ Yes
  - b. \_\_\_\_\_ No

32. If you answered “yes” to No. 31:

- a. \_\_\_\_\_ Was this assignment a temporary assignment due to an incident?
- b. \_\_\_\_\_ Was this assignment an ongoing position in addition to your other duties?
- c. Identify the position, type of incident(s), etc., and describe your experiences:

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**Supervisor Validation Statement** (Use if you answered “Yes” to Question 1.)

As the supervisor of \_\_\_\_\_ (student’s name), I certify that the information provided on this questionnaire is accurate and reflects the true nature of our community’s emergency management agency.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**EPM Validation Statement** (Use if you answered “No” to Question 1.)

As the EPM or individual in charge of the emergency management agency for \_\_\_\_\_’s (student’s name) community, I certify that the information provided on this questionnaire is accurate and reflects the true nature of our emergency management agency.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_