

**Attachment B: TERT Request Information**

1. Name of Agency: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_

3. Telephone #: \_\_\_\_\_

4. EMA/TERT Coordinator Notified (time/date):  
\_\_\_\_\_

5. Nature of emergency and impact on PSAP:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Work overload
- PSAP evacuation
- Adverse environment conditions
- Localized pandemic
- Other \_\_\_\_\_

6. Is the emergency isolated to a single PSAP or affecting other area PSAPs:  
\_\_\_\_\_

7. What will be the anticipated deployment environment (PSAP, Field response)?  
\_\_\_\_\_

8. Number and type of personnel needed:

- Calltaker: \_\_\_\_\_
- Radio Dispatcher: \_\_\_\_\_
- Telecommunicator: \_\_\_\_\_
- Special requests: \_\_\_\_\_

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9. Anticipated length of time needed: \_\_\_\_\_

10. Does TERT State Coordinator or appropriate official have PSAP Survey for each affected PSAP? \_\_\_\_\_. If no, complete Survey for each PSAP.

11. Are there any roadblocks, flooded roadways, etc., that would prevent a team from reaching the PSAP? If so, what arrangements have been made to get responding personnel through?

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12. Are there any checkpoints that TERT personnel will have to go through? If so, what arrangements have been made to get responding personnel through the checkpoint?

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13. Staging area and contact information:

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14. Any special instructions? (Lodging, food, etc.)

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