

ACTION CHECKLIST – Level One ESS Response

Call-Out Information

1. Date and time _____
2. Callout out by _____
3. Task Number requested by _____
4. EMBC Task Number _____
5. Names of evacuees _____
6. Number of adults _____ Number of Children _____
7. Evacuee’s home address _____
8. Evacuee’s current location, address and/or phone number _____

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9. Cause of the evacuation (flood, fire etc.) _____
 10. Other CRESST Volunteers attending the incident _____
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11. Bring Response Kit, including

	Referral Forms		Supplier Consent Forms
	ESS Rate Sheets		A Guide to Disaster Recovery
	Community Resources List		EMBC ID Card
	Comfort kits, blankets, teddy bears		

Determining Eligibility

Does the family have insurance to cover their loss? If so, their immediate needs may be paid for by their insurance company. If the evacuee indicates they need assistance and have no other resources immediately available, or if they are having difficulties contacting their insurance agent or are uncertain about their coverage, services should be provided up to 72 hours as usual.

Food and commercial/group lodging may be provided if:

1. The home is uninhabitable because of an emergency (fire, flood, etc.)
2. Friends or relatives are not available to house the family (billeting support may be provided)

Clothing allowance may be provided if their clothing is destroyed or inaccessible.

If another agency offers food or clothing equal to what is available from EMBC, do not duplicate the service.

Providing Emergency Support Services

1. Name of hotel/motel where evacuees were placed _____
2. Name of restaurant or grocery store providing food _____
3. Name of store providing clothing _____
4. ESS Rate Sheet given to evacuees and to each supplier. Remind suppliers that evacuees are responsible for extra costs (ei tobacco, alcohol etc.)
5. Remind the evacuee to give a copy of WHITE Referral Form to each supplier with the attached ESS Rate Sheet.
6. Provide evacuees with Documentation.

Follow Up (no later than three days after the evacuation)

1. Contact evacuees to see if they need referral to other agencies or counselling or material assistance. Was a referral needed? _____ If so, what for?

2. Send PINK copy of all ESS Documentation to Emergency Management BC.
3. File GREEN copy of all ESS documentation and Action Checklist (this form) at the CRESST office.
4. Were there unusual aspects to this incident? Problems? Comments? _____

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5. If the incident involved a death or other traumatic event, advise your supervisor immediately.

Date and time task completed _____

Names and signature of all volunteers participating in this response (required for WCB purposes)

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____